

FEC FORM 5

REPORT OF INDEPENDENT EXPENDITURES MADE AND CONTRIBUTIONS RECEIVED

To Be Used by Persons (Other than Political Committees)

1. (a) Name of Individual, Organization or Corporation INDEPENDENT WOMEN'S VOICE			3. FEC Identification Number C C90011115
(b) Address (number and street) <input type="checkbox"/> check if different than previously reported 1875 I Street NW 5th Floor			
(c) City, State and ZIP Code WASHINGTON DC 20006			
2. Occupation and Name of Employer (for Individual Filers Only)			

4. TYPE OF REPORT (check appropriate boxes):

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

b) Is this Report an amendment? No Yes, it amends the report filed on / /

5. COVERING PERIOD: FROM / / THROUGH / /

6. TOTAL CONTRIBUTIONS..... 0.00

7. TOTAL INDEPENDENT EXPENDITURES 365528.08

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or any political party committee or its agent.

TYPE OR PRINT NAME OF PERSON COMPLETING FORM	SIGNATURE	DATE
Heather R. Higgins	<i>Heather R. Higgins</i> [Electronically Filed]	11/04/2014

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

**SCHEDULE 5-E
ITEMIZED INDEPENDENT EXPENDITURES**

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

Full Name (Last, First, Middle Initial) of Payee Victory Media Group		Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 03 / 2014	
Mailing Address 2516 Waukegan Rd, #115		Amount 56990.50	
City Glenview	State IL	Zip Code 60025	
Purpose of Expenditure Targeted Direct Mail 11/03 - "GOTV"		Category/ Type 004	Office Sought: <input type="checkbox"/> House State: NH <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: SCOTT BROWN		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 89157.30		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	

Transaction ID : F57.4511

Full Name (Last, First, Middle Initial) of Payee Victory Media Group		Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 03 / 2014	
Mailing Address 2516 Waukegan Rd, #115		Amount 81618.68	
City Glenview	State IL	Zip Code 60025	
Purpose of Expenditure Targeted Direct Mail 11/03 - "GOTV"		Category/ Type 004	Office Sought: <input type="checkbox"/> House State: IA <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: JONI K ERNST		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 92964.44		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	

Transaction ID : F57.4512

Full Name (Last, First, Middle Initial) of Payee Victory Media Group		Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 03 / 2014	
Mailing Address 2516 Waukegan Rd, #115		Amount 67301.42	
City Glenview	State IL	Zip Code 60025	
Purpose of Expenditure Targeted Direct Mail 11/03 - "GOTV"		Category/ Type 004	Office Sought: <input type="checkbox"/> House State: KS <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: PAT ROBERTS		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 96311.07		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	

Transaction ID : F57.4513

(a) SUBTOTAL of Itemized Independent Expenditures.....	205910.60
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures..... (carry total from last page forward to Line 7)	

**SCHEDULE 5-E
ITEMIZED INDEPENDENT EXPENDITURES**

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

Full Name (Last, First, Middle Initial) of Payee Victory Media Group		Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 03 / 2014	
Mailing Address 2516 Waukegan Rd, #115		Amount 37369.20	
City Glenview	State IL	Zip Code 60025	
Purpose of Expenditure Targeted Direct Mail 11/03 - "GOTV"		Category/ Type 004	Office Sought: <input type="checkbox"/> House State: KY <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: MITCH MCCONNELL		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 46334.65		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	

Transaction ID : F57.4514

Full Name (Last, First, Middle Initial) of Payee Victory Media Group		Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 03 / 2014	
Mailing Address 2516 Waukegan Rd, #115		Amount 122248.28	
City Glenview	State IL	Zip Code 60025	
Purpose of Expenditure Targeted Direct Mail 11/03 - "GOTV"		Category/ Type 004	Office Sought: <input type="checkbox"/> House State: CO <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: CORY GARDNER		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 134407.86		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	

Transaction ID : F57.4515

Full Name (Last, First, Middle Initial) of Payee		Date of Public Distribution/Dissemination MM / DD / YYYY	
Mailing Address		Amount	
City	State	Zip Code	
Purpose of Expenditure		Category/ Type	Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: _____ <input type="checkbox"/> President
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 <input type="checkbox"/> Other (specify)	

(a) SUBTOTAL of Itemized Independent Expenditures.....	159617.48
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures..... (carry total from last page forward to Line 7)	365528.08