

# FEC FORM 9 24 HOUR NOTICE OF DISBURSEMENTS/OBLIGATIONS FOR ELECTIONEERING COMMUNICATIONS

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

(a) Name  
INDEPENDENT WOMEN'S VOICE

(b) Address (number and street)  check if different than previously reported  
4400 JENNIFER STREET NW SUITE 240

(c) City, State and ZIP Code  
WASHINGTON DC 20015

(d) Name of Employer or Principal Place of Business (e) Occupation

### 2. FEC Identification Number

**C** C30001572

3. Is This Statement  **New**  
or

**Amended**

### 4. Covering Period

M M / D D / Y Y Y Y  
0 9 / 1 7 / 2 0 1 0

through

M M / D D / Y Y Y Y  
0 9 / 2 1 / 2 0 1 0

5. (a) Date of Public Distribution(s) M M / D D / Y Y Y Y (b) Communication Title IJV Dr. Eck MO Project  
0 9 / 2 1 / 2 0 1 0

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

(d)  Corporation, Labor Organization or Qualified Nonprofit Corporation making communications under 11 CFR 114.15

(e)  Other, specify: \_\_\_\_\_

7. Were the disbursements for the electioneering communication made exclusively from donations to a segregated bank account? Yes  No

### 8. Custodian of Records

(a) Name  
Stacy Chin

(b) Address (number and street)  
4400 Jenifer Street

(c) City, State and ZIP Code  
Washington DC 20015

(d) Name of Employer or Principal Place of Business (e) Occupation  
Independent Women's Voice Vice President of Operations & Admin.

9. Total Donations This Statement 60240.00

10. Total Disbursements/Obligations This Statement 60240.00

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

TYPE OR PRINT NAME OF PERSON COMPLETING FORM Heather Higgins

SIGNATURE Electronically Filed by Heather Higgins

DATE 09/22/2010

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

# List of Person(s) Sharing/Exercising Control

(use additional pages as necessary)

## 11. Person(s) Sharing/Exercising Control

<b>A.</b>	(a) Name	<b>Transaction ID : F91.4099</b>	
	Heather Higgins		
	(b) Address (number and street)		
	4400 Jenifer Street Suite 240 Suite 240		
	(c) City, State and Zip Code		
	Washington	DC	20015
	(d) Name of Employer or Principal Place of Business	(e) Occupation	
	Independent Women's Voice	President & CEO	

**A.** Full Name of Donor

THE ANNUAL FUND INC

Mailing Address of Donor  
SAINT GERMAIN DR 341

City	State	Zip
CENTERVILLE	VA	20121

Date of Receipt

M M / D D / Y Y Y Y  
0 9 / 1 7 / 2 0 1 0

Amount

60240.00

Transaction ID : F92.4111

**SUBTOTAL** of Donations This Page (optional).....

60240.00

**TOTAL** This Period (last page this line number only).....  
(carry total from last page to Line 9)

60240.00

**SCHEDULE 9-B**

**Disbursement(s) Made or Obligations**

<b>A.</b> Full Name (Last, First, Middle Initial) of Payee William Pascoe	Date of Disbursement or Obligation <table border="1" style="width:100%; text-align: center;"> <tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr> <tr><td>0</td><td>9</td><td></td><td>2</td><td>0</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td></tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	9		2	0		2	0	1	0			
M	M	/	D	D	/	Y	Y	Y	Y															
0	9		2	0		2	0	1	0															
Mailing Address of Payee 2101 Mill Road #413	Amount <table border="1" style="width:100%; text-align: right;"> <tr><td>1500.00</td></tr> </table>	1500.00																						
1500.00																								
<table style="width:100%;"> <tr> <td style="width:33%;">City Alexandria</td> <td style="width:33%;">State VA</td> <td style="width:33%;">Zip Code 22314</td> </tr> </table>	City Alexandria	State VA	Zip Code 22314	Communication Date <table border="1" style="width:100%; text-align: center;"> <tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr> <tr><td>0</td><td>9</td><td></td><td>2</td><td>1</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td></tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	9		2	1		2	0	1	0
City Alexandria	State VA	Zip Code 22314																						
M	M	/	D	D	/	Y	Y	Y	Y															
0	9		2	1		2	0	1	0															
Name of Employer Self	Occupation Communications Consultant	<b>Transaction ID :</b> F93.4108																						

Purpose of Disbursement (including title(s) of communication(s)) Creative Design/Script Writing & Prouduction - IWV Dr. Eck MO Project			
Name of Federal Candidate ROBIN CARNAHAN	Office Sought:	<input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	State: MO District: 00 Disbursement/Obligation For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____
F94.4103			
Name of Federal Candidate	Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: _____ District: _____ Disbursement/Obligation For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) _____
Name of Federal Candidate	Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: _____ District: _____ Disbursement/Obligation For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

<b>B.</b> Full Name (Last, First, Middle Initial) of Payee Smart Media Group	Date of Disbursement or Obligation <table border="1" style="width:100%; text-align: center;"> <tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr> <tr><td>0</td><td>9</td><td></td><td>2</td><td>0</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td></tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	9		2	0		2	0	1	0			
M	M	/	D	D	/	Y	Y	Y	Y															
0	9		2	0		2	0	1	0															
Mailing Address of Payee 814 King Street #400	Amount <table border="1" style="width:100%; text-align: right;"> <tr><td>53975.00</td></tr> </table>	53975.00																						
53975.00																								
<table style="width:100%;"> <tr> <td style="width:33%;">City Alexandria</td> <td style="width:33%;">State VA</td> <td style="width:33%;">Zip Code 22314</td> </tr> </table>	City Alexandria	State VA	Zip Code 22314	Communication Date <table border="1" style="width:100%; text-align: center;"> <tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr> <tr><td>0</td><td>9</td><td></td><td>2</td><td>1</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td></tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	9		2	1		2	0	1	0
City Alexandria	State VA	Zip Code 22314																						
M	M	/	D	D	/	Y	Y	Y	Y															
0	9		2	1		2	0	1	0															
Name of Employer	Occupation	<b>Transaction ID :</b> F93.4101																						

Purpose of Disbursement (including title(s) of communication(s)) Radio Media Flight 9/21-9/27 - IWV Dr. Eck MO Project			
Name of Federal Candidate ROBIN CARNAHAN	Office Sought:	<input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	State: MO District: 00 Disbursement/Obligation For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____
F94.4103			
Name of Federal Candidate	Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: _____ District: _____ Disbursement/Obligation For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) _____
Name of Federal Candidate	Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: _____ District: _____ Disbursement/Obligation For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

<b>SUBTOTAL</b> of Disbursement/Obligation This Page (optional) .....	<table border="1" style="width:100%; text-align: right;"> <tr><td>55475.00</td></tr> </table>	55475.00
55475.00		
<b>TOTAL</b> This Period (last page this line number only) .....	<table border="1" style="width:100%; text-align: right;"> <tr><td> </td></tr> </table>	
(carry total from last page to line 10)		

**SCHEDULE 9-B**

**Disbursement(s) Made or Obligations**

<b>A.</b> Full Name (Last, First, Middle Initial) of Payee Smart Media Group <hr/> Mailing Address of Payee 814 King Street #400 <hr/> <table style="width:100%; border: none;"> <tr> <td style="width:33%;">City</td> <td style="width:33%;">State</td> <td style="width:33%;">Zip Code</td> </tr> <tr> <td>Alexandria</td> <td>VA</td> <td>22314</td> </tr> </table> <hr/> <table style="width:100%; border: none;"> <tr> <td style="width:60%;">Name of Employer</td> <td style="width:40%;">Occupation</td> </tr> </table>	City	State	Zip Code	Alexandria	VA	22314	Name of Employer	Occupation	Date of Disbursement or Obligation <table style="width:100%; border: none;"> <tr> <td style="text-align: center;">M M / D D / Y Y Y Y</td> </tr> <tr> <td style="text-align: center;">0 9 / 2 0 / 2 0 1 0</td> </tr> </table> Amount <table style="width:100%; border: none;"> <tr> <td style="text-align: right;">20.00</td> </tr> </table> Communication Date <table style="width:100%; border: none;"> <tr> <td style="text-align: center;">M M / D D / Y Y Y Y</td> </tr> <tr> <td style="text-align: center;">0 9 / 2 1 / 2 0 1 0</td> </tr> </table> <b>Transaction ID :</b> F93.4104	M M / D D / Y Y Y Y	0 9 / 2 0 / 2 0 1 0	20.00	M M / D D / Y Y Y Y	0 9 / 2 1 / 2 0 1 0
City	State	Zip Code												
Alexandria	VA	22314												
Name of Employer	Occupation													
M M / D D / Y Y Y Y														
0 9 / 2 0 / 2 0 1 0														
20.00														
M M / D D / Y Y Y Y														
0 9 / 2 1 / 2 0 1 0														

Purpose of Disbursement (including title(s) of communication(s)) Wire Transfer Fees - IWV Dr. Eck MO Project			
Name of Federal Candidate ROBIN CARNAHAN F94.4103	Office Sought:	<input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	State: MO District: 00 Disbursement/Obligation For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____
Name of Federal Candidate	Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: _____ District: _____ Disbursement/Obligation For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) _____
Name of Federal Candidate	Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: _____ District: _____ Disbursement/Obligation For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

<b>B.</b> Full Name (Last, First, Middle Initial) of Payee Smart Media Group <hr/> Mailing Address of Payee 814 King Street #400 <hr/> <table style="width:100%; border: none;"> <tr> <td style="width:33%;">City</td> <td style="width:33%;">State</td> <td style="width:33%;">Zip Code</td> </tr> <tr> <td>Alexandria</td> <td>VA</td> <td>22314</td> </tr> </table> <hr/> <table style="width:100%; border: none;"> <tr> <td style="width:60%;">Name of Employer</td> <td style="width:40%;">Occupation</td> </tr> </table>	City	State	Zip Code	Alexandria	VA	22314	Name of Employer	Occupation	Date of Disbursement or Obligation <table style="width:100%; border: none;"> <tr> <td style="text-align: center;">M M / D D / Y Y Y Y</td> </tr> <tr> <td style="text-align: center;">0 9 / 2 0 / 2 0 1 0</td> </tr> </table> Amount <table style="width:100%; border: none;"> <tr> <td style="text-align: right;">300.00</td> </tr> </table> Communication Date <table style="width:100%; border: none;"> <tr> <td style="text-align: center;">M M / D D / Y Y Y Y</td> </tr> <tr> <td style="text-align: center;">0 9 / 2 1 / 2 0 1 0</td> </tr> </table> <b>Transaction ID :</b> F93.4105	M M / D D / Y Y Y Y	0 9 / 2 0 / 2 0 1 0	300.00	M M / D D / Y Y Y Y	0 9 / 2 1 / 2 0 1 0
City	State	Zip Code												
Alexandria	VA	22314												
Name of Employer	Occupation													
M M / D D / Y Y Y Y														
0 9 / 2 0 / 2 0 1 0														
300.00														
M M / D D / Y Y Y Y														
0 9 / 2 1 / 2 0 1 0														

Purpose of Disbursement (including title(s) of communication(s)) Shipping - IWV Dr. Eck MO Project			
Name of Federal Candidate ROBIN CARNAHAN F94.4103	Office Sought:	<input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	State: MO District: 00 Disbursement/Obligation For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____
Name of Federal Candidate	Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: _____ District: _____ Disbursement/Obligation For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) _____
Name of Federal Candidate	Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: _____ District: _____ Disbursement/Obligation For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

<b>SUBTOTAL</b> of Disbursement/Obligation This Page (optional) .....	320.00
<b>TOTAL</b> This Period (last page this line number only) ..... (carry total from last page to line 10)	_____

**SCHEDULE 9-B**

**Disbursement(s) Made or Obligations**

<b>A.</b> Full Name (Last, First, Middle Initial) of Payee Smart Media Group <hr/> Mailing Address of Payee 814 King Street #400 <hr/> <table style="width:100%; border: none;"> <tr> <td style="width:33%;">City</td> <td style="width:33%;">State</td> <td style="width:33%;">Zip Code</td> </tr> <tr> <td>Alexandria</td> <td>VA</td> <td>22314</td> </tr> </table> <hr/> <table style="width:100%; border: none;"> <tr> <td style="width:60%;">Name of Employer</td> <td style="width:40%;">Occupation</td> </tr> </table>	City	State	Zip Code	Alexandria	VA	22314	Name of Employer	Occupation	Date of Disbursement or Obligation <table style="width:100%; border: none;"> <tr> <td style="text-align: center;">M M / D D / Y Y Y Y</td> </tr> <tr> <td style="text-align: center;">0 9 / 2 0 / 2 0 1 0</td> </tr> </table> <hr/> Amount <table style="width:100%; border: none;"> <tr> <td style="text-align: right;">3175.00</td> </tr> </table> <hr/> Communication Date <table style="width:100%; border: none;"> <tr> <td style="text-align: center;">M M / D D / Y Y Y Y</td> </tr> <tr> <td style="text-align: center;">0 9 / 2 1 / 2 0 1 0</td> </tr> </table> <hr/> <b>Transaction ID :</b> F93.4106	M M / D D / Y Y Y Y	0 9 / 2 0 / 2 0 1 0	3175.00	M M / D D / Y Y Y Y	0 9 / 2 1 / 2 0 1 0
City	State	Zip Code												
Alexandria	VA	22314												
Name of Employer	Occupation													
M M / D D / Y Y Y Y														
0 9 / 2 0 / 2 0 1 0														
3175.00														
M M / D D / Y Y Y Y														
0 9 / 2 1 / 2 0 1 0														

Purpose of Disbursement (including title(s) of communication(s))  
 Media Commission - IWV Dr. Eck MO Project

Name of Federal Candidate ROBIN CARNAHAN	Office Sought:	<input type="checkbox"/> House	<input checked="" type="checkbox"/> Senate	<input type="checkbox"/> President	State: MO	District: 00	Disbursement/Obligation For: 2010
F94.4103							<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<hr/>							
Name of Federal Candidate	Office Sought:	<input type="checkbox"/> House	<input type="checkbox"/> Senate	<input type="checkbox"/> President	State:	District:	Disbursement/Obligation For:
							<input type="checkbox"/> Primary <input type="checkbox"/> General
<hr/>							
Name of Federal Candidate	Office Sought:	<input type="checkbox"/> House	<input type="checkbox"/> Senate	<input type="checkbox"/> President	State:	District:	Disbursement/Obligation For:
							<input type="checkbox"/> Primary <input type="checkbox"/> General
<hr/>							
							<input type="checkbox"/> Other (specify) _____

<b>B.</b> Full Name (Last, First, Middle Initial) of Payee Smart Media Group <hr/> Mailing Address of Payee 814 King Street #400 <hr/> <table style="width:100%; border: none;"> <tr> <td style="width:33%;">City</td> <td style="width:33%;">State</td> <td style="width:33%;">Zip Code</td> </tr> <tr> <td>Alexandria</td> <td>VA</td> <td>22314</td> </tr> </table> <hr/> <table style="width:100%; border: none;"> <tr> <td style="width:60%;">Name of Employer</td> <td style="width:40%;">Occupation</td> </tr> </table>	City	State	Zip Code	Alexandria	VA	22314	Name of Employer	Occupation	Date of Disbursement or Obligation <table style="width:100%; border: none;"> <tr> <td style="text-align: center;">M M / D D / Y Y Y Y</td> </tr> <tr> <td style="text-align: center;">0 9 / 2 0 / 2 0 1 0</td> </tr> </table> <hr/> Amount <table style="width:100%; border: none;"> <tr> <td style="text-align: right;">1270.00</td> </tr> </table> <hr/> Communication Date <table style="width:100%; border: none;"> <tr> <td style="text-align: center;">M M / D D / Y Y Y Y</td> </tr> <tr> <td style="text-align: center;">0 9 / 2 1 / 2 0 1 0</td> </tr> </table> <hr/> <b>Transaction ID :</b> F93.4107	M M / D D / Y Y Y Y	0 9 / 2 0 / 2 0 1 0	1270.00	M M / D D / Y Y Y Y	0 9 / 2 1 / 2 0 1 0
City	State	Zip Code												
Alexandria	VA	22314												
Name of Employer	Occupation													
M M / D D / Y Y Y Y														
0 9 / 2 0 / 2 0 1 0														
1270.00														
M M / D D / Y Y Y Y														
0 9 / 2 1 / 2 0 1 0														

Purpose of Disbursement (including title(s) of communication(s))  
 Media Commission - Intrepid Media - IWV Dr. Eck MO Project

Name of Federal Candidate ROBIN CARNAHAN	Office Sought:	<input type="checkbox"/> House	<input checked="" type="checkbox"/> Senate	<input type="checkbox"/> President	State: MO	District: 00	Disbursement/Obligation For: 2010
F94.4103							<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<hr/>							
Name of Federal Candidate	Office Sought:	<input type="checkbox"/> House	<input type="checkbox"/> Senate	<input type="checkbox"/> President	State:	District:	Disbursement/Obligation For:
							<input type="checkbox"/> Primary <input type="checkbox"/> General
<hr/>							
Name of Federal Candidate	Office Sought:	<input type="checkbox"/> House	<input type="checkbox"/> Senate	<input type="checkbox"/> President	State:	District:	Disbursement/Obligation For:
							<input type="checkbox"/> Primary <input type="checkbox"/> General
<hr/>							
							<input type="checkbox"/> Other (specify) _____

<b>SUBTOTAL</b> of Disbursement/Obligation This Page (optional) .....	4445.00
<b>TOTAL</b> This Period (last page this line number only) ..... (carry total from last page to line 10)	60240.00