

# 24/48 HOUR NOTICE OF INDEPENDENT EXPENDITURES

(SCHEDULE E)

PAGE 1 OF 3  
FOR SE OF FORM 24/48

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |  |                                                                                   |                                                                                                                                                                                                            |                                                                                                                                                             |  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|-----------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| NAME OF COMMITTEE (In Full)<br><b>Women Speak Out PAC</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |  |                                                                                   | FEC IDENTIFICATION NUMBER ▼<br><b>C</b> C00530766                                                                                                                                                          |                                                                                                                                                             |  |
| Check If <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span>                                                                                                                                                                                                                                                                                                                                                                                                                                           |  |                                                                                   |                                                                                                                                                                                                            |                                                                                                                                                             |  |
| Full Name (Last, First, Middle Initial) of Payee<br><b>Design 4 Marketing Communications</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |  |                                                                                   | Date<br><span style="border: 1px solid black; padding: 2px;">10</span> / <span style="border: 1px solid black; padding: 2px;">11</span> / <span style="border: 1px solid black; padding: 2px;">2012</span> |                                                                                                                                                             |  |
| Mailing Address <b>106 North Collins St</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |  |                                                                                   | Amount<br><span style="border: 1px solid black; padding: 2px;">157000.00</span>                                                                                                                            |                                                                                                                                                             |  |
| City<br><b>Plant City</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |  | State<br><b>FL</b>                                                                | Zip Code<br><b>33563</b>                                                                                                                                                                                   |                                                                                                                                                             |  |
| Purpose of Expenditure<br><b>Ads</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |  | Category/<br>Type <span style="border: 1px solid black; padding: 2px;">004</span> |                                                                                                                                                                                                            | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President<br>State: _____ District: _____ |  |
| Name of Federal Candidate Supported or Opposed by Expenditure:<br><b>BARACK OBAMA</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |  |                                                                                   |                                                                                                                                                                                                            | Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose                                                                      |  |
| Calendar Year-To-Date Per Election<br>for Office Sought <span style="border: 1px solid black; padding: 2px;">706012.89</span>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |  |                                                                                   | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br>2012 <input type="checkbox"/> Other (specify) _____                                                      |                                                                                                                                                             |  |
| Full Name (Last, First, Middle Initial) of Payee<br><b>Fed Ex</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  |                                                                                   | Date<br><span style="border: 1px solid black; padding: 2px;">10</span> / <span style="border: 1px solid black; padding: 2px;">10</span> / <span style="border: 1px solid black; padding: 2px;">2012</span> |                                                                                                                                                             |  |
| Mailing Address <b>1612 K St NW</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |  |                                                                                   | Amount<br><span style="border: 1px solid black; padding: 2px;">12.99</span>                                                                                                                                |                                                                                                                                                             |  |
| City<br><b>Washington</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |  | State<br><b>DC</b>                                                                | Zip Code<br><b>20036</b>                                                                                                                                                                                   |                                                                                                                                                             |  |
| Purpose of Expenditure<br><b>Podium Sign</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |  | Category/<br>Type <span style="border: 1px solid black; padding: 2px;">004</span> |                                                                                                                                                                                                            | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President<br>State: _____ District: _____ |  |
| Name of Federal Candidate Supported or Opposed by Expenditure:<br><b>BARACK OBAMA</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |  |                                                                                   |                                                                                                                                                                                                            | Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose                                                                      |  |
| Calendar Year-To-Date Per Election<br>for Office Sought <span style="border: 1px solid black; padding: 2px;">548874.91</span>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |  |                                                                                   | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br>2012 <input type="checkbox"/> Other (specify) _____                                                      |                                                                                                                                                             |  |
| (a) SUBTOTAL of Itemized Independent Expenditures.....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |  |                                                                                   | <span style="border: 1px solid black; padding: 2px;">157012.99</span>                                                                                                                                      |                                                                                                                                                             |  |
| (b) SUBTOTAL of Unitemized Independent Expenditures .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |  |                                                                                   | <span style="border: 1px solid black; padding: 2px;"></span>                                                                                                                                               |                                                                                                                                                             |  |
| (c) TOTAL Independent Expenditures.....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |  |                                                                                   | <span style="border: 1px solid black; padding: 2px;"></span>                                                                                                                                               |                                                                                                                                                             |  |
| <p>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.</p> <p style="text-align: center;"> <i>Emily Buchanan</i><br/>             Signature <span style="margin-left: 150px;">[Electronically Filed]</span> Date <span style="border: 1px solid black; padding: 2px;">10</span> / <span style="border: 1px solid black; padding: 2px;">11</span> / <span style="border: 1px solid black; padding: 2px;">2012</span> </p> |  |                                                                                   |                                                                                                                                                                                                            |                                                                                                                                                             |  |

# 24/48 HOUR NOTICE OF INDEPENDENT EXPENDITURES

(SCHEDULE E)

PAGE 2 OF 3  
FOR SE OF FORM 24/48

|                                                                                                                                                                                                    |  |                                                   |  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|---------------------------------------------------|--|
| NAME OF COMMITTEE (In Full)<br><b>Women Speak Out PAC</b>                                                                                                                                          |  | FEC IDENTIFICATION NUMBER ▼<br><b>C</b> C00530766 |  |
| Check If <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on |  | M M M / D D D / Y Y Y Y Y Y                       |  |

  

|                                                                                        |                    |                                                                                                                                                             |                                 |
|----------------------------------------------------------------------------------------|--------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------|
| Full Name (Last, First, Middle Initial) of Payee<br><b>Hyatt Place Richmond</b>        |                    | Date<br>M M M / D D D / Y Y Y Y Y Y<br><b>10 / 10 / 2012</b>                                                                                                |                                 |
| Mailing Address <b>4401 S Laburnum Ave</b>                                             |                    | Amount<br><b>291.22</b>                                                                                                                                     |                                 |
| City<br><b>Richmond</b>                                                                | State<br><b>VA</b> | Zip Code<br><b>23231</b>                                                                                                                                    | Transaction ID : <b>SE.4178</b> |
| Purpose of Expenditure<br><b>Hotel</b>                                                 |                    | Category/Type <b>002</b>                                                                                                                                    |                                 |
| Name of Federal Candidate Supported or Opposed by Expenditure:<br><b>BARACK OBAMA</b>  |                    | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President<br>State: _____ District: _____ |                                 |
| Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose |                    | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br>2012 <input type="checkbox"/> Other (specify) _____       |                                 |
| Calendar Year-To-Date Per Election for Office Sought <b>546749.32</b>                  |                    |                                                                                                                                                             |                                 |

  

|                                                                                        |                    |                                                                                                                                                             |                                 |
|----------------------------------------------------------------------------------------|--------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------|
| Full Name (Last, First, Middle Initial) of Payee<br><b>United Airlines</b>             |                    | Date<br>M M M / D D D / Y Y Y Y Y Y<br><b>10 / 10 / 2012</b>                                                                                                |                                 |
| Mailing Address <b>77 West Wacker Drive</b>                                            |                    | Amount<br><b>491.80</b>                                                                                                                                     |                                 |
| City<br><b>Chicago</b>                                                                 | State<br><b>IL</b> | Zip Code<br><b>60601</b>                                                                                                                                    | Transaction ID : <b>SE.4178</b> |
| Purpose of Expenditure<br><b>Flight</b>                                                |                    | Category/Type <b>002</b>                                                                                                                                    |                                 |
| Name of Federal Candidate Supported or Opposed by Expenditure:<br><b>BARACK OBAMA</b>  |                    | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President<br>State: _____ District: _____ |                                 |
| Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose |                    | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br>2012 <input type="checkbox"/> Other (specify) _____       |                                 |
| Calendar Year-To-Date Per Election for Office Sought <b>545491.80</b>                  |                    |                                                                                                                                                             |                                 |

  

|                                                                  |               |
|------------------------------------------------------------------|---------------|
| (a) <b>SUBTOTAL</b> of Itemized Independent Expenditures.....    | <b>783.02</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.

Emily Buchanan

[Electronically Filed]

Signature \_\_\_\_\_ Date M M M / D D D / Y Y Y Y Y Y  
**10 / 11 / 2012**

# 24/48 HOUR NOTICE OF INDEPENDENT EXPENDITURES

(SCHEDULE E)

PAGE 3 OF 3  
FOR SE OF FORM 24/48

|                                                                                                     |  |                                                                                                |  |
|-----------------------------------------------------------------------------------------------------|--|------------------------------------------------------------------------------------------------|--|
| NAME OF COMMITTEE (In Full)<br><b>Women Speak Out PAC</b>                                           |  | FEC IDENTIFICATION NUMBER ▼<br><b>C</b> C00530766                                              |  |
| Check If <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report |  | <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on |  |

|                                                                                       |                    |                                 |                                                                                                                                                             |  |
|---------------------------------------------------------------------------------------|--------------------|---------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| Full Name (Last, First, Middle Initial) of Payee<br><b>United Airlines</b>            |                    |                                 | Date<br>MM / DD / YYYY<br><b>10 / 10 / 2012</b>                                                                                                             |  |
| Mailing Address <b>77 West Wacker Drive</b>                                           |                    |                                 | Amount<br><b>966.30</b>                                                                                                                                     |  |
| City<br><b>Chicago</b>                                                                | State<br><b>IL</b> | Zip Code<br><b>60601</b>        | Transaction ID : <b>SE.4177</b>                                                                                                                             |  |
| Purpose of Expenditure<br>Flight                                                      |                    | Category/<br>Type<br><b>002</b> | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President<br>State: _____ District: _____ |  |
| Name of Federal Candidate Supported or Opposed by Expenditure:<br><b>BARACK OBAMA</b> |                    |                                 | Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose                                                                      |  |
| Calendar Year-To-Date Per Election for Office Sought<br><b>546458.10</b>              |                    |                                 | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) _____            |  |

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

|                                                           |                  |
|-----------------------------------------------------------|------------------|
| (a) SUBTOTAL of Itemized Independent Expenditures.....    | <b>966.30</b>    |
| (b) SUBTOTAL of Unitemized Independent Expenditures ..... |                  |
| (c) TOTAL Independent Expenditures.....                   | <b>158762.31</b> |

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.

Emily Buchanan

Signature

[Electronically Filed]

Date

MM / DD / YYYY  
**10 / 11 / 2012**