

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES (Schedule E)

NAME OF COMMITTEE (In Full) Women Speak Out PAC
FEC IDENTIFICATION NUMBER C C00530766
Check if [X] 24-hour report [] 48-hour report [X] New report [] Amends report filed on

Full Name of Payee The Lukens Company
Mailing Address 2800 Shirlington Road 9th Floor
City Arlington State VA Zip Code 22206
Purpose of Expenditure Mailer Category/Type 004
Name of Federal Candidate Mr. Greg Orman [] Support [X] Oppose
Calendar Year-To-Date Per Election for Office Sought 178792.81

Date of Public Distribution/Dissemination 10 / 23 / 2014
Amount 10000.00
Transaction ID : 36507719-3b11-4fe5-8
Date of Disbursement or Obligation 10 / 23 / 2014
Office Sought: [] House District: 00 [] President [X] Senate State: KS
Disbursement For: [] Primary [X] General 2014 [] Other (specify)

Full Name of Payee Chantel D Lassiter
Mailing Address 3846 SW Wood Valley Rd
City Topeka State KS Zip Code 66610
Purpose of Expenditure Salary Category/Type 001
Name of Federal Candidate Mr. Greg Orman [] Support [X] Oppose
Calendar Year-To-Date Per Election for Office Sought 178792.81

Date of Public Distribution/Dissemination 10 / 22 / 2014
Amount 40.00
Transaction ID : 9612a866-fb0b-4c8b-8
Date of Disbursement or Obligation 10 / 22 / 2014
Office Sought: [] House District: 00 [] President [X] Senate State: KS
Disbursement For: [] Primary [X] General 2014 [] Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures 100040.00
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL 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.

Ms. Emily Buchanan [Electronically Filed] Date 10 / 25 / 2014
Signature

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Full Name of Payee Chantel D Lassiter
Mailing Address 3846 SW Wood Valley Rd
City Topeka State KS Zip Code 66610
Purpose of Expenditure Mileage Category/Type 002
Name of Federal Candidate Mr. Greg Orman [] Support [X] Oppose
Calendar Year-To-Date Per Election for Office Sought 178792.81

Date of Public Distribution/Dissemination 10 / 22 / 2014
Amount 3.30
Transaction ID : be6d9f63-7a8c-413f-9
Date of Disbursement or Obligation 10 / 22 / 2014
Office Sought: [] House District: 00 [] President [X] Senate State: KS
Disbursement For: [] Primary [X] General 2014 [] Other (specify)

Full Name of Payee Logan B Piper
Mailing Address 3205 Pebble Beach Rd
City Conway State AR Zip Code 72034
Purpose of Expenditure Salary Category/Type 001
Name of Federal Candidate Mr. Mark L Pryor [] Support [X] Oppose
Calendar Year-To-Date Per Election for Office Sought 194342.16

Date of Public Distribution/Dissemination 10 / 23 / 2014
Amount 41.00
Transaction ID : 18633795-b9b0-444d-b
Date of Disbursement or Obligation 10 / 23 / 2014
Office Sought: [] House District: 00 [] President [X] Senate State: AR
Disbursement For: [] Primary [X] General 2014 [] Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures 44.30
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL 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.
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Full Name of Payee Logan B Piper
Mailing Address 3205 Pebble Beach Rd
City Conway State AR Zip Code 72034
Purpose of Expenditure Mileage Category/Type 002
Name of Federal Candidate Mr. Mark L Pryor [] Support [X] Oppose
Calendar Year-To-Date Per Election for Office Sought 194342.16

Date of Public Distribution/Dissemination 10 / 23 / 2014
Amount 12.66
Transaction ID : 7664df31-b0a1-4e41-a
Date of Disbursement or Obligation 10 / 23 / 2014
Office Sought: [] House District: 00 [] President [X] Senate State: AR
Disbursement For: [] Primary [X] General 2014 [] Other (specify)

Full Name of Payee Aaron R Cowart
Mailing Address 184 South Military Rd
City Slidell State LA Zip Code 70458
Purpose of Expenditure Salary Category/Type 001
Name of Federal Candidate Ms. Mary L Landrieu [] Support [X] Oppose
Calendar Year-To-Date Per Election for Office Sought 206374.59

Date of Public Distribution/Dissemination 10 / 23 / 2014
Amount 40.00
Transaction ID : 91b817fa-2d37-482d-b
Date of Disbursement or Obligation 10 / 23 / 2014
Office Sought: [] House District: 00 [] President [X] Senate State: LA
Disbursement For: [] Primary [X] General 2014 [] Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures 52.66
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL 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.
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NAME OF COMMITTEE (In Full) Women Speak Out PAC
FEC IDENTIFICATION NUMBER C C00530766
Check if [X] 24-hour report [] 48-hour report [X] New report [] Amends report filed on

Full Name of Payee Aaron R Cowart
Mailing Address 184 South Military Rd
City Slidell State LA Zip Code 70458
Purpose of Expenditure Mileage Category/Type 002
Name of Federal Candidate Ms. Mary L Landrieu [] Support [X] Oppose
Calendar Year-To-Date Per Election for Office Sought 206374.59

Date of Public Distribution/Dissemination 10 / 23 / 2014
Amount 4.50
Transaction ID : 3a467b22-3c35-4837-b
Date of Disbursement or Obligation 10 / 23 / 2014
Office Sought: [] House District: 00 [] President [X] Senate State: LA
Disbursement For: [] Primary [X] General 2014 [] Other (specify)

Full Name of Payee Jeffrey S Hauge
Mailing Address 211 N Ashley Park
City Wichita State KS Zip Code 67212
Purpose of Expenditure Salary Category/Type 001
Name of Federal Candidate Mr. Greg Orman [] Support [X] Oppose
Calendar Year-To-Date Per Election for Office Sought 178792.81

Date of Public Distribution/Dissemination 10 / 23 / 2014
Amount 35.00
Transaction ID : 913d1c2a-bcf0-4e0c-a
Date of Disbursement or Obligation 10 / 23 / 2014
Office Sought: [] House District: 00 [] President [X] Senate State: KS
Disbursement For: [] Primary [X] General 2014 [] Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures 39.50
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL 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.
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NAME OF COMMITTEE (In Full) Women Speak Out PAC
FEC IDENTIFICATION NUMBER C C00530766
Check if [X] 24-hour report [] 48-hour report [X] New report [] Amends report filed on

Full Name of Payee Jeffrey S Hauge
Mailing Address 211 N Ashley Park
City Wichita State KS Zip Code 67212
Purpose of Expenditure Mileage Category/Type 002
Name of Federal Candidate Mr. Greg Orman [] Support [X] Oppose
Calendar Year-To-Date Per Election for Office Sought 178792.81

Date of Public Distribution/Dissemination 10 / 23 / 2014
Amount 4.50
Transaction ID : 90910c61-4d3b-42cc-9
Date of Disbursement or Obligation 10 / 23 / 2014
Office Sought: [] House District: 00 [] President [X] Senate State: KS
Disbursement For: [] Primary [X] General 2014 [] Other (specify)

Full Name of Payee James Kindstedt
Mailing Address 5510 Dogwood Dr
City Winston Salem State NC Zip Code 27105
Purpose of Expenditure Salary Category/Type 001
Name of Federal Candidate Ms. Kay Hagan [] Support [X] Oppose
Calendar Year-To-Date Per Election for Office Sought 1055146.83

Date of Public Distribution/Dissemination 10 / 23 / 2014
Amount 26.70
Transaction ID : d8318623-8fad-404b-9
Date of Disbursement or Obligation 10 / 23 / 2014
Office Sought: [] House District: 00 [] President [X] Senate State: NC
Disbursement For: [] Primary [X] General 2014 [] Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures..... 31.20
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL 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.
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NAME OF COMMITTEE (In Full) Women Speak Out PAC
FEC IDENTIFICATION NUMBER C C00530766
Check if [X] 24-hour report [] 48-hour report [X] New report [] Amends report filed on

Full Name of Payee James Kindstedt
Mailing Address 5510 Dogwood Dr
City Winston Salem State NC Zip Code 27105
Purpose of Expenditure Mileage Category/Type 002
Name of Federal Candidate Ms. Kay Hagan [] Support [X] Oppose
Calendar Year-To-Date Per Election for Office Sought 1055146.83

Date of Public Distribution/Dissemination 10 / 23 / 2014
Amount 10.20
Transaction ID : bcab955e-9a9c-4449-9
Date of Disbursement or Obligation 10 / 23 / 2014
Office Sought: [] House District: 00 [] President [X] Senate State: NC
Disbursement For: [] Primary [X] General 2014 [] Other (specify)

Full Name of Payee Joanna Kindstedt
Mailing Address 2134 Tobaccoville Rd
City Rural Hall State NC Zip Code 27045
Purpose of Expenditure Salary Category/Type 001
Name of Federal Candidate Ms. Kay Hagan [] Support [X] Oppose
Calendar Year-To-Date Per Election for Office Sought 1055146.83

Date of Public Distribution/Dissemination 10 / 23 / 2014
Amount 26.70
Transaction ID : 8330c861-0f4b-42fe-a
Date of Disbursement or Obligation 10 / 23 / 2014
Office Sought: [] House District: 00 [] President [X] Senate State: NC
Disbursement For: [] Primary [X] General 2014 [] Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures 36.90
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL 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.
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NAME OF COMMITTEE (In Full) Women Speak Out PAC
FEC IDENTIFICATION NUMBER C C00530766
Check if [X] 24-hour report [] 48-hour report [X] New report [] Amends report filed on

Full Name of Payee Morgan E Hallenbeck
Mailing Address 3790 Christian Light Rd
City Fuquay Varina State NC Zip Code 27526
Purpose of Expenditure Salary Category/Type 001

Date of Public Distribution/Dissemination 10 / 23 / 2014
Amount 60.00
Transaction ID : 70d6f76e-f868-4794-b
Date of Disbursement or Obligation 10 / 23 / 2014

Name of Federal Candidate Ms. Kay Hagan
[] Support [X] Oppose
Calendar Year-To-Date Per Election for Office Sought 1055146.83

Office Sought: [] House District: 00
[] President [X] Senate State: NC
Disbursement For: [] Primary [X] General 2014
[] Other (specify)

Full Name of Payee Morgan E Hallenbeck
Mailing Address 3790 Christian Light Rd
City Fuquay Varina State NC Zip Code 27526
Purpose of Expenditure Mileage Category/Type 002

Date of Public Distribution/Dissemination 10 / 23 / 2014
Amount 20.70
Transaction ID : b7b2ba5d-6c0c-4dad-8
Date of Disbursement or Obligation 10 / 23 / 2014

Name of Federal Candidate Ms. Kay Hagan
[] Support [X] Oppose
Calendar Year-To-Date Per Election for Office Sought 1055146.83

Office Sought: [] House District: 00
[] President [X] Senate State: NC
Disbursement For: [] Primary [X] General 2014
[] Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures 80.70
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL 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.

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NAME OF COMMITTEE (In Full) Women Speak Out PAC
FEC IDENTIFICATION NUMBER C C00530766
Check if [X] 24-hour report [] 48-hour report [X] New report [] Amends report filed on

Full Name of Payee Regina R Mouton
Mailing Address 5827 Brighton Pl
City New Orleans State LA Zip Code 70131
Purpose of Expenditure Salary Category/Type 001
Name of Federal Candidate Ms. Mary L Landrieu [] Support [X] Oppose
Calendar Year-To-Date Per Election for Office Sought 206374.59

Date of Public Distribution/Dissemination 10 / 23 / 2014
Amount 11.50
Transaction ID : 8bb06b83-5b95-4dfa-8
Date of Disbursement or Obligation 10 / 23 / 2014
Office Sought: [] House District: 00 [] President [X] Senate State: LA
Disbursement For: [] Primary [X] General 2014 [] Other (specify)

Full Name of Payee Regina R Mouton
Mailing Address 5827 Brighton Pl
City New Orleans State LA Zip Code 70131
Purpose of Expenditure Mileage Category/Type 002
Name of Federal Candidate Ms. Mary L Landrieu [] Support [X] Oppose
Calendar Year-To-Date Per Election for Office Sought 206374.59

Date of Public Distribution/Dissemination 10 / 23 / 2014
Amount 1.50
Transaction ID : e5023a01-8861-4c21-9
Date of Disbursement or Obligation 10 / 23 / 2014
Office Sought: [] House District: 00 [] President [X] Senate State: LA
Disbursement For: [] Primary [X] General 2014 [] Other (specify)

Table with 2 columns: Description and Amount. (a) SUBTOTAL of Itemized Independent Expenditures 13.00, (b) SUBTOTAL of Unitemized Independent Expenditures, (c) TOTAL 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.
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NAME OF COMMITTEE (In Full) Women Speak Out PAC
FEC IDENTIFICATION NUMBER C C00530766
Check if [X] 24-hour report [] 48-hour report [X] New report [] Amends report filed on

Full Name of Payee Misty A Ledford
Mailing Address 44 Bell St
City Spruce Pine State NC Zip Code 28777
Purpose of Expenditure Salary Category/Type 001

Date of Public Distribution/Dissemination 10 / 23 / 2014
Amount 50.00
Transaction ID : fcf927aa-6201-4d2a-8
Date of Disbursement or Obligation 10 / 23 / 2014

Name of Federal Candidate Ms. Kay Hagan
[] Support [X] Oppose
Calendar Year-To-Date Per Election for Office Sought 1055146.83

Office Sought: [] House District: 00
[] President [X] Senate State: NC
Disbursement For: [] Primary [X] General 2014
[] Other (specify)

Full Name of Payee Misty A Ledford
Mailing Address 44 Bell St
City Spruce Pine State NC Zip Code 28777
Purpose of Expenditure Mileage Category/Type 002

Date of Public Distribution/Dissemination 10 / 23 / 2014
Amount 19.20
Transaction ID : 86fb5d4d-05a6-465e-9
Date of Disbursement or Obligation 10 / 23 / 2014

Name of Federal Candidate Ms. Kay Hagan
[] Support [X] Oppose
Calendar Year-To-Date Per Election for Office Sought 1055146.83

Office Sought: [] House District: 00
[] President [X] Senate State: NC
Disbursement For: [] Primary [X] General 2014
[] Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures 69.20
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL 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.

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NAME OF COMMITTEE (In Full) Women Speak Out PAC
FEC IDENTIFICATION NUMBER C C00530766
Check if [X] 24-hour report [] 48-hour report [X] New report [] Amends report filed on

Full Name of Payee Theresa a Youngblood
Mailing Address 102 S Main Street Apt A2
City Berryville State VA Zip Code 22611
Purpose of Expenditure Salary Category/Type 001
Name of Federal Candidate Mr. Greg Orman [] Support [X] Oppose
Calendar Year-To-Date Per Election for Office Sought 178792.81

Date of Public Distribution/Dissemination 10 / 23 / 2014
Amount 45.00
Transaction ID : 5e266e6f-4dcd-49ea-a
Date of Disbursement or Obligation 10 / 23 / 2014
Office Sought: [] House District: 00 [] President [X] Senate State: KS
Disbursement For: [] Primary [X] General 2014 [] Other (specify)

Full Name of Payee Dianna R Williams
Mailing Address 1510 W Pawnee Apt 2103
City Wichita State KS Zip Code 67213
Purpose of Expenditure Salary Category/Type 001
Name of Federal Candidate Mr. Greg Orman [] Support [X] Oppose
Calendar Year-To-Date Per Election for Office Sought 178792.81

Date of Public Distribution/Dissemination 10 / 23 / 2014
Amount 30.00
Transaction ID : 15a3ead7-f1e6-43fe-9
Date of Disbursement or Obligation 10 / 23 / 2014
Office Sought: [] House District: 00 [] President [X] Senate State: KS
Disbursement For: [] Primary [X] General 2014 [] Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures 75.00
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL 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.
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NAME OF COMMITTEE (In Full) Women Speak Out PAC
FEC IDENTIFICATION NUMBER C C00530766
Check if [X] 24-hour report [] 48-hour report [X] New report [] Amends report filed on

Full Name of Payee Dianna R Williams
Mailing Address 1510 W Pawnee Apt 2103
City Wichita State KS Zip Code 67213
Purpose of Expenditure Mileage Category/Type 002
Name of Federal Candidate Mr. Greg Orman [] Support [X] Oppose
Calendar Year-To-Date Per Election for Office Sought 178792.81

Date of Public Distribution/Dissemination 10 / 23 / 2014
Amount 7.20
Transaction ID : a73d2a41-db5d-49f4-b
Date of Disbursement or Obligation 10 / 23 / 2014
Office Sought: [] House District: 00 [] President [X] Senate State: KS
Disbursement For: [] Primary [X] General 2014 [] Other (specify)

Full Name of Payee Edward N Walker
Mailing Address 3 Girard St
City Ft Smith State AR Zip Code 72901
Purpose of Expenditure Salary Category/Type 001
Name of Federal Candidate Mr. Mark L Pryor [] Support [X] Oppose
Calendar Year-To-Date Per Election for Office Sought 194342.16

Date of Public Distribution/Dissemination 10 / 23 / 2014
Amount 55.00
Transaction ID : 594089c9-78e1-4c82-b
Date of Disbursement or Obligation 10 / 23 / 2014
Office Sought: [] House District: 00 [] President [X] Senate State: AR
Disbursement For: [] Primary [X] General 2014 [] Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures 62.20
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL 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.
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FEC IDENTIFICATION NUMBER C C00530766
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Full Name of Payee Edward N Walker
Mailing Address 3 Girard St
City Ft Smith State AR Zip Code 72901
Purpose of Expenditure Mileage Category/Type 002
Name of Federal Candidate Mr. Mark L Pryor [] Support [X] Oppose
Calendar Year-To-Date Per Election for Office Sought 194342.16

Date of Public Distribution/Dissemination 10 / 23 / 2014
Amount 15.60
Transaction ID : 883e0c51-f5b3-4d75-8
Date of Disbursement or Obligation 10 / 23 / 2014
Office Sought: [] House District: 00 [] President [X] Senate State: AR
Disbursement For: [] Primary [X] General 2014 [] Other (specify)

Full Name of Payee Alisha A Hauser
Mailing Address 199 Raven Circle
City Wilkesboro State NC Zip Code 28697
Purpose of Expenditure Salary Category/Type 001
Name of Federal Candidate Ms. Kay Hagan [] Support [X] Oppose
Calendar Year-To-Date Per Election for Office Sought 1055146.83

Date of Public Distribution/Dissemination 10 / 23 / 2014
Amount 46.70
Transaction ID : 66db39a2-9e60-46d0-8
Date of Disbursement or Obligation 10 / 23 / 2014
Office Sought: [] House District: 00 [] President [X] Senate State: NC
Disbursement For: [] Primary [X] General 2014 [] Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures 62.30
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL Independent Expenditures

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FEC IDENTIFICATION NUMBER C C00530766
Check if [X] 24-hour report [] 48-hour report [X] New report [] Amends report filed on

Full Name of Payee Alisha A Hauser
Mailing Address 199 Raven Circle
City Wilkesboro State NC Zip Code 28697
Purpose of Expenditure Mileage Category/Type 002
Name of Federal Candidate Ms. Kay Hagan [] Support [X] Oppose
Calendar Year-To-Date Per Election for Office Sought 1055146.83

Date of Public Distribution/Dissemination 10 / 23 / 2014
Amount 10.56
Transaction ID : 45a58a7a-c607-4077-9
Date of Disbursement or Obligation 10 / 23 / 2014
Office Sought: [] House District: 00 [] President [X] Senate State: NC
Disbursement For: [] Primary [X] General 2014 [] Other (specify)

Full Name of Payee Leslie D Moore
Mailing Address 1903 Swan Dr
City Lenoir State NC Zip Code 28645
Purpose of Expenditure Salary Category/Type 001
Name of Federal Candidate Ms. Kay Hagan [] Support [X] Oppose
Calendar Year-To-Date Per Election for Office Sought 1055146.83

Date of Public Distribution/Dissemination 10 / 23 / 2014
Amount 30.00
Transaction ID : 8bab94d9-14b1-47be-a
Date of Disbursement or Obligation 10 / 23 / 2014
Office Sought: [] House District: 00 [] President [X] Senate State: NC
Disbursement For: [] Primary [X] General 2014 [] Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures 40.56
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL 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.
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FEC IDENTIFICATION NUMBER C C00530766
Check if [X] 24-hour report [] 48-hour report [X] New report [] Amends report filed on

Full Name of Payee Leslie D Moore
Mailing Address 1903 Swan Dr
City Lenoir State NC Zip Code 28645
Purpose of Expenditure Mileage Category/Type 002
Date of Public Distribution/Dissemination 10/23/2014
Amount 2.70
Transaction ID : 822b4a3f-6bb7-4072-8
Date of Disbursement or Obligation 10/23/2014
Name of Federal Candidate Ms. Kay Hagan [] Support [X] Oppose
Office Sought: [] House District: 00 [] President [X] Senate State: NC
Calendar Year-To-Date Per Election for Office Sought 1055146.83
Disbursement For: [] Primary [X] General 2014 [] Other (specify)

Full Name of Payee Sharon t Craig
Mailing Address 1410 Bushville Dr
City Lenoir State NC Zip Code 28645
Purpose of Expenditure Salary Category/Type 001
Date of Public Distribution/Dissemination 10/23/2014
Amount 30.00
Transaction ID : 948283ef-a51e-4313-a
Date of Disbursement or Obligation 10/23/2014
Name of Federal Candidate Ms. Kay Hagan [] Support [X] Oppose
Office Sought: [] House District: 00 [] President [X] Senate State: NC
Calendar Year-To-Date Per Election for Office Sought 1055146.83
Disbursement For: [] Primary [X] General 2014 [] Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures 32.70
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL 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.

Ms. Emily Buchanan [Electronically Filed] Date 10/25/2014
Signature

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES (Schedule E)

NAME OF COMMITTEE (In Full) Women Speak Out PAC
FEC IDENTIFICATION NUMBER C C00530766
Check if [X] 24-hour report [] 48-hour report [X] New report [] Amends report filed on

Full Name of Payee Sharon t Craig
Mailing Address 1410 Bushville Dr
City Lenoir State NC Zip Code 28645
Purpose of Expenditure Mileage Category/Type 002
Name of Federal Candidate Ms. Kay Hagan [] Support [X] Oppose
Calendar Year-To-Date Per Election for Office Sought 1055146.83

Date of Public Distribution/Dissemination 10 / 23 / 2014
Amount 12.30
Transaction ID : e3e43ec3-753f-4514-8
Date of Disbursement or Obligation 10 / 23 / 2014
Office Sought: [] House District: 00 [] President [X] Senate State: NC
Disbursement For: [] Primary [X] General 2014 [] Other (specify)

Full Name of Payee Aleksandra B Padua
Mailing Address 110 Bridge gate Dr
City Cary State NC Zip Code 27519
Purpose of Expenditure Salary Category/Type 001
Name of Federal Candidate Ms. Kay Hagan [] Support [X] Oppose
Calendar Year-To-Date Per Election for Office Sought 1055146.83

Date of Public Distribution/Dissemination 10 / 23 / 2014
Amount 40.00
Transaction ID : 48d894e8-fc89-48eb-b
Date of Disbursement or Obligation 10 / 23 / 2014
Office Sought: [] House District: 00 [] President [X] Senate State: NC
Disbursement For: [] Primary [X] General 2014 [] Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures..... 52.30
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL 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.
Ms. Emily Buchanan [Electronically Filed] Date 10 / 25 / 2014
Signature

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES (Schedule E)

NAME OF COMMITTEE (In Full) Women Speak Out PAC
FEC IDENTIFICATION NUMBER C C00530766
Check if [X] 24-hour report [] 48-hour report [X] New report [] Amends report filed on

Full Name of Payee Aleksandra B Padua
Mailing Address 110 Bridge gate Dr
City Cary State NC Zip Code 27519
Purpose of Expenditure Mileage Category/Type 002
Name of Federal Candidate Ms. Kay Hagan [] Support [X] Oppose
Calendar Year-To-Date Per Election for Office Sought 1055146.83

Date of Public Distribution/Dissemination 10 / 23 / 2014
Amount 9.63
Transaction ID : b26a880e-a513-48c9-a
Date of Disbursement or Obligation 10 / 23 / 2014
Office Sought: [] House District: 00 [] President [X] Senate State: NC
Disbursement For: [] Primary [X] General 2014 [] Other (specify)

Full Name of Payee Claud B Murphy JR
Mailing Address PO Box 37
City East Bend State NC Zip Code 27018
Purpose of Expenditure Salary Category/Type 001
Name of Federal Candidate Ms. Kay Hagan [] Support [X] Oppose
Calendar Year-To-Date Per Election for Office Sought 1055146.83

Date of Public Distribution/Dissemination 10 / 23 / 2014
Amount 27.50
Transaction ID : 6fafa76b-f451-409d-a
Date of Disbursement or Obligation 10 / 23 / 2014
Office Sought: [] House District: 00 [] President [X] Senate State: NC
Disbursement For: [] Primary [X] General 2014 [] Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures 37.13
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL 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.
Ms. Emily Buchanan [Electronically Filed] Date 10 / 25 / 2014
Signature

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES (Schedule E)

NAME OF COMMITTEE (In Full) Women Speak Out PAC
FEC IDENTIFICATION NUMBER C C00530766
Check if [X] 24-hour report [] 48-hour report [X] New report [] Amends report filed on

Full Name of Payee Judith A Murphy
Mailing Address PO Box 37
City East Bend State NC Zip Code 27018
Purpose of Expenditure Salary Category/Type 001
Name of Federal Candidate Ms. Kay Hagan [] Support [X] Oppose
Calendar Year-To-Date Per Election for Office Sought 1055146.83

Date of Public Distribution/Dissemination 10 / 23 / 2014
Amount 27.50
Transaction ID : ffe0a757-1f45-4161-a
Date of Disbursement or Obligation 10 / 23 / 2014
Office Sought: [] House District: 00 [] President [X] Senate State: NC
Disbursement For: [] Primary [X] General 2014 [] Other (specify)

Full Name of Payee Judith A Murphy
Mailing Address PO Box 37
City East Bend State NC Zip Code 27018
Purpose of Expenditure Mileage Category/Type 002
Name of Federal Candidate Ms. Kay Hagan [] Support [X] Oppose
Calendar Year-To-Date Per Election for Office Sought 1055146.83

Date of Public Distribution/Dissemination 10 / 23 / 2014
Amount 10.50
Transaction ID : b4b0c353-4c99-436a-b
Date of Disbursement or Obligation 10 / 23 / 2014
Office Sought: [] House District: 00 [] President [X] Senate State: NC
Disbursement For: [] Primary [X] General 2014 [] Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures 38.00
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL 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.
Ms. Emily Buchanan [Electronically Filed] Date 10 / 25 / 2014
Signature

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES (Schedule E)

NAME OF COMMITTEE (In Full) Women Speak Out PAC
FEC IDENTIFICATION NUMBER C C00530766
Check if [X] 24-hour report [] 48-hour report [X] New report [] Amends report filed on

Full Name of Payee Bailey R Blair
Mailing Address 402A N 10th St
City Manhattan State KS Zip Code 66502
Purpose of Expenditure Salary Category/Type 001

Date of Public Distribution/Dissemination 10 / 23 / 2014
Amount 10.00
Transaction ID : 199651fe-f403-44b0-9
Date of Disbursement or Obligation 10 / 23 / 2014

Name of Federal Candidate Mr. Greg Orman
Support [] Oppose [X]
Office Sought: [] President [X] Senate
District: 00 State: KS

Calendar Year-To-Date Per Election for Office Sought 178792.81
Disbursement For: [] Primary [X] General 2014 [] Other (specify)

Full Name of Payee Bailey R Blair
Mailing Address 402A N 10th St
City Manhattan State KS Zip Code 66502
Purpose of Expenditure Mileage Category/Type 002

Date of Public Distribution/Dissemination 10 / 23 / 2014
Amount 1.05
Transaction ID : f1c923da-0a4a-41e0-b
Date of Disbursement or Obligation 10 / 23 / 2014

Name of Federal Candidate Mr. Greg Orman
Support [] Oppose [X]
Office Sought: [] President [X] Senate
District: 00 State: KS

Calendar Year-To-Date Per Election for Office Sought 178792.81
Disbursement For: [] Primary [X] General 2014 [] Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures 11.05
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL 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.

Ms. Emily Buchanan [Electronically Filed] Date 10 / 25 / 2014
Signature

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES (Schedule E)

NAME OF COMMITTEE (In Full) Women Speak Out PAC
FEC IDENTIFICATION NUMBER C C00530766
Check if [X] 24-hour report [] 48-hour report [X] New report [] Amends report filed on

Full Name of Payee Caelan J Blair
Mailing Address 510 Haymaker Hall
City Manhattan State KS Zip Code 66506
Purpose of Expenditure Salary Category/Type 001
Name of Federal Candidate Mr. Greg Orman [] Support [X] Oppose
Calendar Year-To-Date Per Election for Office Sought 178792.81

Date of Public Distribution/Dissemination 10 / 23 / 2014
Amount 10.00
Transaction ID : 3e7d919d-2bd1-4dfb-b
Date of Disbursement or Obligation 10 / 23 / 2014
Office Sought: [] House District: 00 [] President [X] Senate State: KS
Disbursement For: [] Primary [X] General 2014 [] Other (specify)

Full Name of Payee Caelan J Blair
Mailing Address 510 Haymaker Hall
City Manhattan State KS Zip Code 66506
Purpose of Expenditure Mileage Category/Type 002
Name of Federal Candidate Mr. Greg Orman [] Support [X] Oppose
Calendar Year-To-Date Per Election for Office Sought 178792.81

Date of Public Distribution/Dissemination 10 / 23 / 2014
Amount 1.05
Transaction ID : e90f6604-b813-4fe7-a
Date of Disbursement or Obligation 10 / 23 / 2014
Office Sought: [] House District: 00 [] President [X] Senate State: KS
Disbursement For: [] Primary [X] General 2014 [] Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures 11.05
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL 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.
Ms. Emily Buchanan [Electronically Filed] Date 10 / 25 / 2014
Signature

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES (Schedule E)

NAME OF COMMITTEE (In Full) Women Speak Out PAC
FEC IDENTIFICATION NUMBER C C00530766
Check if [X] 24-hour report [] 48-hour report [X] New report [] Amends report filed on

Full Name of Payee James A Sears
Mailing Address 305 Averroe Dr
City Apex State NC Zip Code 27502
Purpose of Expenditure Salary Category/Type 001
Date of Public Distribution/Dissemination 10/23/2014
Amount 20.00
Transaction ID : 669ea561-4e9c-4ea8-a
Date of Disbursement or Obligation 10/23/2014
Name of Federal Candidate Ms. Kay Hagan [] Support [X] Oppose
Office Sought: [] House District: 00 [] President [X] Senate State: NC
Calendar Year-To-Date Per Election for Office Sought 1055146.83
Disbursement For: [] Primary [X] General 2014 [] Other (specify)

Full Name of Payee Joseph R Rys
Mailing Address 160 #50 Pompano Dr
City New Bern State NC Zip Code 28560
Purpose of Expenditure Salary Category/Type 001
Date of Public Distribution/Dissemination 10/23/2014
Amount 65.00
Transaction ID : 5933e07c-ce4d-48db-8
Date of Disbursement or Obligation 10/23/2014
Name of Federal Candidate Ms. Kay Hagan [] Support [X] Oppose
Office Sought: [] House District: 00 [] President [X] Senate State: NC
Calendar Year-To-Date Per Election for Office Sought 1055146.83
Disbursement For: [] Primary [X] General 2014 [] Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures 85.00
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL 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.
Ms. Emily Buchanan [Electronically Filed] Date 10/25/2014
Signature

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES (Schedule E)

NAME OF COMMITTEE (In Full) Women Speak Out PAC
FEC IDENTIFICATION NUMBER C C00530766
Check if [X] 24-hour report [] 48-hour report [X] New report [] Amends report filed on

Full Name of Payee Joseph R Rys
Mailing Address 160 #50 Pompano Dr
City New Bern State NC Zip Code 28560
Purpose of Expenditure Mileage Category/Type 002
Date of Public Distribution/Dissemination 10/23/2014
Amount 15.45
Transaction ID : 0101ede0-49fc-49dd-a
Date of Disbursement or Obligation 10/23/2014
Name of Federal Candidate Ms. Kay Hagan
Office Sought: [] House District: 00 [X] Senate State: NC
Disbursement For: [] Primary [X] General 2014 [] Other (specify)

Full Name of Payee Joshua J Huffman
Mailing Address 211 Dixie Ave
City Harrisonburg State VA Zip Code 22801
Purpose of Expenditure Salary Category/Type 001
Date of Public Distribution/Dissemination 10/23/2014
Amount 40.00
Transaction ID : 8779e3c8-20f7-4904-a
Date of Disbursement or Obligation 10/23/2014
Name of Federal Candidate Mr. Greg Orman
Office Sought: [] House District: 00 [X] Senate State: KS
Disbursement For: [] Primary [X] General 2014 [] Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures 55.45
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL 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.
Ms. Emily Buchanan [Electronically Filed] Date 10/25/2014
Signature

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES (Schedule E)

NAME OF COMMITTEE (In Full) Women Speak Out PAC
FEC IDENTIFICATION NUMBER C C00530766
Check if [X] 24-hour report [] 48-hour report [X] New report [] Amends report filed on

Full Name of Payee Sommer E Cox
Mailing Address 1519 Walshtown Rd
City Boomer State NC Zip Code 28606
Purpose of Expenditure Salary Category/Type 001
Name of Federal Candidate Ms. Kay Hagan [] Support [X] Oppose
Calendar Year-To-Date Per Election for Office Sought 1055146.83

Date of Public Distribution/Dissemination 10 / 23 / 2014
Amount 57.80
Transaction ID : 3bcf02aa-dcd9-41c7-9
Date of Disbursement or Obligation 10 / 23 / 2014
Office Sought: [] House District: 00 [] President [X] Senate State: NC
Disbursement For: [] Primary [X] General 2014 [] Other (specify)

Full Name of Payee Sommer E Cox
Mailing Address 1519 Walshtown Rd
City Boomer State NC Zip Code 28606
Purpose of Expenditure Mileage Category/Type 002
Name of Federal Candidate Ms. Kay Hagan [] Support [X] Oppose
Calendar Year-To-Date Per Election for Office Sought 1055146.83

Date of Public Distribution/Dissemination 10 / 23 / 2014
Amount 8.10
Transaction ID : 7d1b046f-9b91-449f-b
Date of Disbursement or Obligation 10 / 23 / 2014
Office Sought: [] House District: 00 [] President [X] Senate State: NC
Disbursement For: [] Primary [X] General 2014 [] Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures 65.90
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL 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.
Ms. Emily Buchanan [Electronically Filed] Date 10 / 25 / 2014
Signature

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES (Schedule E)

NAME OF COMMITTEE (In Full) Women Speak Out PAC
FEC IDENTIFICATION NUMBER C C00530766
Check if [X] 24-hour report [] 48-hour report [X] New report [] Amends report filed on

Full Name of Payee Staci J Ingram
Mailing Address 2 Crest Knolls Dr Apt 16B
City Taylorsville State NC Zip Code 28681
Purpose of Expenditure Salary Category/Type 001
Name of Federal Candidate Ms. Kay Hagan [] Support [X] Oppose
Calendar Year-To-Date Per Election for Office Sought 1055146.83

Date of Public Distribution/Dissemination 10 / 23 / 2014
Amount 46.50
Transaction ID : 8a3273c2-5785-41b5-8
Date of Disbursement or Obligation 10 / 23 / 2014
Office Sought: [] House District: 00 [] President [X] Senate State: NC
Disbursement For: [] Primary [X] General 2014 [] Other (specify)

Full Name of Payee Staci J Ingram
Mailing Address 2 Crest Knolls Dr Apt 16B
City Taylorsville State NC Zip Code 28681
Purpose of Expenditure Mileage Category/Type 002
Name of Federal Candidate Ms. Kay Hagan [] Support [X] Oppose
Calendar Year-To-Date Per Election for Office Sought 1055146.83

Date of Public Distribution/Dissemination 10 / 23 / 2014
Amount 27.96
Transaction ID : 88d941a4-2338-49af-b
Date of Disbursement or Obligation 10 / 23 / 2014
Office Sought: [] House District: 00 [] President [X] Senate State: NC
Disbursement For: [] Primary [X] General 2014 [] Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures 74.46
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL 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.
Ms. Emily Buchanan [Electronically Filed] Date 10 / 25 / 2014
Signature

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES (Schedule E)

NAME OF COMMITTEE (In Full) Women Speak Out PAC
FEC IDENTIFICATION NUMBER C C00530766
Check if [X] 24-hour report [] 48-hour report [X] New report [] Amends report filed on

Full Name of Payee David Ford
Mailing Address 106 Hillside St
City Spindale State NC Zip Code 28160
Purpose of Expenditure Salary Category/Type 001
Date of Public Distribution/Dissemination 10/23/2014
Amount 80.00
Transaction ID : 77e54ead-1833-4e4d-9
Date of Disbursement or Obligation 10/23/2014
Name of Federal Candidate Ms. Kay Hagan [] Support [X] Oppose
Office Sought: [] House District: 00 [] President [X] Senate State: NC
Calendar Year-To-Date Per Election for Office Sought 1055146.83
Disbursement For: [] Primary [X] General 2014 [] Other (specify)

Full Name of Payee Corey S McKnight
Mailing Address 1510 Bailey St
City West Monroe State LA Zip Code 71292
Purpose of Expenditure Salary Category/Type 001
Date of Public Distribution/Dissemination 10/23/2014
Amount 35.00
Transaction ID : 00c2fce5-d577-479a-9
Date of Disbursement or Obligation 10/23/2014
Name of Federal Candidate Ms. Mary L Landrieu [] Support [X] Oppose
Office Sought: [] House District: 00 [] President [X] Senate State: LA
Calendar Year-To-Date Per Election for Office Sought 206374.59
Disbursement For: [] Primary [X] General 2014 [] Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures 115.00
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL 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.
Ms. Emily Buchanan [Electronically Filed] Date 10/25/2014
Signature

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES (Schedule E)

NAME OF COMMITTEE (In Full) Women Speak Out PAC
FEC IDENTIFICATION NUMBER C C00530766
Check if [X] 24-hour report [] 48-hour report [X] New report [] Amends report filed on

Full Name of Payee Logan B Piper
Mailing Address 3205 Pebble Beach Rd
City Conway State AR Zip Code 72034
Purpose of Expenditure Salary Category/Type 001
Date of Public Distribution/Dissemination 10/23/2014
Amount 37.00
Transaction ID : 8029894c-a2b7-4af9-b
Date of Disbursement or Obligation 10/23/2014
Name of Federal Candidate Mr. Mark L Pryor [] Support [X] Oppose
Office Sought: [] House District: 00 [] President [X] Senate State: AR
Calendar Year-To-Date Per Election for Office Sought 194342.16
Disbursement For: [] Primary [X] General 2014 [] Other (specify)

Full Name of Payee Logan B Piper
Mailing Address 3205 Pebble Beach Rd
City Conway State AR Zip Code 72034
Purpose of Expenditure Mileage Category/Type 002
Date of Public Distribution/Dissemination 10/23/2014
Amount 12.99
Transaction ID : e833f948-f27c-4b91-9
Date of Disbursement or Obligation 10/23/2014
Name of Federal Candidate Mr. Mark L Pryor [] Support [X] Oppose
Office Sought: [] House District: 00 [] President [X] Senate State: AR
Calendar Year-To-Date Per Election for Office Sought 194342.16
Disbursement For: [] Primary [X] General 2014 [] Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures 49.99
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL 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.
Ms. Emily Buchanan [Electronically Filed] Date 10/25/2014
Signature

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES (Schedule E)

NAME OF COMMITTEE (In Full) Women Speak Out PAC
FEC IDENTIFICATION NUMBER C C00530766
Check if [X] 24-hour report [] 48-hour report [X] New report [] Amends report filed on

Full Name of Payee Samantha S Johnson
Mailing Address 638 Sawyer Rd
City Hays State NC Zip Code 28635
Purpose of Expenditure Salary Category/Type 001
Name of Federal Candidate Ms. Kay Hagan [] Support [X] Oppose
Calendar Year-To-Date Per Election for Office Sought 1055146.83

Date of Public Distribution/Dissemination 10 / 23 / 2014
Amount 10.00
Transaction ID : 62fcd8ef-edf6-4e26-b
Date of Disbursement or Obligation 10 / 23 / 2014
Office Sought: [] House District: 00 [] President [X] Senate State: NC
Disbursement For: [] Primary [X] General 2014 [] Other (specify)

Full Name of Payee Cecilia B Johnson
Mailing Address 638 Sawyer Rd
City Hays State NC Zip Code 28635
Purpose of Expenditure Salary Category/Type 001
Name of Federal Candidate Ms. Kay Hagan [] Support [X] Oppose
Calendar Year-To-Date Per Election for Office Sought 1055146.83

Date of Public Distribution/Dissemination 10 / 23 / 2014
Amount 10.00
Transaction ID : eaa9e2c5-2011-48bd-8
Date of Disbursement or Obligation 10 / 23 / 2014
Office Sought: [] House District: 00 [] President [X] Senate State: NC
Disbursement For: [] Primary [X] General 2014 [] Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures 20.00
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL 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.
Ms. Emily Buchanan [Electronically Filed] Date 10 / 25 / 2014
Signature

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES (Schedule E)

NAME OF COMMITTEE (In Full) Women Speak Out PAC
FEC IDENTIFICATION NUMBER C C00530766
Check if [X] 24-hour report [] 48-hour report [X] New report [] Amends report filed on

Full Name of Payee Cecilia B Johnson
Mailing Address 638 Sawyer Rd
City Hays State NC Zip Code 28635
Purpose of Expenditure Mileage Category/Type 002
Name of Federal Candidate Ms. Kay Hagan [] Support [X] Oppose
Calendar Year-To-Date Per Election for Office Sought 1055146.83

Date of Public Distribution/Dissemination 10 / 23 / 2014
Amount 2.70
Transaction ID : 7b8607d8-0757-4db1-9
Date of Disbursement or Obligation 10 / 23 / 2014
Office Sought: [] House District: 00 [] President [X] Senate State: NC
Disbursement For: [] Primary [X] General 2014 [] Other (specify)

Full Name of Payee Heather A Smith
Mailing Address 995 Clairborne Rd
City Calhoun State LA Zip Code 71225
Purpose of Expenditure Salary Category/Type 001
Name of Federal Candidate Ms. Mary L Landrieu [] Support [X] Oppose
Calendar Year-To-Date Per Election for Office Sought 206374.59

Date of Public Distribution/Dissemination 10 / 23 / 2014
Amount 39.00
Transaction ID : 15c93d05-fded-40f5-a
Date of Disbursement or Obligation 10 / 23 / 2014
Office Sought: [] House District: 00 [] President [X] Senate State: LA
Disbursement For: [] Primary [X] General 2014 [] Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures 41.70
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL 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.
Ms. Emily Buchanan [Electronically Filed] Date 10 / 25 / 2014
Signature

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES (Schedule E)

NAME OF COMMITTEE (In Full) Women Speak Out PAC
FEC IDENTIFICATION NUMBER C C00530766
Check if [X] 24-hour report [] 48-hour report [X] New report [] Amends report filed on

Full Name of Payee Heather A Smith
Mailing Address 995 Clairborne Rd
City Calhoun State LA Zip Code 71225
Purpose of Expenditure Mileage Category/Type 002
Name of Federal Candidate Ms. Mary L Landrieu [] Support [X] Oppose
Calendar Year-To-Date Per Election for Office Sought 206374.59

Date of Public Distribution/Dissemination 10 / 23 / 2014
Amount 12.00
Transaction ID : bb92b142-19ef-4035-9
Date of Disbursement or Obligation 10 / 23 / 2014
Office Sought: [] House District: 00 [] President [X] Senate State: LA
Disbursement For: [] Primary [X] General 2014 [] Other (specify)

Full Name of Payee Toni A Persinger-Buckler
Mailing Address 5330 Nestleway Dr
City Clemmons State NC Zip Code 27012
Purpose of Expenditure Salary Category/Type 001
Name of Federal Candidate Ms. Kay Hagan [] Support [X] Oppose
Calendar Year-To-Date Per Election for Office Sought 1055146.83

Date of Public Distribution/Dissemination 10 / 23 / 2014
Amount 45.00
Transaction ID : 24059bb3-6bda-45b6-b
Date of Disbursement or Obligation 10 / 23 / 2014
Office Sought: [] House District: 00 [] President [X] Senate State: NC
Disbursement For: [] Primary [X] General 2014 [] Other (specify)

Table with 2 columns: Description and Amount. (a) SUBTOTAL of Itemized Independent Expenditures 57.00, (b) SUBTOTAL of Unitemized Independent Expenditures, (c) TOTAL 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.
Ms. Emily Buchanan [Electronically Filed] Date 10 / 25 / 2014
Signature

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES (Schedule E)

NAME OF COMMITTEE (In Full) Women Speak Out PAC
FEC IDENTIFICATION NUMBER C C00530766
Check if [X] 24-hour report [] 48-hour report [X] New report [] Amends report filed on

Full Name of Payee Toni A Persinger-Buckler
Mailing Address 5330 Nestleway Dr
City Clemmons State NC Zip Code 27012
Purpose of Expenditure Mileage Category/Type 002
Name of Federal Candidate Ms. Kay Hagan [] Support [X] Oppose
Calendar Year-To-Date Per Election for Office Sought 1055146.83

Date of Public Distribution/Dissemination 10 / 23 / 2014
Amount 6.30
Transaction ID : f9fecebf-9c64-4b4f-b
Date of Disbursement or Obligation 10 / 23 / 2014
Office Sought: [] House District: 00 [] President [X] Senate State: NC
Disbursement For: [] Primary [X] General 2014 [] Other (specify)

Full Name of Payee Lauren E Heffington
Mailing Address 488 Broadwell Dr
City Nashville State TN Zip Code 37220
Purpose of Expenditure Salary Category/Type 001
Name of Federal Candidate Mr. Mark L Pryor [] Support [X] Oppose
Calendar Year-To-Date Per Election for Office Sought 194342.16

Date of Public Distribution/Dissemination 10 / 23 / 2014
Amount 20.00
Transaction ID : 035c4cae-2119-46fb-b
Date of Disbursement or Obligation 10 / 23 / 2014
Office Sought: [] House District: 00 [] President [X] Senate State: AR
Disbursement For: [] Primary [X] General 2014 [] Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures 26.30
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL 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.
Ms. Emily Buchanan [Electronically Filed] Date 10 / 25 / 2014
Signature

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES (Schedule E)

NAME OF COMMITTEE (In Full) Women Speak Out PAC
FEC IDENTIFICATION NUMBER C C00530766
Check if [X] 24-hour report [] 48-hour report [X] New report [] Amends report filed on

Full Name of Payee Lauren E Heffington
Mailing Address 488 Broadwell Dr
City Nashville State TN Zip Code 37220
Purpose of Expenditure Mileage Category/Type 002
Name of Federal Candidate Mr. Mark L Pryor [] Support [X] Oppose
Calendar Year-To-Date Per Election for Office Sought 194342.16

Date of Public Distribution/Dissemination 10 / 23 / 2014
Amount 1.86
Transaction ID : d008f0e7-f9ac-43bd-8
Date of Disbursement or Obligation 10 / 23 / 2014
Office Sought: [] House District: 00 [] President [X] Senate State: AR
Disbursement For: [] Primary [X] General 2014 [] Other (specify)

Full Name of Payee Leona Martin
Mailing Address 9901 Floyd St
City Overland Park State KS Zip Code 66212
Purpose of Expenditure Salary Category/Type 001
Name of Federal Candidate Mr. Greg Orman [] Support [X] Oppose
Calendar Year-To-Date Per Election for Office Sought 178792.81

Date of Public Distribution/Dissemination 10 / 23 / 2014
Amount 35.00
Transaction ID : 0e96bdd4-278d-42b7-b
Date of Disbursement or Obligation 10 / 23 / 2014
Office Sought: [] House District: 00 [] President [X] Senate State: KS
Disbursement For: [] Primary [X] General 2014 [] Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures 36.86
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL 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.
Ms. Emily Buchanan [Electronically Filed] Date 10 / 25 / 2014
Signature

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES (Schedule E)

NAME OF COMMITTEE (In Full) Women Speak Out PAC
FEC IDENTIFICATION NUMBER C C00530766
Check if [X] 24-hour report [] 48-hour report [X] New report [] Amends report filed on

Full Name of Payee Leona Martin
Mailing Address 9901 Floyd St
City Overland Park State KS Zip Code 66212
Purpose of Expenditure Mileage Category/Type 002
Name of Federal Candidate Mr. Greg Orman [] Support [X] Oppose
Calendar Year-To-Date Per Election for Office Sought 178792.81

Date of Public Distribution/Dissemination 10 / 23 / 2014
Amount 9.90
Transaction ID : 54021cc5-cf6c-44f7-b
Date of Disbursement or Obligation 10 / 23 / 2014
Office Sought: [] House District: 00 [] President [X] Senate State: KS
Disbursement For: [] Primary [X] General 2014 [] Other (specify)

Full Name of Payee Anselma A Trinidad
Mailing Address 7915 Curtina Ln
City Lewisville State NC Zip Code 27023
Purpose of Expenditure Salary Category/Type 001
Name of Federal Candidate Ms. Kay Hagan [] Support [X] Oppose
Calendar Year-To-Date Per Election for Office Sought 1055146.83

Date of Public Distribution/Dissemination 10 / 23 / 2014
Amount 80.00
Transaction ID : b1e30f24-db38-4347-9
Date of Disbursement or Obligation 10 / 23 / 2014
Office Sought: [] House District: 00 [] President [X] Senate State: NC
Disbursement For: [] Primary [X] General 2014 [] Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures 89.90
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL 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.

Ms. Emily Buchanan
Signature

[Electronically Filed]

Date 10 / 25 / 2014

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES (Schedule E)

NAME OF COMMITTEE (In Full) Women Speak Out PAC
FEC IDENTIFICATION NUMBER C C00530766
Check if [X] 24-hour report [] 48-hour report [X] New report [] Amends report filed on

Full Name of Payee Kirsten E McKinney
Mailing Address 1419 S Highbush Ave
City Fayetteville State AR Zip Code 72701
Purpose of Expenditure Salary Category/Type 001

Date of Public Distribution/Dissemination 10 / 23 / 2014
Amount 30.00
Transaction ID : 2cde665f-8e4a-4cc8-9
Date of Disbursement or Obligation 10 / 23 / 2014

Name of Federal Candidate Mr. Mark L Pryor
Support [] Oppose [X]
Office Sought: [] President [X] Senate
District: 00 State: AR

Calendar Year-To-Date Per Election for Office Sought 194342.16
Disbursement For: [] Primary [X] General 2014 [] Other (specify)

Full Name of Payee Kirsten E McKinney
Mailing Address 1419 S Highbush Ave
City Fayetteville State AR Zip Code 72701
Purpose of Expenditure Mileage Category/Type 002

Date of Public Distribution/Dissemination 10 / 23 / 2014
Amount 15.00
Transaction ID : 5521c5eb-177d-4666-9
Date of Disbursement or Obligation 10 / 23 / 2014

Name of Federal Candidate Mr. Mark L Pryor
Support [] Oppose [X]
Office Sought: [] President [X] Senate
District: 00 State: AR

Calendar Year-To-Date Per Election for Office Sought 194342.16
Disbursement For: [] Primary [X] General 2014 [] Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures 45.00
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL 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.

Ms. Emily Buchanan [Electronically Filed] Date 10 / 25 / 2014
Signature

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES (Schedule E)

NAME OF COMMITTEE (In Full) Women Speak Out PAC
FEC IDENTIFICATION NUMBER C C00530766
Check if [X] 24-hour report [] 48-hour report [X] New report [] Amends report filed on

Full Name of Payee Stephanie L Heun
Mailing Address 8026 S Wilwood Dr Apt 101
City Oak Creek State WI Zip Code 53154
Purpose of Expenditure Salary Category/Type 001
Name of Federal Candidate Mr. Greg Orman [] Support [X] Oppose
Calendar Year-To-Date Per Election for Office Sought 178792.81

Date of Public Distribution/Dissemination 10 / 23 / 2014
Amount 20.00
Transaction ID : 8a5dcfa0-e43b-4939-8
Date of Disbursement or Obligation 10 / 23 / 2014
Office Sought: [] House District: 00 [] President [X] Senate State: KS
Disbursement For: [] Primary [X] General 2014 [] Other (specify)

Full Name of Payee Molly E Oman
Mailing Address 607 N Hughes
City Little Rock State AR Zip Code 72205
Purpose of Expenditure Salary Category/Type 001
Name of Federal Candidate Mr. Mark L Pryor [] Support [X] Oppose
Calendar Year-To-Date Per Election for Office Sought 194342.16

Date of Public Distribution/Dissemination 10 / 23 / 2014
Amount 25.00
Transaction ID : e0a56abf-9fda-4dd2-8
Date of Disbursement or Obligation 10 / 23 / 2014
Office Sought: [] House District: 00 [] President [X] Senate State: AR
Disbursement For: [] Primary [X] General 2014 [] Other (specify)

Table with 2 columns: Description and Amount. (a) SUBTOTAL of Itemized Independent Expenditures 45.00, (b) SUBTOTAL of Unitemized Independent Expenditures, (c) TOTAL 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.
Ms. Emily Buchanan [Electronically Filed] Date 10 / 25 / 2014

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES (Schedule E)

NAME OF COMMITTEE (In Full) Women Speak Out PAC
FEC IDENTIFICATION NUMBER C C00530766
Check if [X] 24-hour report [] 48-hour report [X] New report [] Amends report filed on

Full Name of Payee Molly E Oman
Mailing Address 607 N Hughes
City Little Rock State AR Zip Code 72205
Purpose of Expenditure Mileage Category/Type 002
Date of Public Distribution/Dissemination 10/23/2014
Amount 7.50
Transaction ID : 276d81d6-a297-4901-8
Date of Disbursement or Obligation 10/23/2014
Name of Federal Candidate Mr. Mark L Pryor [] Support [X] Oppose
Office Sought: [] House District: 00 [] President [X] Senate State: AR
Calendar Year-To-Date Per Election for Office Sought 194342.16
Disbursement For: [] Primary [X] General 2014 [] Other (specify)

Full Name of Payee Gabriela P Sosa
Mailing Address 2530 Brook Stone Dr
City Clemmons State NC Zip Code 27012
Purpose of Expenditure Salary Category/Type 001
Date of Public Distribution/Dissemination 10/23/2014
Amount 80.00
Transaction ID : 6102127c-6cc0-49b8-9
Date of Disbursement or Obligation 10/23/2014
Name of Federal Candidate Ms. Kay Hagan [] Support [X] Oppose
Office Sought: [] House District: 00 [] President [X] Senate State: NC
Calendar Year-To-Date Per Election for Office Sought 1055146.83
Disbursement For: [] Primary [X] General 2014 [] Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures 87.50
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL 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.
Ms. Emily Buchanan [Electronically Filed] Date 10/25/2014
Signature

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES (Schedule E)

NAME OF COMMITTEE (In Full) Women Speak Out PAC
FEC IDENTIFICATION NUMBER C C00530766
Check if [X] 24-hour report [] 48-hour report [X] New report [] Amends report filed on

Full Name of Payee Gabriela P Sosa
Mailing Address 2530 Brook Stone Dr
City Clemmons State NC Zip Code 27012
Purpose of Expenditure Mileage Category/Type 002
Name of Federal Candidate Ms. Kay Hagan [] Support [X] Oppose
Calendar Year-To-Date Per Election for Office Sought 1055146.83

Date of Public Distribution/Dissemination 10 / 23 / 2014
Amount 17.70
Transaction ID : 1ba4d5fe-8dba-46b5-9
Date of Disbursement or Obligation 10 / 23 / 2014
Office Sought: [] House District: 00 [] President [X] Senate State: NC
Disbursement For: [] Primary [X] General 2014 [] Other (specify)

Full Name of Payee Gabriela P Sosa
Mailing Address 2530 Brook Stone Dr
City Clemmons State NC Zip Code 27012
Purpose of Expenditure Salary Category/Type 001
Name of Federal Candidate Ms. Kay Hagan [] Support [X] Oppose
Calendar Year-To-Date Per Election for Office Sought 1055146.83

Date of Public Distribution/Dissemination 10 / 23 / 2014
Amount 80.00
Transaction ID : ef0fe474-f87b-428e-a
Date of Disbursement or Obligation 10 / 23 / 2014
Office Sought: [] House District: 00 [] President [X] Senate State: NC
Disbursement For: [] Primary [X] General 2014 [] Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures 97.70
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL 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.
Ms. Emily Buchanan [Electronically Filed] Date 10 / 25 / 2014
Signature

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES (Schedule E)

NAME OF COMMITTEE (In Full) Women Speak Out PAC
FEC IDENTIFICATION NUMBER C C00530766
Check if [X] 24-hour report [] 48-hour report [X] New report [] Amends report filed on

Full Name of Payee Tyler M Stringer
Mailing Address 2134 Oxford Dr
City Salina State KS Zip Code 67401
Purpose of Expenditure Salary Category/Type 001
Name of Federal Candidate Mr. Greg Orman [] Support [X] Oppose
Calendar Year-To-Date Per Election for Office Sought 178792.81

Date of Public Distribution/Dissemination 10 / 23 / 2014
Amount 30.00
Transaction ID : 33b58ef8-a678-4c07-a
Date of Disbursement or Obligation 10 / 23 / 2014
Office Sought: [] House District: 00 [] President [X] Senate State: KS
Disbursement For: [] Primary [X] General 2014 [] Other (specify)

Full Name of Payee Tyler M Stringer
Mailing Address 2134 Oxford Dr
City Salina State KS Zip Code 67401
Purpose of Expenditure Mileage Category/Type 002
Name of Federal Candidate Mr. Greg Orman [] Support [X] Oppose
Calendar Year-To-Date Per Election for Office Sought 178792.81

Date of Public Distribution/Dissemination 10 / 23 / 2014
Amount 2.41
Transaction ID : dc4288a8-e003-4dc9-9
Date of Disbursement or Obligation 10 / 23 / 2014
Office Sought: [] House District: 00 [] President [X] Senate State: KS
Disbursement For: [] Primary [X] General 2014 [] Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures 32.41
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL 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.
Ms. Emily Buchanan [Electronically Filed] Date 10 / 25 / 2014
Signature

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES (Schedule E)

NAME OF COMMITTEE (In Full) Women Speak Out PAC
FEC IDENTIFICATION NUMBER C C00530766
Check if [X] 24-hour report [] 48-hour report [X] New report [] Amends report filed on

Full Name of Payee Maria A Britt
Mailing Address 4894 Thunder Bolt
City Concord State NC Zip Code 28205
Purpose of Expenditure Salary Category/Type 001
Name of Federal Candidate Ms. Kay Hagan [] Support [X] Oppose
Calendar Year-To-Date Per Election for Office Sought 1055146.83

Date of Public Distribution/Dissemination 10 / 23 / 2014
Amount 70.00
Transaction ID : d5314c59-1f5c-46a7-9
Date of Disbursement or Obligation 10 / 23 / 2014
Office Sought: [] House District: 00 [] President [X] Senate State: NC
Disbursement For: [] Primary [X] General 2014 [] Other (specify)

Full Name of Payee Maria A Britt
Mailing Address 4894 Thunder Bolt
City Concord State NC Zip Code 28205
Purpose of Expenditure Mileage Category/Type 002
Name of Federal Candidate Ms. Kay Hagan [] Support [X] Oppose
Calendar Year-To-Date Per Election for Office Sought 1055146.83

Date of Public Distribution/Dissemination 10 / 23 / 2014
Amount 21.60
Transaction ID : 31a337b1-1a7f-415e-a
Date of Disbursement or Obligation 10 / 23 / 2014
Office Sought: [] House District: 00 [] President [X] Senate State: NC
Disbursement For: [] Primary [X] General 2014 [] Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures 91.60
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL 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.
Ms. Emily Buchanan [Electronically Filed] Date 10 / 25 / 2014
Signature

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES (Schedule E)

NAME OF COMMITTEE (In Full) Women Speak Out PAC
FEC IDENTIFICATION NUMBER C C00530766
Check if [X] 24-hour report [] 48-hour report [X] New report [] Amends report filed on

Full Name of Payee Katelyn Stringer
Mailing Address 2134 Oxford Dr
City Salina State KS Zip Code 67401
Purpose of Expenditure Salary Category/Type 001
Name of Federal Candidate Mr. Greg Orman [] Support [X] Oppose
Calendar Year-To-Date Per Election for Office Sought 178792.81

Date of Public Distribution/Dissemination 10 / 23 / 2014
Amount 30.00
Transaction ID : 429ca54d-bcdc-439c-b
Date of Disbursement or Obligation 10 / 23 / 2014
Office Sought: [] House District: 00 [] President [X] Senate State: KS
Disbursement For: [] Primary [X] General 2014 [] Other (specify)

Full Name of Payee Katelyn Stringer
Mailing Address 2134 Oxford Dr
City Salina State KS Zip Code 67401
Purpose of Expenditure Mileage Category/Type 002
Name of Federal Candidate Mr. Greg Orman [] Support [X] Oppose
Calendar Year-To-Date Per Election for Office Sought 178792.81

Date of Public Distribution/Dissemination 10 / 23 / 2014
Amount 2.41
Transaction ID : b43d5de7-ed56-4843-b
Date of Disbursement or Obligation 10 / 23 / 2014
Office Sought: [] House District: 00 [] President [X] Senate State: KS
Disbursement For: [] Primary [X] General 2014 [] Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures 32.41
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL 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.
Ms. Emily Buchanan [Electronically Filed] Date 10 / 25 / 2014
Signature

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES (Schedule E)

NAME OF COMMITTEE (In Full) Women Speak Out PAC
FEC IDENTIFICATION NUMBER C C00530766
Check if [X] 24-hour report [] 48-hour report [X] New report [] Amends report filed on

Full Name of Payee OLynda Walker
Mailing Address 10000 Mount Pleasant Rd
City Midland State NC Zip Code 28107
Purpose of Expenditure Salary Category/Type 001
Name of Federal Candidate Ms. Kay Hagan [] Support [X] Oppose
Calendar Year-To-Date Per Election for Office Sought 1055146.83

Date of Public Distribution/Dissemination 10 / 23 / 2014
Amount 70.00
Transaction ID : 435f0cae-2ce0-4054-8
Date of Disbursement or Obligation 10 / 23 / 2014
Office Sought: [] House District: 00 [] President [X] Senate State: NC
Disbursement For: [] Primary [X] General 2014 [] Other (specify)

Full Name of Payee OLynda Walker
Mailing Address 10000 Mount Pleasant Rd
City Midland State NC Zip Code 28107
Purpose of Expenditure Mileage Category/Type 002
Name of Federal Candidate Ms. Kay Hagan [] Support [X] Oppose
Calendar Year-To-Date Per Election for Office Sought 1055146.83

Date of Public Distribution/Dissemination 10 / 23 / 2014
Amount 21.60
Transaction ID : a4931295-6351-4983-8
Date of Disbursement or Obligation 10 / 23 / 2014
Office Sought: [] House District: 00 [] President [X] Senate State: NC
Disbursement For: [] Primary [X] General 2014 [] Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures 91.60
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL 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.
Ms. Emily Buchanan [Electronically Filed] Date 10 / 25 / 2014
Signature

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES (Schedule E)

NAME OF COMMITTEE (In Full) Women Speak Out PAC
FEC IDENTIFICATION NUMBER C C00530766
Check if [X] 24-hour report [] 48-hour report [X] New report [] Amends report filed on

Full Name of Payee Edmond D Rea
Mailing Address 416 Vine Dr
City Lawrence State KS Zip Code 66049
Purpose of Expenditure Salary Category/Type 001
Name of Federal Candidate Mr. Greg Orman [] Support [X] Oppose
Calendar Year-To-Date Per Election for Office Sought 178792.81

Date of Public Distribution/Dissemination 10 / 23 / 2014
Amount 20.00
Transaction ID : 595980f3-3474-4030-8
Date of Disbursement or Obligation 10 / 23 / 2014
Office Sought: [] House District: 00 [] President [X] Senate State: KS
Disbursement For: [] Primary [X] General 2014 [] Other (specify)

Full Name of Payee Edmond D Rea
Mailing Address 416 Vine Dr
City Lawrence State KS Zip Code 66049
Purpose of Expenditure Mileage Category/Type 002
Name of Federal Candidate Mr. Greg Orman [] Support [X] Oppose
Calendar Year-To-Date Per Election for Office Sought 178792.81

Date of Public Distribution/Dissemination 10 / 23 / 2014
Amount 5.64
Transaction ID : b0f83286-954f-4be5-a
Date of Disbursement or Obligation 10 / 23 / 2014
Office Sought: [] House District: 00 [] President [X] Senate State: KS
Disbursement For: [] Primary [X] General 2014 [] Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures 25.64
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL 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.
Ms. Emily Buchanan [Electronically Filed] Date 10 / 25 / 2014
Signature

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES (Schedule E)

NAME OF COMMITTEE (In Full) Women Speak Out PAC
FEC IDENTIFICATION NUMBER C C00530766
Check if [X] 24-hour report [] 48-hour report [X] New report [] Amends report filed on

Full Name of Payee Isabella H Akel
Mailing Address 15 Redcoat Lane
City Little Rock State AR Zip Code 72227
Purpose of Expenditure Salary Category/Type 001
Name of Federal Candidate Ms. Kay Hagan [] Support [X] Oppose
Calendar Year-To-Date Per Election for Office Sought 1055146.83

Date of Public Distribution/Dissemination 10 / 23 / 2014
Amount 25.00
Transaction ID : e0b05968-79f7-4bd2-a
Date of Disbursement or Obligation 10 / 23 / 2014
Office Sought: [] House District: 00 [] President [X] Senate State: NC
Disbursement For: [] Primary [X] General 2014 [] Other (specify)

Full Name of Payee Isabella H Akel
Mailing Address 15 Redcoat Lane
City Little Rock State AR Zip Code 72227
Purpose of Expenditure Mileage Category/Type 002
Name of Federal Candidate Ms. Kay Hagan [] Support [X] Oppose
Calendar Year-To-Date Per Election for Office Sought 1055146.83

Date of Public Distribution/Dissemination 10 / 23 / 2014
Amount 9.00
Transaction ID : d6a68e48-d9cc-4402-b
Date of Disbursement or Obligation 10 / 23 / 2014
Office Sought: [] House District: 00 [] President [X] Senate State: NC
Disbursement For: [] Primary [X] General 2014 [] Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures 34.00
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL 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.
Ms. Emily Buchanan [Electronically Filed] Date 10 / 25 / 2014
Signature

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES (Schedule E)

NAME OF COMMITTEE (In Full) Women Speak Out PAC
FEC IDENTIFICATION NUMBER C C00530766
Check if [X] 24-hour report [] 48-hour report [X] New report [] Amends report filed on

Full Name of Payee Christine R McDonald
Mailing Address 3751 N Jeanette Ave
City Wichita State KS Zip Code 67204
Purpose of Expenditure Salary Category/Type 001
Name of Federal Candidate Mr. Greg Orman [] Support [X] Oppose
Calendar Year-To-Date Per Election for Office Sought 178792.81

Date of Public Distribution/Dissemination 10 / 23 / 2014
Amount 49.00
Transaction ID : 1e4b2210-0579-41c8-b
Date of Disbursement or Obligation 10 / 23 / 2014
Office Sought: [] House District: 00 [] President [X] Senate State: KS
Disbursement For: [] Primary [X] General 2014 [] Other (specify)

Full Name of Payee Christine R McDonald
Mailing Address 3751 N Jeanette Ave
City Wichita State KS Zip Code 67204
Purpose of Expenditure Mileage Category/Type 002
Name of Federal Candidate Mr. Greg Orman [] Support [X] Oppose
Calendar Year-To-Date Per Election for Office Sought 178792.81

Date of Public Distribution/Dissemination 10 / 23 / 2014
Amount 15.90
Transaction ID : 79b1afe2-1de3-4b4c-a
Date of Disbursement or Obligation 10 / 23 / 2014
Office Sought: [] House District: 00 [] President [X] Senate State: KS
Disbursement For: [] Primary [X] General 2014 [] Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures 64.90
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL 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.
Ms. Emily Buchanan [Electronically Filed] Date 10 / 25 / 2014
Signature

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES (Schedule E)

NAME OF COMMITTEE (In Full) Women Speak Out PAC
FEC IDENTIFICATION NUMBER C C00530766
Check if [X] 24-hour report [] 48-hour report [X] New report [] Amends report filed on

Full Name of Payee Trace Strategies
Mailing Address 11104 Westpoint
City Little Rock State AR Zip Code 72211
Purpose of Expenditure advertising Category/Type 004
Name of Federal Candidate Mr. Mark L Pryor [] Support [X] Oppose
Calendar Year-To-Date Per Election for Office Sought 194342.16

Date of Public Distribution/Dissemination 10 / 23 / 2014
Amount 100.00
Transaction ID : e550f6ea-5299-49fd-b
Date of Disbursement or Obligation 10 / 23 / 2014
Office Sought: [] House District: 00 [] President [X] Senate State: AR
Disbursement For: [] Primary [X] General 2014 [] Other (specify)

Full Name of Payee Christopher L Gilbert
Mailing Address 55 Lovell Johnson Rd
City Picayune State MS Zip Code 39466
Purpose of Expenditure Salary Category/Type 001
Name of Federal Candidate Ms. Mary L Landrieu [] Support [X] Oppose
Calendar Year-To-Date Per Election for Office Sought 206374.59

Date of Public Distribution/Dissemination 10 / 23 / 2014
Amount 70.00
Transaction ID : c3a3ad04-aabd-4a32-b
Date of Disbursement or Obligation 10 / 23 / 2014
Office Sought: [] House District: 00 [] President [X] Senate State: LA
Disbursement For: [] Primary [X] General 2014 [] Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures 170.00
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL 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.
Ms. Emily Buchanan [Electronically Filed] Date 10 / 25 / 2014
Signature

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES (Schedule E)

NAME OF COMMITTEE (In Full) Women Speak Out PAC
FEC IDENTIFICATION NUMBER C C00530766
Check if [X] 24-hour report [] 48-hour report [X] New report [] Amends report filed on

Full Name of Payee Claire A Smith
Mailing Address 6610 Walcott Rd
City Paragoud State AR Zip Code 72450
Purpose of Expenditure Salary Category/Type 001
Name of Federal Candidate Mr. Mark L Pryor [] Support [X] Oppose
Calendar Year-To-Date Per Election for Office Sought 194342.16

Date of Public Distribution/Dissemination 10 / 23 / 2014
Amount 35.00
Transaction ID : ac7f7a6f-d2c3-470e-9
Date of Disbursement or Obligation 10 / 23 / 2014
Office Sought: [] House District: 00 [] President [X] Senate State: AR
Disbursement For: [] Primary [X] General 2014 [] Other (specify)

Full Name of Payee Christopher L Gilbert
Mailing Address 55 Lovell Johnson Rd
City Picayune State MS Zip Code 39466
Purpose of Expenditure Mileage Category/Type 002
Name of Federal Candidate Ms. Mary L Landrieu [] Support [X] Oppose
Calendar Year-To-Date Per Election for Office Sought 206374.59

Date of Public Distribution/Dissemination 10 / 23 / 2014
Amount 29.40
Transaction ID : 720668fb-4691-4995-a
Date of Disbursement or Obligation 10 / 23 / 2014
Office Sought: [] House District: 00 [] President [X] Senate State: LA
Disbursement For: [] Primary [X] General 2014 [] Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures 64.40
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL 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.
Ms. Emily Buchanan [Electronically Filed] Date 10 / 25 / 2014
Signature

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES (Schedule E)

NAME OF COMMITTEE (In Full) Women Speak Out PAC
FEC IDENTIFICATION NUMBER C C00530766
Check if [X] 24-hour report [] 48-hour report [X] New report [] Amends report filed on

Full Name of Payee Claire A Smith
Mailing Address 6610 Walcott Rd
City Paragoud State AR Zip Code 72450
Purpose of Expenditure Mileage Category/Type 002
Name of Federal Candidate Mr. Mark L Pryor [] Support [X] Oppose
Calendar Year-To-Date Per Election for Office Sought 194342.16

Date of Public Distribution/Dissemination 10 / 23 / 2014
Amount 20.10
Transaction ID : e8e5e59b-d8a7-4b6a-b
Date of Disbursement or Obligation 10 / 23 / 2014
Office Sought: [] House District: 00 [] President [X] Senate State: AR
Disbursement For: [] Primary [X] General 2014 [] Other (specify)

Full Name of Payee Jeffrey S Hauge
Mailing Address 211 N Ashley Park
City Wichita State KS Zip Code 67212
Purpose of Expenditure Salary Category/Type 001
Name of Federal Candidate Mr. Greg Orman [] Support [X] Oppose
Calendar Year-To-Date Per Election for Office Sought 178792.81

Date of Public Distribution/Dissemination 10 / 23 / 2014
Amount 60.00
Transaction ID : 39e476e3-a192-4dcc-9
Date of Disbursement or Obligation 10 / 23 / 2014
Office Sought: [] House District: 00 [] President [X] Senate State: KS
Disbursement For: [] Primary [X] General 2014 [] Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures 80.10
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL 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.
Ms. Emily Buchanan [Electronically Filed] Date 10 / 25 / 2014
Signature

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES (Schedule E)

NAME OF COMMITTEE (In Full) Women Speak Out PAC
FEC IDENTIFICATION NUMBER C C00530766
Check if [X] 24-hour report [] 48-hour report [X] New report [] Amends report filed on

Full Name of Payee Jeffrey S Hauge
Mailing Address 211 N Ashley Park
City Wichita State KS Zip Code 67212
Purpose of Expenditure Mileage Category/Type 002
Name of Federal Candidate Mr. Greg Orman [] Support [X] Oppose
Calendar Year-To-Date Per Election for Office Sought 178792.81

Date of Public Distribution/Dissemination 10 / 23 / 2014
Amount 6.90
Transaction ID : 92d48266-e209-4128-9
Date of Disbursement or Obligation 10 / 23 / 2014
Office Sought: [] House District: 00 [] President [X] Senate State: KS
Disbursement For: [] Primary [X] General 2014 [] Other (specify)

Full Name of Payee Stephanie E Hardy
Mailing Address 3039 Four Way Rd
City Snow Hill State NC Zip Code 28580
Purpose of Expenditure Salary Category/Type 001
Name of Federal Candidate Ms. Kay Hagan [] Support [X] Oppose
Calendar Year-To-Date Per Election for Office Sought 1055146.83

Date of Public Distribution/Dissemination 10 / 23 / 2014
Amount 30.00
Transaction ID : 437fcfa1-87a7-404b-8
Date of Disbursement or Obligation 10 / 23 / 2014
Office Sought: [] House District: 00 [] President [X] Senate State: NC
Disbursement For: [] Primary [X] General 2014 [] Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures 36.90
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL 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.

Ms. Emily Buchanan [Electronically Filed] Date 10 / 25 / 2014
Signature

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES (Schedule E)

NAME OF COMMITTEE (In Full) Women Speak Out PAC
FEC IDENTIFICATION NUMBER C C00530766
Check if [X] 24-hour report [] 48-hour report [X] New report [] Amends report filed on

Full Name of Payee Stephanie E Hardy
Mailing Address 3039 Four Way Rd
City Snow Hill State NC Zip Code 28580
Purpose of Expenditure Mileage Category/Type 002
Name of Federal Candidate Ms. Kay Hagan [] Support [X] Oppose
Calendar Year-To-Date Per Election for Office Sought 1055146.83

Date of Public Distribution/Dissemination 10 / 23 / 2014
Amount 9.00
Transaction ID : 70e5a844-7a02-48ee-b
Date of Disbursement or Obligation 10 / 23 / 2014
Office Sought: [] House District: 00 [] President [X] Senate State: NC
Disbursement For: [] Primary [X] General 2014 [] Other (specify)

Full Name of Payee Kendyl H Browder
Mailing Address 4429 Lagan Circle
City Winterville State NC Zip Code 28590
Purpose of Expenditure Salary Category/Type 001
Name of Federal Candidate Ms. Kay Hagan [] Support [X] Oppose
Calendar Year-To-Date Per Election for Office Sought 1055146.83

Date of Public Distribution/Dissemination 10 / 23 / 2014
Amount 30.00
Transaction ID : 08deb18f-2986-4611-a
Date of Disbursement or Obligation 10 / 23 / 2014
Office Sought: [] House District: 00 [] President [X] Senate State: NC
Disbursement For: [] Primary [X] General 2014 [] Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures 39.00
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL 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.
Ms. Emily Buchanan [Electronically Filed] Date 10 / 25 / 2014
Signature

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES (Schedule E)

NAME OF COMMITTEE (In Full) Women Speak Out PAC
FEC IDENTIFICATION NUMBER C C00530766
Check if [X] 24-hour report [] 48-hour report [X] New report [] Amends report filed on

Full Name of Payee Anthony W Stevens
Mailing Address 3405 German Shepherd Trail
City Wake Forest State NC Zip Code 27587
Purpose of Expenditure Salary Category/Type 001
Name of Federal Candidate Ms. Kay Hagan [] Support [X] Oppose
Calendar Year-To-Date Per Election for Office Sought 1055146.83

Date of Public Distribution/Dissemination 10 / 23 / 2014
Amount 29.10
Transaction ID : beeb181b-4ece-486c-a
Date of Disbursement or Obligation 10 / 23 / 2014
Office Sought: [] House District: 00 [] President [X] Senate State: NC
Disbursement For: [] Primary [X] General 2014 [] Other (specify)

Full Name of Payee Anthony W Stevens
Mailing Address 3405 German Shepherd Trail
City Wake Forest State NC Zip Code 27587
Purpose of Expenditure Mileage Category/Type 002
Name of Federal Candidate Ms. Kay Hagan [] Support [X] Oppose
Calendar Year-To-Date Per Election for Office Sought 1055146.83

Date of Public Distribution/Dissemination 10 / 23 / 2014
Amount 3.69
Transaction ID : 1fa47873-50ad-4a93-a
Date of Disbursement or Obligation 10 / 23 / 2014
Office Sought: [] House District: 00 [] President [X] Senate State: NC
Disbursement For: [] Primary [X] General 2014 [] Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures 32.79
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL 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.
Ms. Emily Buchanan [Electronically Filed] Date 10 / 25 / 2014
Signature

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES (Schedule E)

NAME OF COMMITTEE (In Full) Women Speak Out PAC
FEC IDENTIFICATION NUMBER C C00530766
Check if [X] 24-hour report [] 48-hour report [X] New report [] Amends report filed on

Full Name of Payee Antoinette Franklin
Mailing Address 8822 Apple St
City New Orleans State LA Zip Code 70188
Purpose of Expenditure Salary Category/Type 001
Name of Federal Candidate Ms. Mary L Landrieu [] Support [X] Oppose
Calendar Year-To-Date Per Election for Office Sought 206374.59

Date of Public Distribution/Dissemination 10 / 23 / 2014
Amount 60.00
Transaction ID : 77c9db66-595a-4952-9
Date of Disbursement or Obligation 10 / 23 / 2014
Office Sought: [] House District: 00 [] President [X] Senate State: LA
Disbursement For: [] Primary [X] General 2014 [] Other (specify)

Full Name of Payee Antoinette Franklin
Mailing Address 8822 Apple St
City New Orleans State LA Zip Code 70188
Purpose of Expenditure Mileage Category/Type 002
Name of Federal Candidate Ms. Mary L Landrieu [] Support [X] Oppose
Calendar Year-To-Date Per Election for Office Sought 206374.59

Date of Public Distribution/Dissemination 10 / 23 / 2014
Amount 16.50
Transaction ID : cdb047c8-0e0e-404e-b
Date of Disbursement or Obligation 10 / 23 / 2014
Office Sought: [] House District: 00 [] President [X] Senate State: LA
Disbursement For: [] Primary [X] General 2014 [] Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures 76.50
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL 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.
Ms. Emily Buchanan [Electronically Filed] Date 10 / 25 / 2014
Signature

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES (Schedule E)

NAME OF COMMITTEE (In Full) Women Speak Out PAC
FEC IDENTIFICATION NUMBER C C00530766
Check if [X] 24-hour report [] 48-hour report [X] New report [] Amends report filed on

Full Name of Payee Antoinette Franklin
Mailing Address 8822 Apple St
City New Orleans State LA Zip Code 70188
Purpose of Expenditure Salary Category/Type 001
Name of Federal Candidate Ms. Mary L Landrieu [] Support [X] Oppose
Calendar Year-To-Date Per Election for Office Sought 206374.59

Date of Public Distribution/Dissemination 10 / 23 / 2014
Amount 60.00
Transaction ID : bbc948c7-d3e3-4558-b
Date of Disbursement or Obligation 10 / 23 / 2014
Office Sought: [] House District: 00 [] President [X] Senate State: LA
Disbursement For: [] Primary [X] General 2014 [] Other (specify)

Full Name of Payee Antoinette Franklin
Mailing Address 8822 Apple St
City New Orleans State LA Zip Code 70188
Purpose of Expenditure Mileage Category/Type 002
Name of Federal Candidate Ms. Mary L Landrieu [] Support [X] Oppose
Calendar Year-To-Date Per Election for Office Sought 206374.59

Date of Public Distribution/Dissemination 10 / 23 / 2014
Amount 16.50
Transaction ID : b7da67bd-ed87-4755-8
Date of Disbursement or Obligation 10 / 23 / 2014
Office Sought: [] House District: 00 [] President [X] Senate State: LA
Disbursement For: [] Primary [X] General 2014 [] Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures 76.50
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL 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.
Ms. Emily Buchanan [Electronically Filed] Date 10 / 25 / 2014
Signature

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES (Schedule E)

NAME OF COMMITTEE (In Full) Women Speak Out PAC
FEC IDENTIFICATION NUMBER C C00530766
Check if [X] 24-hour report [] 48-hour report [X] New report [] Amends report filed on

Full Name of Payee Valerie K Braymer
Mailing Address 106 Ridge Trail
City Boerne State TX Zip Code 78006
Purpose of Expenditure Salary Category/Type 001
Name of Federal Candidate Mr. Greg Orman [] Support [X] Oppose
Calendar Year-To-Date Per Election for Office Sought 178792.81

Date of Public Distribution/Dissemination 10 / 23 / 2014
Amount 55.00
Transaction ID : 7e6aa19e-4ac2-494a-8
Date of Disbursement or Obligation 10 / 23 / 2014
Office Sought: [] House District: 00 [] President [X] Senate State: KS
Disbursement For: [] Primary [X] General 2014 [] Other (specify)

Full Name of Payee Valerie K Braymer
Mailing Address 106 Ridge Trail
City Boerne State TX Zip Code 78006
Purpose of Expenditure Mileage Category/Type 002
Name of Federal Candidate Mr. Greg Orman [] Support [X] Oppose
Calendar Year-To-Date Per Election for Office Sought 178792.81

Date of Public Distribution/Dissemination 10 / 23 / 2014
Amount 10.50
Transaction ID : 46d09d8d-7d3a-42da-b
Date of Disbursement or Obligation 10 / 23 / 2014
Office Sought: [] House District: 00 [] President [X] Senate State: KS
Disbursement For: [] Primary [X] General 2014 [] Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures 65.50
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL 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.
Ms. Emily Buchanan [Electronically Filed] Date 10 / 25 / 2014
Signature

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES (Schedule E)

NAME OF COMMITTEE (In Full) Women Speak Out PAC
FEC IDENTIFICATION NUMBER C C00530766
Check if [X] 24-hour report [] 48-hour report [X] New report [] Amends report filed on

Full Name of Payee Tammay Williams
Mailing Address 924 N. Prieur St
City New Orleans State LA Zip Code 70116
Purpose of Expenditure Salary Category/Type 001
Name of Federal Candidate Ms. Mary L Landrieu [] Support [X] Oppose
Calendar Year-To-Date Per Election for Office Sought 206374.59

Date of Public Distribution/Dissemination 10 / 23 / 2014
Amount 60.00
Transaction ID : bd5c36d6-e5db-4775-a
Date of Disbursement or Obligation 10 / 23 / 2014
Office Sought: [] House District: 00 [] President [X] Senate State: LA
Disbursement For: [] Primary [X] General 2014 [] Other (specify)

Full Name of Payee Tammay Williams
Mailing Address 924 N. Prieur St
City New Orleans State LA Zip Code 70116
Purpose of Expenditure Mileage Category/Type 002
Name of Federal Candidate Ms. Mary L Landrieu [] Support [X] Oppose
Calendar Year-To-Date Per Election for Office Sought 206374.59

Date of Public Distribution/Dissemination 10 / 23 / 2014
Amount 16.50
Transaction ID : 311931b3-c103-4aa8-b
Date of Disbursement or Obligation 10 / 23 / 2014
Office Sought: [] House District: 00 [] President [X] Senate State: LA
Disbursement For: [] Primary [X] General 2014 [] Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures 76.50
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL 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.
Ms. Emily Buchanan [Electronically Filed] Date 10 / 25 / 2014
Signature

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES (Schedule E)

NAME OF COMMITTEE (In Full) Women Speak Out PAC
FEC IDENTIFICATION NUMBER C C00530766
Check if [X] 24-hour report [] 48-hour report [X] New report [] Amends report filed on

Full Name of Payee Caleb Craig
Mailing Address 1410 Bushville drive
City Lenoir State NC Zip Code 28645
Purpose of Expenditure Salary Category/Type 001
Name of Federal Candidate Ms. Kay Hagan [] Support [X] Oppose
Calendar Year-To-Date Per Election for Office Sought 1055146.83

Date of Public Distribution/Dissemination 10 / 23 / 2014
Amount 60.00
Transaction ID : 8f41d4ac-6b92-46ec-a
Date of Disbursement or Obligation 10 / 23 / 2014
Office Sought: [] House District: 00 [] President [X] Senate State: NC
Disbursement For: [] Primary [X] General 2014 [] Other (specify)

Full Name of Payee Eva M Johnston
Mailing Address 2517 N 47th St
City Milwaukee State WI Zip Code 53210
Purpose of Expenditure Salary Category/Type 001
Name of Federal Candidate Mr. Greg Orman [] Support [X] Oppose
Calendar Year-To-Date Per Election for Office Sought 178792.81

Date of Public Distribution/Dissemination 10 / 23 / 2014
Amount 15.00
Transaction ID : 88e0df56-5efa-48c3-9
Date of Disbursement or Obligation 10 / 23 / 2014
Office Sought: [] House District: 00 [] President [X] Senate State: KS
Disbursement For: [] Primary [X] General 2014 [] Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures 75.00
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL 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.
Ms. Emily Buchanan [Electronically Filed] Date 10 / 25 / 2014
Signature

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES (Schedule E)

NAME OF COMMITTEE (In Full) Women Speak Out PAC
FEC IDENTIFICATION NUMBER C C00530766
Check if [X] 24-hour report [] 48-hour report [X] New report [] Amends report filed on

Full Name of Payee Isabella H Akel
Mailing Address 15 Redcoat Lane
City Little Rock State AR Zip Code 72227
Purpose of Expenditure Salary Category/Type 001

Date of Public Distribution/Dissemination 10 / 23 / 2014
Amount 25.00
Transaction ID : 06fc94ed-c273-4c4c-9
Date of Disbursement or Obligation 10 / 23 / 2014

Name of Federal Candidate Mr. Mark L Pryor
Support [] Oppose [X]
Office Sought: [] House [X] Senate
District: 00 State: AR

Disbursement For: [] Primary [X] General 2014
[] Other (specify) ▶

Full Name of Payee Isabella H Akel
Mailing Address 15 Redcoat Lane
City Little Rock State AR Zip Code 72227
Purpose of Expenditure Mileage Category/Type 002

Date of Public Distribution/Dissemination 10 / 23 / 2014
Amount 9.00
Transaction ID : 31828109-5973-4f50-a
Date of Disbursement or Obligation 10 / 23 / 2014

Name of Federal Candidate Mr. Mark L Pryor
Support [] Oppose [X]
Office Sought: [] House [X] Senate
District: 00 State: AR

Disbursement For: [] Primary [X] General 2014
[] Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶ 34.00
(b) SUBTOTAL of Unitemized Independent Expenditures▶
(c) TOTAL 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.

Ms. Emily Buchanan [Electronically Filed] Date 10 / 25 / 2014
Signature

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES (Schedule E)

NAME OF COMMITTEE (In Full) Women Speak Out PAC
FEC IDENTIFICATION NUMBER C C00530766
Check if [X] 24-hour report [] 48-hour report [X] New report [] Amends report filed on

Full Name of Payee Ms. Tonya Boyd
Mailing Address 2357 Fancy Cap Rd
City Mt. Airy State NC Zip Code 27030
Purpose of Expenditure Salary Category/Type 001
Name of Federal Candidate Ms. Kay Hagan [] Support [X] Oppose
Calendar Year-To-Date Per Election for Office Sought 1055146.83

Date of Public Distribution/Dissemination 10 / 23 / 2014
Amount 80.00
Transaction ID : 6bf5100c-5061-48e4-9
Date of Disbursement or Obligation 10 / 23 / 2014
Office Sought: [] House District: 00 [] President [X] Senate State: NC
Disbursement For: [] Primary [X] General 2014 [] Other (specify)

Full Name of Payee Ms. Tonya Boyd
Mailing Address 2357 Fancy Cap Rd
City Mt. Airy State NC Zip Code 27030
Purpose of Expenditure Mileage Category/Type 002
Name of Federal Candidate Ms. Kay Hagan [] Support [X] Oppose
Calendar Year-To-Date Per Election for Office Sought 1055146.83

Date of Public Distribution/Dissemination 10 / 23 / 2014
Amount 16.92
Transaction ID : 46975f6b-84b8-4589-8
Date of Disbursement or Obligation 10 / 23 / 2014
Office Sought: [] House District: 00 [] President [X] Senate State: NC
Disbursement For: [] Primary [X] General 2014 [] Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures 96.92
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL 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.
Ms. Emily Buchanan [Electronically Filed] Date 10 / 25 / 2014
Signature

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES (Schedule E)

NAME OF COMMITTEE (In Full) Women Speak Out PAC
FEC IDENTIFICATION NUMBER C C00530766
Check if [X] 24-hour report [] 48-hour report [X] New report [] Amends report filed on

Full Name of Payee Eric J Smith
Mailing Address 4967 Dysartville
City Morganton State NC Zip Code 28655
Purpose of Expenditure Salary Category/Type 001
Name of Federal Candidate Ms. Kay Hagan [] Support [X] Oppose
Calendar Year-To-Date Per Election for Office Sought 1055146.83

Date of Public Distribution/Dissemination 10 / 23 / 2014
Amount 80.00
Transaction ID : 73f76ca0-8cd5-4cbe-8
Date of Disbursement or Obligation 10 / 23 / 2014
Office Sought: [] House District: 00 [] President [X] Senate State: NC
Disbursement For: [] Primary [X] General 2014 [] Other (specify)

Full Name of Payee Jennifer E Smith
Mailing Address 4967 Dysartville Rd
City Morganton State NC Zip Code 28655
Purpose of Expenditure Salary Category/Type 001
Name of Federal Candidate Ms. Kay Hagan [] Support [X] Oppose
Calendar Year-To-Date Per Election for Office Sought 1055146.83

Date of Public Distribution/Dissemination 10 / 23 / 2014
Amount 80.00
Transaction ID : 829ecaf9-91b4-4f13-b
Date of Disbursement or Obligation 10 / 23 / 2014
Office Sought: [] House District: 00 [] President [X] Senate State: NC
Disbursement For: [] Primary [X] General 2014 [] Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures 160.00
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL 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.
Ms. Emily Buchanan [Electronically Filed] Date 10 / 25 / 2014
Signature

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES (Schedule E)

NAME OF COMMITTEE (In Full) Women Speak Out PAC
FEC IDENTIFICATION NUMBER C C00530766
Check if [X] 24-hour report [] 48-hour report [X] New report [] Amends report filed on

Full Name of Payee Jennifer E Smith
Mailing Address 4967 Dysartsville Rd
City Morganton State NC Zip Code 28655
Purpose of Expenditure Mileage Category/Type 002
Name of Federal Candidate Ms. Kay Hagan [] Support [X] Oppose
Calendar Year-To-Date Per Election for Office Sought 1055146.83

Date of Public Distribution/Dissemination 10 / 23 / 2014
Amount 8.10
Transaction ID : 133eb294-cdfb-4d00-a
Date of Disbursement or Obligation 10 / 23 / 2014
Office Sought: [] House District: 00 [] President [X] Senate State: NC
Disbursement For: [] Primary [X] General 2014 [] Other (specify)

Full Name of Payee Amanda Boley
Mailing Address Split Oak Drive
City charlotte State NC Zip Code 28227
Purpose of Expenditure Salary Category/Type 001
Name of Federal Candidate Ms. Mary L Landrieu [] Support [X] Oppose
Calendar Year-To-Date Per Election for Office Sought 206374.59

Date of Public Distribution/Dissemination 10 / 23 / 2014
Amount 72.50
Transaction ID : 6165e9b3-4ce8-4885-9
Date of Disbursement or Obligation 10 / 23 / 2014
Office Sought: [] House District: 00 [] President [X] Senate State: LA
Disbursement For: [] Primary [X] General 2014 [] Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures 80.60
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL 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.

Ms. Emily Buchanan

[Electronically Filed]

Date

10 / 25 / 2014

Signature

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES (Schedule E)

NAME OF COMMITTEE (In Full) Women Speak Out PAC
FEC IDENTIFICATION NUMBER C C00530766
Check if [X] 24-hour report [] 48-hour report [X] New report [] Amends report filed on

Full Name of Payee Amanda Boley
Mailing Address Split Oak Drive
City charlotte State NC Zip Code 28227
Purpose of Expenditure Mileage Category/Type 002
Name of Federal Candidate Ms. Mary L Landrieu [] Support [X] Oppose
Calendar Year-To-Date Per Election for Office Sought 206374.59

Date of Public Distribution/Dissemination 10 / 23 / 2014
Amount 16.35
Transaction ID : ae595a56-e256-4421-8
Date of Disbursement or Obligation 10 / 23 / 2014
Office Sought: [] House District: 00 [] President [X] Senate State: LA
Disbursement For: [] Primary [X] General 2014 [] Other (specify)

Full Name of Payee Jeremy Hollar
Mailing Address 121 Meadowview Drive
City Boone State NC Zip Code 28607
Purpose of Expenditure Salary Category/Type 001
Name of Federal Candidate Ms. Kay Hagan [] Support [X] Oppose
Calendar Year-To-Date Per Election for Office Sought 1055146.83

Date of Public Distribution/Dissemination 10 / 23 / 2014
Amount 20.00
Transaction ID : 5e5cc31e-3806-4d2e-9
Date of Disbursement or Obligation 10 / 23 / 2014
Office Sought: [] House District: 00 [] President [X] Senate State: NC
Disbursement For: [] Primary [X] General 2014 [] Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures 36.35
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL 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.
Ms. Emily Buchanan [Electronically Filed] Date 10 / 25 / 2014
Signature

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES (Schedule E)

NAME OF COMMITTEE (In Full) Women Speak Out PAC
FEC IDENTIFICATION NUMBER C C00530766
Check if [X] 24-hour report [] 48-hour report [X] New report [] Amends report filed on

Full Name of Payee Jeremy Hollar
Mailing Address 121 Meadowview Drive
City Boone State NC Zip Code 28607
Purpose of Expenditure Mileage Category/Type 002
Name of Federal Candidate Ms. Kay Hagan [] Support [X] Oppose
Calendar Year-To-Date Per Election for Office Sought 1055146.83

Date of Public Distribution/Dissemination 10 / 23 / 2014
Amount 9.60
Transaction ID : 52d412f9-cbe9-41bb-b
Date of Disbursement or Obligation 10 / 23 / 2014
Office Sought: [] House District: 00 [] President [X] Senate State: NC
Disbursement For: [] Primary [X] General 2014 [] Other (specify)

Full Name of Payee Amy J McMillion
Mailing Address 1325 S Collegiate Dr Apt 202G
City Wilkesboro State NC Zip Code 28697
Purpose of Expenditure Salary Category/Type 001
Name of Federal Candidate Ms. Kay Hagan [] Support [X] Oppose
Calendar Year-To-Date Per Election for Office Sought 1055146.83

Date of Public Distribution/Dissemination 10 / 23 / 2014
Amount 12.50
Transaction ID : 80b94fa6-7a4d-49de-9
Date of Disbursement or Obligation 10 / 23 / 2014
Office Sought: [] House District: 00 [] President [X] Senate State: NC
Disbursement For: [] Primary [X] General 2014 [] Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures 22.10
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL 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.
Ms. Emily Buchanan [Electronically Filed] Date 10 / 25 / 2014
Signature

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES (Schedule E)

NAME OF COMMITTEE (In Full) Women Speak Out PAC
FEC IDENTIFICATION NUMBER C C00530766
Check if [X] 24-hour report [] 48-hour report [X] New report [] Amends report filed on

Full Name of Payee Amy J McMillion
Mailing Address 1325 S Collegiate Dr Apt 202G
City Wilkesboro State NC Zip Code 28697
Purpose of Expenditure Mileage Category/Type 002
Date of Public Distribution/Dissemination 10/23/2014
Amount 6.30
Transaction ID : 79c643ff-e6b9-4dbc-a
Date of Disbursement or Obligation 10/23/2014
Name of Federal Candidate Ms. Kay Hagan [] Support [X] Oppose
Office Sought: [] House District: 00 [] President [X] Senate State: NC
Calendar Year-To-Date Per Election for Office Sought 1055146.83
Disbursement For: [] Primary [X] General 2014 [] Other (specify)

Full Name of Payee Joneisha Stewart
Mailing Address 2329 Runnymede Dr
City Marrero State LA Zip Code 70072
Purpose of Expenditure Salary Category/Type 001
Date of Public Distribution/Dissemination 10/23/2014
Amount 50.00
Transaction ID : 846fee1f-8493-40e5-a
Date of Disbursement or Obligation 10/23/2014
Name of Federal Candidate Ms. Mary L Landrieu [] Support [X] Oppose
Office Sought: [] House District: 00 [] President [X] Senate State: LA
Calendar Year-To-Date Per Election for Office Sought 206374.59
Disbursement For: [] Primary [X] General 2014 [] Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures 56.30
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL 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.
Ms. Emily Buchanan [Electronically Filed] Date 10/25/2014
Signature

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES (Schedule E)

NAME OF COMMITTEE (In Full) Women Speak Out PAC
FEC IDENTIFICATION NUMBER C C00530766
Check if [X] 24-hour report [] 48-hour report [X] New report [] Amends report filed on

Full Name of Payee Joneisha Stewart
Mailing Address 2329 Runnymede Dr
City Marrero State LA Zip Code 70072
Purpose of Expenditure Mileage Category/Type 002
Name of Federal Candidate Ms. Mary L Landrieu [] Support [X] Oppose
Calendar Year-To-Date Per Election for Office Sought 206374.59

Date of Public Distribution/Dissemination 10 / 23 / 2014
Amount 3.30
Transaction ID : 3998819c-3109-403f-b
Date of Disbursement or Obligation 10 / 23 / 2014
Office Sought: [] House District: 00 [] President [X] Senate State: LA
Disbursement For: [] Primary [X] General 2014 [] Other (specify)

Full Name of Payee Devon R McMillion
Mailing Address 2501 Boone Trail
City N Wilksboro State NC Zip Code 28659
Purpose of Expenditure Salary Category/Type 001
Name of Federal Candidate Ms. Kay Hagan [] Support [X] Oppose
Calendar Year-To-Date Per Election for Office Sought 1055146.83

Date of Public Distribution/Dissemination 10 / 23 / 2014
Amount 12.50
Transaction ID : 752385b0-659d-46d1-8
Date of Disbursement or Obligation 10 / 23 / 2014
Office Sought: [] House District: 00 [] President [X] Senate State: NC
Disbursement For: [] Primary [X] General 2014 [] Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures 15.80
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL 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.
Ms. Emily Buchanan [Electronically Filed] Date 10 / 25 / 2014
Signature

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES (Schedule E)

NAME OF COMMITTEE (In Full) Women Speak Out PAC
FEC IDENTIFICATION NUMBER C C00530766
Check if [X] 24-hour report [] 48-hour report [X] New report [] Amends report filed on

Full Name of Payee Gregory Green
Mailing Address 2506 Bolch Street
City Shreveport State LA Zip Code 71104
Purpose of Expenditure Salary Category/Type 001
Name of Federal Candidate Ms. Mary L Landrieu [] Support [X] Oppose
Calendar Year-To-Date Per Election for Office Sought 206374.59

Date of Public Distribution/Dissemination 10 / 23 / 2014
Amount 80.00
Transaction ID : 6d1e4e67-6683-4699-a
Date of Disbursement or Obligation 10 / 23 / 2014
Office Sought: [] House District: 00 [] President [X] Senate State: LA
Disbursement For: [] Primary [X] General 2014 [] Other (specify)

Full Name of Payee Gregory Green
Mailing Address 2506 Bolch Street
City Shreveport State LA Zip Code 71104
Purpose of Expenditure Mileage Category/Type 002
Name of Federal Candidate Ms. Mary L Landrieu [] Support [X] Oppose
Calendar Year-To-Date Per Election for Office Sought 206374.59

Date of Public Distribution/Dissemination 10 / 23 / 2014
Amount 40.80
Transaction ID : f79f527e-b2bb-4392-8
Date of Disbursement or Obligation 10 / 23 / 2014
Office Sought: [] House District: 00 [] President [X] Senate State: LA
Disbursement For: [] Primary [X] General 2014 [] Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures 120.80
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL 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.
Ms. Emily Buchanan [Electronically Filed] Date 10 / 25 / 2014
Signature

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES (Schedule E)

NAME OF COMMITTEE (In Full) Women Speak Out PAC
FEC IDENTIFICATION NUMBER C C00530766
Check if [X] 24-hour report [] 48-hour report [X] New report [] Amends report filed on

Full Name of Payee Francis Richardson
Mailing Address 220 Doucet Rd
City Lafayette State LA Zip Code 70503
Purpose of Expenditure Salary Category/Type 001

Date of Public Distribution/Dissemination 10 / 23 / 2014
Amount 15.00
Transaction ID : a200f563-1b5c-4189-b
Date of Disbursement or Obligation 10 / 23 / 2014

Name of Federal Candidate Ms. Mary L Landrieu
Support [] Oppose [X]
Calendar Year-To-Date Per Election for Office Sought 206374.59

Office Sought: [] House [X] Senate
District: 00 State: LA
Disbursement For: [] Primary [X] General 2014

Full Name of Payee Francis Richardson
Mailing Address 220 Doucet Rd
City Lafayette State LA Zip Code 70503
Purpose of Expenditure Mileage Category/Type 002

Date of Public Distribution/Dissemination 10 / 23 / 2014
Amount 0.72
Transaction ID : 15aac16f-bc63-489b-8
Date of Disbursement or Obligation 10 / 23 / 2014

Name of Federal Candidate Ms. Mary L Landrieu
Support [] Oppose [X]
Calendar Year-To-Date Per Election for Office Sought 206374.59

Office Sought: [] House [X] Senate
District: 00 State: LA
Disbursement For: [] Primary [X] General 2014

(a) SUBTOTAL of Itemized Independent Expenditures 15.72
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL 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.

Ms. Emily Buchanan [Electronically Filed] Date 10 / 25 / 2014
Signature

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES (Schedule E)

NAME OF COMMITTEE (In Full) Women Speak Out PAC
FEC IDENTIFICATION NUMBER C C00530766
Check if [X] 24-hour report [] 48-hour report [X] New report [] Amends report filed on

Full Name of Payee Sheri J Peace
Mailing Address 9685 Paula St
City Keithville State LA Zip Code 71047
Purpose of Expenditure Salary Category/Type 001
Date of Public Distribution/Dissemination 10/23/2014
Amount 85.00
Transaction ID : 7ccfd06e-9f32-4553-a
Date of Disbursement or Obligation 10/23/2014
Name of Federal Candidate Ms. Mary L Landrieu [] Support [X] Oppose
Office Sought: [] House District: 00 [] President [X] Senate State: LA
Calendar Year-To-Date Per Election for Office Sought 206374.59
Disbursement For: [] Primary [X] General 2014 [] Other (specify)

Full Name of Payee Sheri J Peace
Mailing Address 9685 Paula St
City Keithville State LA Zip Code 71047
Purpose of Expenditure Mileage Category/Type 002
Date of Public Distribution/Dissemination 10/23/2014
Amount 18.00
Transaction ID : 1914b0ee-6ca2-4f35-b
Date of Disbursement or Obligation 10/23/2014
Name of Federal Candidate Ms. Mary L Landrieu [] Support [X] Oppose
Office Sought: [] House District: 00 [] President [X] Senate State: LA
Calendar Year-To-Date Per Election for Office Sought 206374.59
Disbursement For: [] Primary [X] General 2014 [] Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures 103.00
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL 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.
Ms. Emily Buchanan [Electronically Filed] Date 10/25/2014
Signature

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES (Schedule E)

NAME OF COMMITTEE (In Full) Women Speak Out PAC
FEC IDENTIFICATION NUMBER C C00530766
Check if [X] 24-hour report [] 48-hour report [X] New report [] Amends report filed on

Full Name of Payee John S Meroney Sr.
Mailing Address 513 Ray West Dr
City Kernersville State NC Zip Code 27283
Purpose of Expenditure Salary Category/Type 001
Name of Federal Candidate Ms. Kay Hagan [] Support [X] Oppose
Calendar Year-To-Date Per Election for Office Sought 1055146.83

Date of Public Distribution/Dissemination 10 / 23 / 2014
Amount 34.10
Transaction ID : a0b37a95-145e-493a-b
Date of Disbursement or Obligation 10 / 23 / 2014
Office Sought: [] House District: 00 [] President [X] Senate State: NC
Disbursement For: [] Primary [X] General 2014 [] Other (specify)

Full Name of Payee John S Meroney Sr.
Mailing Address 513 Ray West Dr
City Kernersville State NC Zip Code 27283
Purpose of Expenditure Mileage Category/Type 002
Name of Federal Candidate Ms. Kay Hagan [] Support [X] Oppose
Calendar Year-To-Date Per Election for Office Sought 1055146.83

Date of Public Distribution/Dissemination 10 / 23 / 2014
Amount 18.00
Transaction ID : 121a808a-64ac-48fa-9
Date of Disbursement or Obligation 10 / 23 / 2014
Office Sought: [] House District: 00 [] President [X] Senate State: NC
Disbursement For: [] Primary [X] General 2014 [] Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures 52.10
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL 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.
Ms. Emily Buchanan [Electronically Filed] Date 10 / 25 / 2014
Signature

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES (Schedule E)

NAME OF COMMITTEE (In Full) Women Speak Out PAC
FEC IDENTIFICATION NUMBER C C00530766
Check if [X] 24-hour report [] 48-hour report [X] New report [] Amends report filed on

Full Name of Payee Gary W Fuhrmann
Mailing Address 9425 Jessica Drive
City Shreveport State LA Zip Code 71106
Purpose of Expenditure Salary Category/Type 001
Name of Federal Candidate Ms. Mary L Landrieu [] Support [X] Oppose
Calendar Year-To-Date Per Election for Office Sought 206374.59

Date of Public Distribution/Dissemination 10 / 23 / 2014
Amount 52.50
Transaction ID : c68b05ab-8819-49d0-a
Date of Disbursement or Obligation 10 / 23 / 2014
Office Sought: [] House District: 00 [] President [X] Senate State: LA
Disbursement For: [] Primary [X] General 2014 [] Other (specify)

Full Name of Payee Gary W Fuhrmann
Mailing Address 9425 Jessica Drive
City Shreveport State LA Zip Code 71106
Purpose of Expenditure Mileage Category/Type 002
Name of Federal Candidate Ms. Mary L Landrieu [] Support [X] Oppose
Calendar Year-To-Date Per Election for Office Sought 206374.59

Date of Public Distribution/Dissemination 10 / 23 / 2014
Amount 9.60
Transaction ID : 472b50de-36a6-4e85-9
Date of Disbursement or Obligation 10 / 23 / 2014
Office Sought: [] House District: 00 [] President [X] Senate State: LA
Disbursement For: [] Primary [X] General 2014 [] Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures 62.10
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL 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.
Ms. Emily Buchanan [Electronically Filed] Date 10 / 25 / 2014
Signature

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES (Schedule E)

NAME OF COMMITTEE (In Full) Women Speak Out PAC
FEC IDENTIFICATION NUMBER C C00530766
Check if [X] 24-hour report [] 48-hour report [X] New report [] Amends report filed on

Full Name of Payee Xavier Miller
Mailing Address 407 randall Dr
City Searcy State AR Zip Code 72143
Purpose of Expenditure Salary Category/Type 001
Name of Federal Candidate Mr. Mark L Pryor [] Support [X] Oppose
Calendar Year-To-Date Per Election for Office Sought 194342.16

Date of Public Distribution/Dissemination 10 / 23 / 2014
Amount 75.00
Transaction ID : 19b428a7-910b-470f-9
Date of Disbursement or Obligation 10 / 23 / 2014
Office Sought: [] House District: 00 [] President [X] Senate State: AR
Disbursement For: [] Primary [X] General 2014 [] Other (specify)

Full Name of Payee Xavier Miller
Mailing Address 407 randall Dr
City Searcy State AR Zip Code 72143
Purpose of Expenditure Mileage Category/Type 002
Name of Federal Candidate Mr. Mark L Pryor [] Support [X] Oppose
Calendar Year-To-Date Per Election for Office Sought 194342.16

Date of Public Distribution/Dissemination 10 / 23 / 2014
Amount 45.00
Transaction ID : a76fe3d3-ab10-4208-9
Date of Disbursement or Obligation 10 / 23 / 2014
Office Sought: [] House District: 00 [] President [X] Senate State: AR
Disbursement For: [] Primary [X] General 2014 [] Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures 120.00
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL 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.
Ms. Emily Buchanan [Electronically Filed] Date 10 / 25 / 2014
Signature

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES (Schedule E)

NAME OF COMMITTEE (In Full) Women Speak Out PAC
FEC IDENTIFICATION NUMBER C C00530766
Check if [X] 24-hour report [] 48-hour report [X] New report [] Amends report filed on

Full Name of Payee Jacob W Joosten
Mailing Address 1906 S Pine Apt B
City Pittsburg State KS Zip Code 66762
Purpose of Expenditure Salary Category/Type 001
Name of Federal Candidate Mr. Greg Orman [] Support [X] Oppose
Calendar Year-To-Date Per Election for Office Sought 178792.81

Date of Public Distribution/Dissemination 10 / 23 / 2014
Amount 20.00
Transaction ID : 565fe39a-15cc-4424-a
Date of Disbursement or Obligation 10 / 23 / 2014
Office Sought: [] House District: 00 [] President [X] Senate State: KS
Disbursement For: [] Primary [X] General 2014 [] Other (specify)

Full Name of Payee Jacob W Joosten
Mailing Address 1906 S Pine Apt B
City Pittsburg State KS Zip Code 66762
Purpose of Expenditure Mileage Category/Type 002
Name of Federal Candidate Mr. Greg Orman [] Support [X] Oppose
Calendar Year-To-Date Per Election for Office Sought 178792.81

Date of Public Distribution/Dissemination 10 / 23 / 2014
Amount 18.00
Transaction ID : 51489a7d-89d5-48f0-a
Date of Disbursement or Obligation 10 / 23 / 2014
Office Sought: [] House District: 00 [] President [X] Senate State: KS
Disbursement For: [] Primary [X] General 2014 [] Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures 38.00
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL 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.
Ms. Emily Buchanan [Electronically Filed] Date 10 / 25 / 2014
Signature

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES (Schedule E)

NAME OF COMMITTEE (In Full) Women Speak Out PAC
FEC IDENTIFICATION NUMBER C C00530766
Check if [X] 24-hour report [] 48-hour report [X] New report [] Amends report filed on

Full Name of Payee William M Criswell
Mailing Address 115 Burns Mitchell Drive
City Belmont State NC Zip Code 28012
Purpose of Expenditure Salary Category/Type 001
Name of Federal Candidate Ms. Kay Hagan [] Support [X] Oppose
Calendar Year-To-Date Per Election for Office Sought 1055146.83

Date of Public Distribution/Dissemination 10 / 23 / 2014
Amount 65.00
Transaction ID : 57c970c8-0823-4eb3-8
Date of Disbursement or Obligation 10 / 23 / 2014
Office Sought: [] House District: 00 [] President [X] Senate State: NC
Disbursement For: [] Primary [X] General 2014 [] Other (specify)

Full Name of Payee William M Criswell
Mailing Address 115 Burns Mitchell Drive
City Belmont State NC Zip Code 28012
Purpose of Expenditure Mileage Category/Type 002
Name of Federal Candidate Ms. Kay Hagan [] Support [X] Oppose
Calendar Year-To-Date Per Election for Office Sought 1055146.83

Date of Public Distribution/Dissemination 10 / 23 / 2014
Amount 9.60
Transaction ID : 7184af35-2160-4192-9
Date of Disbursement or Obligation 10 / 23 / 2014
Office Sought: [] House District: 00 [] President [X] Senate State: NC
Disbursement For: [] Primary [X] General 2014 [] Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures 74.60
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL 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.
Ms. Emily Buchanan [Electronically Filed] Date 10 / 25 / 2014
Signature

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES (Schedule E)

NAME OF COMMITTEE (In Full) Women Speak Out PAC
FEC IDENTIFICATION NUMBER C C00530766
Check if [X] 24-hour report [] 48-hour report [X] New report [] Amends report filed on

Full Name of Payee Michael D English
Mailing Address F4 Benton Ave Apt 4
City Searcy State AR Zip Code 72149
Purpose of Expenditure Salary Category/Type 001
Name of Federal Candidate Mr. Mark L Pryor [] Support [X] Oppose
Calendar Year-To-Date Per Election for Office Sought 194342.16

Date of Public Distribution/Dissemination 10 / 23 / 2014
Amount 50.00
Transaction ID : 17563a08-0152-41eb-8
Date of Disbursement or Obligation 10 / 23 / 2014
Office Sought: [] House District: 00 [] President [X] Senate State: AR
Disbursement For: [] Primary [X] General 2014 [] Other (specify)

Full Name of Payee Michael D English
Mailing Address F4 Benton Ave Apt 4
City Searcy State AR Zip Code 72149
Purpose of Expenditure Mileage Category/Type 002
Name of Federal Candidate Mr. Mark L Pryor [] Support [X] Oppose
Calendar Year-To-Date Per Election for Office Sought 194342.16

Date of Public Distribution/Dissemination 10 / 23 / 2014
Amount 36.90
Transaction ID : 25e48213-9e5e-45cc-b
Date of Disbursement or Obligation 10 / 23 / 2014
Office Sought: [] House District: 00 [] President [X] Senate State: AR
Disbursement For: [] Primary [X] General 2014 [] Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures 86.90
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL 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.
Ms. Emily Buchanan [Electronically Filed] Date 10 / 25 / 2014
Signature

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES (Schedule E)

NAME OF COMMITTEE (In Full) Women Speak Out PAC
FEC IDENTIFICATION NUMBER C C00530766
Check if [X] 24-hour report [] 48-hour report [X] New report [] Amends report filed on

Full Name of Payee Zachary R McCleese
Mailing Address 323 Rolling Pines Dr
City Spring Lake State NC Zip Code 28390
Purpose of Expenditure Salary Category/Type 001
Name of Federal Candidate Mr. Mark L Pryor [] Support [X] Oppose
Calendar Year-To-Date Per Election for Office Sought 194342.16

Date of Public Distribution/Dissemination 10 / 23 / 2014
Amount 60.00
Transaction ID : e5a34716-3e74-4ccd-9
Date of Disbursement or Obligation 10 / 23 / 2014
Office Sought: [] House District: 00 [] President [X] Senate State: AR
Disbursement For: [] Primary [X] General 2014 [] Other (specify)

Full Name of Payee Zachary R McCleese
Mailing Address 323 Rolling Pines Dr
City Spring Lake State NC Zip Code 28390
Purpose of Expenditure Mileage Category/Type 002
Name of Federal Candidate Mr. Mark L Pryor [] Support [X] Oppose
Calendar Year-To-Date Per Election for Office Sought 194342.16

Date of Public Distribution/Dissemination 10 / 23 / 2014
Amount 37.80
Transaction ID : c3602e74-35c2-481b-9
Date of Disbursement or Obligation 10 / 23 / 2014
Office Sought: [] House District: 00 [] President [X] Senate State: AR
Disbursement For: [] Primary [X] General 2014 [] Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures 97.80
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL 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.
Ms. Emily Buchanan [Electronically Filed] Date 10 / 25 / 2014
Signature

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES (Schedule E)

NAME OF COMMITTEE (In Full) Women Speak Out PAC
FEC IDENTIFICATION NUMBER C C00530766
Check if [X] 24-hour report [] 48-hour report [X] New report [] Amends report filed on

Full Name of Payee Jessica R Resendiz
Mailing Address 9685 Paula St
City Keithville State LA Zip Code 71047
Purpose of Expenditure Salary Category/Type 001
Name of Federal Candidate Ms. Mary L Landrieu [] Support [X] Oppose
Calendar Year-To-Date Per Election for Office Sought 206374.59

Date of Public Distribution/Dissemination 10 / 23 / 2014
Amount 90.00
Transaction ID : f0a0788b-6837-49e8-9
Date of Disbursement or Obligation 10 / 23 / 2014
Office Sought: [] House District: 00 [] President [X] Senate State: LA
Disbursement For: [] Primary [X] General 2014 [] Other (specify)

Full Name of Payee Jessica R Resendiz
Mailing Address 9685 Paula St
City Keithville State LA Zip Code 71047
Purpose of Expenditure Mileage Category/Type 002
Name of Federal Candidate Ms. Mary L Landrieu [] Support [X] Oppose
Calendar Year-To-Date Per Election for Office Sought 206374.59

Date of Public Distribution/Dissemination 10 / 23 / 2014
Amount 19.80
Transaction ID : 31de9e37-572a-42e4-b
Date of Disbursement or Obligation 10 / 23 / 2014
Office Sought: [] House District: 00 [] President [X] Senate State: LA
Disbursement For: [] Primary [X] General 2014 [] Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures 109.80
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL 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.
Ms. Emily Buchanan [Electronically Filed] Date 10 / 25 / 2014
Signature

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES (Schedule E)

NAME OF COMMITTEE (In Full) Women Speak Out PAC
FEC IDENTIFICATION NUMBER C C00530766
Check if [X] 24-hour report [] 48-hour report [X] New report [] Amends report filed on

Full Name of Payee Christopher Marquess
Mailing Address 110 W Pecan St
City Ville Platte State LA Zip Code 70586
Purpose of Expenditure Salary Category/Type 001
Name of Federal Candidate Ms. Mary L Landrieu [] Support [X] Oppose
Calendar Year-To-Date Per Election for Office Sought 206374.59

Date of Public Distribution/Dissemination 10 / 23 / 2014
Amount 50.00
Transaction ID : a80e8cf4-092a-41dc-9
Date of Disbursement or Obligation 10 / 23 / 2014
Office Sought: [] House District: 00 [] President [X] Senate State: LA
Disbursement For: [] Primary [X] General 2014 [] Other (specify)

Full Name of Payee Christopher Marquess
Mailing Address 110 W Pecan St
City Ville Platte State LA Zip Code 70586
Purpose of Expenditure Mileage Category/Type 002
Name of Federal Candidate Ms. Mary L Landrieu [] Support [X] Oppose
Calendar Year-To-Date Per Election for Office Sought 206374.59

Date of Public Distribution/Dissemination 10 / 23 / 2014
Amount 35.70
Transaction ID : 8e0b1b03-adfb-4483-b
Date of Disbursement or Obligation 10 / 23 / 2014
Office Sought: [] House District: 00 [] President [X] Senate State: LA
Disbursement For: [] Primary [X] General 2014 [] Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures 85.70
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL 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.
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Signature

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES (Schedule E)

NAME OF COMMITTEE (In Full) Women Speak Out PAC
FEC IDENTIFICATION NUMBER C C00530766
Check if [X] 24-hour report [] 48-hour report [X] New report [] Amends report filed on

Full Name of Payee Lauren N Hamel
Mailing Address PO Box 398
City Neosho State MO Zip Code 64850
Purpose of Expenditure Salary Category/Type 001
Name of Federal Candidate Mr. Mark L Pryor [] Support [X] Oppose
Calendar Year-To-Date Per Election for Office Sought 194342.16

Date of Public Distribution/Dissemination 10 / 23 / 2014
Amount 40.00
Transaction ID : a7389639-9ae2-4fb1-a
Date of Disbursement or Obligation 10 / 23 / 2014
Office Sought: [] House District: 00 [] President [X] Senate State: AR
Disbursement For: [] Primary [X] General 2014 [] Other (specify)

Full Name of Payee Mattie Harris
Mailing Address 3654 Tara St
City springdale State AR Zip Code 72762
Purpose of Expenditure Salary Category/Type 001
Name of Federal Candidate Mr. Mark L Pryor [] Support [X] Oppose
Calendar Year-To-Date Per Election for Office Sought 194342.16

Date of Public Distribution/Dissemination 10 / 23 / 2014
Amount 40.00
Transaction ID : a5814399-ab2e-4c3e-8
Date of Disbursement or Obligation 10 / 23 / 2014
Office Sought: [] House District: 00 [] President [X] Senate State: AR
Disbursement For: [] Primary [X] General 2014 [] Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures 80.00
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL 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.
Ms. Emily Buchanan [Electronically Filed] Date 10 / 25 / 2014
Signature

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES (Schedule E)

NAME OF COMMITTEE (In Full) Women Speak Out PAC
FEC IDENTIFICATION NUMBER C C00530766
Check if [X] 24-hour report [] 48-hour report [X] New report [] Amends report filed on

Full Name of Payee Marsha P Meroney
Mailing Address 513 Ray West Dr
City Kernersville State NC Zip Code 27284
Purpose of Expenditure Salary Category/Type 001
Name of Federal Candidate Ms. Kay Hagan [] Support [X] Oppose
Calendar Year-To-Date Per Election for Office Sought 1055146.83

Date of Public Distribution/Dissemination 10 / 23 / 2014
Amount 34.00
Transaction ID : c2bc97c0-eeb7-41de-a
Date of Disbursement or Obligation 10 / 23 / 2014
Office Sought: [] House District: 00 [] President [X] Senate State: NC
Disbursement For: [] Primary [X] General 2014 [] Other (specify)

Full Name of Payee Marsha P Meroney
Mailing Address 513 Ray West Dr
City Kernersville State NC Zip Code 27284
Purpose of Expenditure Mileage Category/Type 002
Name of Federal Candidate Ms. Kay Hagan [] Support [X] Oppose
Calendar Year-To-Date Per Election for Office Sought 1055146.83

Date of Public Distribution/Dissemination 10 / 23 / 2014
Amount 18.00
Transaction ID : 68fd7299-d75b-4113-9
Date of Disbursement or Obligation 10 / 23 / 2014
Office Sought: [] House District: 00 [] President [X] Senate State: NC
Disbursement For: [] Primary [X] General 2014 [] Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures 52.00
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL 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.
Ms. Emily Buchanan [Electronically Filed] Date 10 / 25 / 2014
Signature

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES (Schedule E)

NAME OF COMMITTEE (In Full) Women Speak Out PAC
FEC IDENTIFICATION NUMBER C C00530766
Check if [X] 24-hour report [] 48-hour report [X] New report [] Amends report filed on

Full Name of Payee Benjamin J Crosser
Mailing Address PO Box 398
City Neosho State AR Zip Code 64850
Purpose of Expenditure Salary Category/Type 001

Date of Public Distribution/Dissemination 10 / 23 / 2014
Amount 40.00
Transaction ID : d8c8f288-880d-4e30-a
Date of Disbursement or Obligation 10 / 23 / 2014

Name of Federal Candidate Mr. Mark L Pryor
Support [] Oppose [X]
Office Sought: [] House [X] Senate
District: 00 State: AR

Disbursement For: [] Primary [X] General 2014
[] Other (specify)

Full Name of Payee Benjamin J Crosser
Mailing Address PO Box 398
City Neosho State AR Zip Code 64850
Purpose of Expenditure Mileage Category/Type 002

Date of Public Distribution/Dissemination 10 / 23 / 2014
Amount 30.00
Transaction ID : 7f2a2a26-44e8-497f-9
Date of Disbursement or Obligation 10 / 23 / 2014

Name of Federal Candidate Mr. Mark L Pryor
Support [] Oppose [X]
Office Sought: [] House [X] Senate
District: 00 State: AR

Disbursement For: [] Primary [X] General 2014
[] Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures 70.00
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL 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.

Ms. Emily Buchanan [Electronically Filed] Date 10 / 25 / 2014
Signature

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES (Schedule E)

NAME OF COMMITTEE (In Full) Women Speak Out PAC
FEC IDENTIFICATION NUMBER C C00530766
Check if [X] 24-hour report [] 48-hour report [X] New report [] Amends report filed on

Full Name of Payee Heather Ainsworth
Mailing Address 9685 Paula St
City Keithville State LA Zip Code 71047
Purpose of Expenditure Salary Category/Type 001
Name of Federal Candidate Ms. Mary L Landrieu [] Support [X] Oppose
Calendar Year-To-Date Per Election for Office Sought 206374.59

Date of Public Distribution/Dissemination 10 / 23 / 2014
Amount 80.00
Transaction ID : fc42c79b-52cf-491c-a
Date of Disbursement or Obligation 10 / 23 / 2014
Office Sought: [] House District: 00 [] President [X] Senate State: LA
Disbursement For: [] Primary [X] General 2014 [] Other (specify)

Full Name of Payee Heather Ainsworth
Mailing Address 9685 Paula St
City Keithville State LA Zip Code 71047
Purpose of Expenditure Mileage Category/Type 002
Name of Federal Candidate Ms. Mary L Landrieu [] Support [X] Oppose
Calendar Year-To-Date Per Election for Office Sought 206374.59

Date of Public Distribution/Dissemination 10 / 23 / 2014
Amount 20.40
Transaction ID : 9759aa77-1038-45a0-8
Date of Disbursement or Obligation 10 / 23 / 2014
Office Sought: [] House District: 00 [] President [X] Senate State: LA
Disbursement For: [] Primary [X] General 2014 [] Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures 100.40
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL 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.
Ms. Emily Buchanan [Electronically Filed] Date 10 / 25 / 2014
Signature

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES (Schedule E)

NAME OF COMMITTEE (In Full) Women Speak Out PAC
FEC IDENTIFICATION NUMBER C C00530766
Check if [X] 24-hour report [] 48-hour report [X] New report [] Amends report filed on

Full Name of Payee James E Dacus
Mailing Address 117 Cynthia Ave
City Farmington State AR Zip Code 72730
Purpose of Expenditure Salary Category/Type 001
Name of Federal Candidate Mr. Mark L Pryor [] Support [X] Oppose
Calendar Year-To-Date Per Election for Office Sought 194342.16

Date of Public Distribution/Dissemination 10 / 23 / 2014
Amount 60.00
Transaction ID : 804ab447-e4ae-4fea-8
Date of Disbursement or Obligation 10 / 23 / 2014
Office Sought: [] House District: 00 [] President [X] Senate State: AR
Disbursement For: [] Primary [X] General 2014 [] Other (specify)

Full Name of Payee James E Dacus
Mailing Address 117 Cynthia Ave
City Farmington State AR Zip Code 72730
Purpose of Expenditure Mileage Category/Type 002
Name of Federal Candidate Mr. Mark L Pryor [] Support [X] Oppose
Calendar Year-To-Date Per Election for Office Sought 194342.16

Date of Public Distribution/Dissemination 10 / 23 / 2014
Amount 7.50
Transaction ID : af1ae2a0-d9fa-4d8a-9
Date of Disbursement or Obligation 10 / 23 / 2014
Office Sought: [] House District: 00 [] President [X] Senate State: AR
Disbursement For: [] Primary [X] General 2014 [] Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures 67.50
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL 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.
Ms. Emily Buchanan [Electronically Filed] Date 10 / 25 / 2014
Signature

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES (Schedule E)

NAME OF COMMITTEE (In Full) Women Speak Out PAC
FEC IDENTIFICATION NUMBER C C00530766
Check if [X] 24-hour report [] 48-hour report [X] New report [] Amends report filed on

Full Name of Payee Thomas A Gawdun
Mailing Address 2207 SE 64th St
City Topeka State KS Zip Code 66605
Purpose of Expenditure Salary Category/Type 001
Name of Federal Candidate Mr. Greg Orman [] Support [X] Oppose
Calendar Year-To-Date Per Election for Office Sought 178792.81

Date of Public Distribution/Dissemination 10 / 23 / 2014
Amount 50.00
Transaction ID : f0c884f7-9f79-455b-a
Date of Disbursement or Obligation 10 / 23 / 2014
Office Sought: [] House District: 00 [] President [X] Senate State: KS
Disbursement For: [] Primary [X] General 2014 [] Other (specify)

Full Name of Payee Thomas A Gawdun
Mailing Address 2207 SE 64th St
City Topeka State KS Zip Code 66605
Purpose of Expenditure Mileage Category/Type 002
Name of Federal Candidate Mr. Greg Orman [] Support [X] Oppose
Calendar Year-To-Date Per Election for Office Sought 178792.81

Date of Public Distribution/Dissemination 10 / 23 / 2014
Amount 5.61
Transaction ID : 68b54300-72f9-4f33-9
Date of Disbursement or Obligation 10 / 23 / 2014
Office Sought: [] House District: 00 [] President [X] Senate State: KS
Disbursement For: [] Primary [X] General 2014 [] Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures 55.61
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL 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.
Ms. Emily Buchanan [Electronically Filed] Date 10 / 25 / 2014
Signature

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES (Schedule E)

NAME OF COMMITTEE (In Full) Women Speak Out PAC
FEC IDENTIFICATION NUMBER C C00530766
Check if [X] 24-hour report [] 48-hour report [X] New report [] Amends report filed on

Full Name of Payee Christopher L Brazil
Mailing Address 5560 Dogwood Dr
City Winston Salem State NC Zip Code 27105
Purpose of Expenditure Salary Category/Type 001
Name of Federal Candidate Ms. Kay Hagan [] Support [X] Oppose
Calendar Year-To-Date Per Election for Office Sought 1055146.83

Date of Public Distribution/Dissemination 10 / 23 / 2014
Amount 25.00
Transaction ID : f8196070-369c-47fa-a
Date of Disbursement or Obligation 10 / 23 / 2014
Office Sought: [] House District: 00 [] President [X] Senate State: NC
Disbursement For: [] Primary [X] General 2014 [] Other (specify)

Full Name of Payee Christopher L Brazil
Mailing Address 5560 Dogwood Dr
City Winston Salem State NC Zip Code 27105
Purpose of Expenditure Mileage Category/Type 002
Name of Federal Candidate Ms. Kay Hagan [] Support [X] Oppose
Calendar Year-To-Date Per Election for Office Sought 1055146.83

Date of Public Distribution/Dissemination 10 / 23 / 2014
Amount 2.10
Transaction ID : 6ca6a72e-0971-4d77-a
Date of Disbursement or Obligation 10 / 23 / 2014
Office Sought: [] House District: 00 [] President [X] Senate State: NC
Disbursement For: [] Primary [X] General 2014 [] Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures 27.10
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL 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.
Ms. Emily Buchanan [Electronically Filed] Date 10 / 25 / 2014
Signature

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES (Schedule E)

NAME OF COMMITTEE (In Full) Women Speak Out PAC
FEC IDENTIFICATION NUMBER C C00530766
Check if [X] 24-hour report [] 48-hour report [X] New report [] Amends report filed on

Full Name of Payee Colton R Overcash
Mailing Address 121 Ohara Dr
City Salisbury State NC Zip Code 28147
Purpose of Expenditure Salary Category/Type 001
Date of Public Distribution/Dissemination 10/23/2014
Amount 70.00
Transaction ID : bc4feef-285a-42aa-b
Date of Disbursement or Obligation 10/23/2014
Name of Federal Candidate Ms. Kay Hagan [] Support [X] Oppose
Office Sought: [] House District: 00 [] President [X] Senate State: NC
Calendar Year-To-Date Per Election for Office Sought 1055146.83
Disbursement For: 2014 [] Primary [X] General [] Other (specify)

Full Name of Payee Colton R Overcash
Mailing Address 121 Ohara Dr
City Salisbury State NC Zip Code 28147
Purpose of Expenditure Mileage Category/Type 002
Date of Public Distribution/Dissemination 10/23/2014
Amount 121.20
Transaction ID : 8237acb9-424d-4097-8
Date of Disbursement or Obligation 10/23/2014
Name of Federal Candidate Ms. Kay Hagan [] Support [X] Oppose
Office Sought: [] House District: 00 [] President [X] Senate State: NC
Calendar Year-To-Date Per Election for Office Sought 1055146.83
Disbursement For: 2014 [] Primary [X] General [] Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures 191.20
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL 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.
Ms. Emily Buchanan [Electronically Filed] Date 10/25/2014
Signature

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES (Schedule E)

NAME OF COMMITTEE (In Full) Women Speak Out PAC
FEC IDENTIFICATION NUMBER C C00530766
Check if [X] 24-hour report [] 48-hour report [X] New report [] Amends report filed on

Full Name of Payee Adam L Clark
Mailing Address 1851 S Laura St
City Wichita State KS Zip Code 67211
Purpose of Expenditure Salary Category/Type 001

Date of Public Distribution/Dissemination 10 / 23 / 2014
Amount 40.00
Transaction ID : 7a69d9a2-059f-45f9-9
Date of Disbursement or Obligation 10 / 23 / 2014

Name of Federal Candidate Mr. Greg Orman
Support [] Oppose [X]
Office Sought: [] President [X] Senate
District: 00 State: KS

Disbursement For: [] Primary [X] General 2014
[] Other (specify) >

Full Name of Payee Adam L Clark
Mailing Address 1851 S Laura St
City Wichita State KS Zip Code 67211
Purpose of Expenditure Mileage Category/Type 002

Date of Public Distribution/Dissemination 10 / 23 / 2014
Amount 6.00
Transaction ID : a1994e0d-dd8c-479d-b
Date of Disbursement or Obligation 10 / 23 / 2014

Name of Federal Candidate Mr. Greg Orman
Support [] Oppose [X]
Office Sought: [] President [X] Senate
District: 00 State: KS

Disbursement For: [] Primary [X] General 2014
[] Other (specify) >

(a) SUBTOTAL of Itemized Independent Expenditures..... 46.00
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL 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.
Ms. Emily Buchanan [Electronically Filed] Date 10 / 25 / 2014
Signature

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES (Schedule E)

NAME OF COMMITTEE (In Full) Women Speak Out PAC
FEC IDENTIFICATION NUMBER C C00530766
Check if [X] 24-hour report [] 48-hour report [X] New report [] Amends report filed on

Full Name of Payee Cayenne C Corbin
Mailing Address 1851 S Laura St
City Wichita State KS Zip Code 67211
Purpose of Expenditure Salary Category/Type 001
Name of Federal Candidate Mr. Greg Orman [] Support [X] Oppose
Calendar Year-To-Date Per Election for Office Sought 178792.81

Date of Public Distribution/Dissemination 10 / 23 / 2014
Amount 40.00
Transaction ID : 2ae11be2-8ba8-44b8-8
Date of Disbursement or Obligation 10 / 23 / 2014
Office Sought: [] House District: 00 [] President [X] Senate State: KS
Disbursement For: [] Primary [X] General 2014 [] Other (specify)

Full Name of Payee Cayenne C Corbin
Mailing Address 1851 S Laura St
City Wichita State KS Zip Code 67211
Purpose of Expenditure Mileage Category/Type 002
Name of Federal Candidate Mr. Greg Orman [] Support [X] Oppose
Calendar Year-To-Date Per Election for Office Sought 178792.81

Date of Public Distribution/Dissemination 10 / 23 / 2014
Amount 5.40
Transaction ID : 2547f169-e50a-450e-9
Date of Disbursement or Obligation 10 / 23 / 2014
Office Sought: [] House District: 00 [] President [X] Senate State: KS
Disbursement For: [] Primary [X] General 2014 [] Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures 45.40
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL 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.
Ms. Emily Buchanan [Electronically Filed] Date 10 / 25 / 2014
Signature

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES (Schedule E)

NAME OF COMMITTEE (In Full) Women Speak Out PAC
FEC IDENTIFICATION NUMBER C C00530766
Check if [X] 24-hour report [] 48-hour report [X] New report [] Amends report filed on

Full Name of Payee Monique Guillory
Mailing Address 409 LaSalle Drive
City Little Rock State AR Zip Code 72211
Purpose of Expenditure Salary Category/Type 001
Name of Federal Candidate Mr. Mark L Pryor [] Support [X] Oppose
Calendar Year-To-Date Per Election for Office Sought 194342.16

Date of Public Distribution/Dissemination 10 / 23 / 2014
Amount 60.00
Transaction ID : 7eabcf21-91a4-4280-8
Date of Disbursement or Obligation 10 / 23 / 2014
Office Sought: [] House District: 00 [] President [X] Senate State: AR
Disbursement For: [] Primary [X] General 2014 [] Other (specify)

Full Name of Payee April A Watson
Mailing Address 30217 Crook Rd
City Cleveland State MO Zip Code 64734
Purpose of Expenditure Salary Category/Type 001
Name of Federal Candidate Mr. Greg Orman [] Support [X] Oppose
Calendar Year-To-Date Per Election for Office Sought 178792.81

Date of Public Distribution/Dissemination 10 / 23 / 2014
Amount 30.00
Transaction ID : f20526d6-3ea5-474e-8
Date of Disbursement or Obligation 10 / 23 / 2014
Office Sought: [] House District: 00 [] President [X] Senate State: KS
Disbursement For: [] Primary [X] General 2014 [] Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures..... 90.00
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL 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.
Ms. Emily Buchanan [Electronically Filed] Date 10 / 25 / 2014
Signature

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES (Schedule E)

NAME OF COMMITTEE (In Full) Women Speak Out PAC
FEC IDENTIFICATION NUMBER C C00530766
Check if [X] 24-hour report [] 48-hour report [X] New report [] Amends report filed on

Full Name of Payee April A Watson
Mailing Address 30217 Crook Rd
City Cleveland State MO Zip Code 64734
Purpose of Expenditure Mileage Category/Type 002
Name of Federal Candidate Mr. Greg Orman [] Support [X] Oppose
Calendar Year-To-Date Per Election for Office Sought 178792.81

Date of Public Distribution/Dissemination 10 / 23 / 2014
Amount 17.70
Transaction ID : 09153909-d904-492e-b
Date of Disbursement or Obligation 10 / 23 / 2014
Office Sought: [] House District: 00 [] President [X] Senate State: KS
Disbursement For: [] Primary [X] General 2014 [] Other (specify)

Full Name of Payee Randy G Lookabill
Mailing Address 200 Carawood Lane
City Lexington State NC Zip Code 27295
Purpose of Expenditure Salary Category/Type 001
Name of Federal Candidate Ms. Kay Hagan [] Support [X] Oppose
Calendar Year-To-Date Per Election for Office Sought 1055146.83

Date of Public Distribution/Dissemination 10 / 23 / 2014
Amount 65.00
Transaction ID : fd2de303-5b6e-4a38-a
Date of Disbursement or Obligation 10 / 23 / 2014
Office Sought: [] House District: 00 [] President [X] Senate State: NC
Disbursement For: [] Primary [X] General 2014 [] Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures 82.70
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL 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.
Ms. Emily Buchanan [Electronically Filed] Date 10 / 25 / 2014
Signature

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES (Schedule E)

NAME OF COMMITTEE (In Full) Women Speak Out PAC
FEC IDENTIFICATION NUMBER C C00530766
Check if [X] 24-hour report [] 48-hour report [X] New report [] Amends report filed on

Full Name of Payee Randy G Lookabill
Mailing Address 200 Carawood Lane
City Lexington State NC Zip Code 27295
Purpose of Expenditure Mileage Category/Type 002
Name of Federal Candidate Ms. Kay Hagan [] Support [X] Oppose
Calendar Year-To-Date Per Election for Office Sought 1055146.83

Date of Public Distribution/Dissemination 10 / 23 / 2014
Amount 22.50
Transaction ID : ac54c4d8-0671-4891-8
Date of Disbursement or Obligation 10 / 23 / 2014
Office Sought: [] House District: 00 [] President [X] Senate State: NC
Disbursement For: [] Primary [X] General 2014 [] Other (specify)

Full Name of Payee Ashley n Thompson
Mailing Address 272 Westgate Ct Apt 6
City Lexington State NC Zip Code 27295
Purpose of Expenditure Salary Category/Type 001
Name of Federal Candidate Ms. Kay Hagan [] Support [X] Oppose
Calendar Year-To-Date Per Election for Office Sought 1055146.83

Date of Public Distribution/Dissemination 10 / 23 / 2014
Amount 10.00
Transaction ID : 9f789ce9-7100-471c-b
Date of Disbursement or Obligation 10 / 23 / 2014
Office Sought: [] House District: 00 [] President [X] Senate State: NC
Disbursement For: [] Primary [X] General 2014 [] Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures 32.50
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL 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.

Ms. Emily Buchanan [Electronically Filed] Date 10 / 25 / 2014
Signature

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES (Schedule E)

NAME OF COMMITTEE (In Full) Women Speak Out PAC
FEC IDENTIFICATION NUMBER C C00530766
Check if [X] 24-hour report [] 48-hour report [X] New report [] Amends report filed on

Full Name of Payee Ashley n Thompson
Mailing Address 272 Westgate Ct Apt 6
City Lexington State NC Zip Code 27295
Purpose of Expenditure Mileage Category/Type 002
Name of Federal Candidate Ms. Kay Hagan [] Support [X] Oppose
Calendar Year-To-Date Per Election for Office Sought 1055146.83

Date of Public Distribution/Dissemination 10 / 23 / 2014
Amount 4.50
Transaction ID : 83b1d580-acb6-4c0a-a
Date of Disbursement or Obligation 10 / 23 / 2014
Office Sought: [] House District: 00 [] President [X] Senate State: NC
Disbursement For: [] Primary [X] General 2014 [] Other (specify)

Full Name of Payee Aaron L Watson
Mailing Address 30217 Crook Rd
City Cleveland State MO Zip Code 64734
Purpose of Expenditure Salary Category/Type 001
Name of Federal Candidate Mr. Greg Orman [] Support [X] Oppose
Calendar Year-To-Date Per Election for Office Sought 178792.81

Date of Public Distribution/Dissemination 10 / 23 / 2014
Amount 30.00
Transaction ID : 7db610ee-86ed-4585-8
Date of Disbursement or Obligation 10 / 23 / 2014
Office Sought: [] House District: 00 [] President [X] Senate State: KS
Disbursement For: [] Primary [X] General 2014 [] Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures..... 34.50
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL 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.
Ms. Emily Buchanan [Electronically Filed] Date 10 / 25 / 2014
Signature

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES (Schedule E)

NAME OF COMMITTEE (In Full) Women Speak Out PAC
FEC IDENTIFICATION NUMBER C C00530766
Check if [X] 24-hour report [] 48-hour report [X] New report [] Amends report filed on

Full Name of Payee Aaron L Watson
Mailing Address 30217 Crook Rd
City Cleveland State MO Zip Code 64734
Purpose of Expenditure Mileage Category/Type 002
Date of Public Distribution/Dissemination 10/23/2014
Amount 17.40
Transaction ID : 8af64424-d920-4da8-a
Date of Disbursement or Obligation 10/23/2014
Name of Federal Candidate Mr. Greg Orman [] Support [X] Oppose
Office Sought: [] House District: 00 [] President [X] Senate State: KS
Calendar Year-To-Date Per Election for Office Sought 178792.81
Disbursement For: [] Primary [X] General 2014 [] Other (specify)

Full Name of Payee Brandy Starns
Mailing Address 300 Evangeline St
City Monroe State LA Zip Code 71201
Purpose of Expenditure Salary Category/Type 001
Date of Public Distribution/Dissemination 10/23/2014
Amount 65.00
Transaction ID : 79c4b7fb-12e3-42f2-9
Date of Disbursement or Obligation 10/23/2014
Name of Federal Candidate Ms. Mary L Landrieu [] Support [X] Oppose
Office Sought: [] House District: 00 [] President [X] Senate State: LA
Calendar Year-To-Date Per Election for Office Sought 206374.59
Disbursement For: [] Primary [X] General 2014 [] Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures 82.40
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL 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.

Ms. Emily Buchanan [Electronically Filed] Date 10/25/2014
Signature

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES (Schedule E)

NAME OF COMMITTEE (In Full) Women Speak Out PAC
FEC IDENTIFICATION NUMBER C C00530766
Check if [X] 24-hour report [] 48-hour report [X] New report [] Amends report filed on

Full Name of Payee Brandy Starns
Mailing Address 300 Evangeline St
City Monroe State LA Zip Code 71201
Purpose of Expenditure Mileage Category/Type 002
Name of Federal Candidate Ms. Mary L Landrieu [] Support [X] Oppose
Calendar Year-To-Date Per Election for Office Sought 206374.59

Date of Public Distribution/Dissemination 10 / 23 / 2014
Amount 6.00
Transaction ID : 367e738e-408b-41ff-b
Date of Disbursement or Obligation 10 / 23 / 2014
Office Sought: [] House District: 00 [] President [X] Senate State: LA
Disbursement For: [] Primary [X] General 2014 [] Other (specify)

Full Name of Payee Michael A Toomey
Mailing Address 4120 Bon Aire Dr Apt 6307
City Monroe State LA Zip Code 71212
Purpose of Expenditure Salary Category/Type 001
Name of Federal Candidate Ms. Mary L Landrieu [] Support [X] Oppose
Calendar Year-To-Date Per Election for Office Sought 206374.59

Date of Public Distribution/Dissemination 10 / 23 / 2014
Amount 42.50
Transaction ID : 4a7bc1f4-778d-43d1-9
Date of Disbursement or Obligation 10 / 23 / 2014
Office Sought: [] House District: 00 [] President [X] Senate State: LA
Disbursement For: [] Primary [X] General 2014 [] Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures 48.50
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL 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.
Ms. Emily Buchanan [Electronically Filed] Date 10 / 25 / 2014
Signature

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES (Schedule E)

NAME OF COMMITTEE (In Full) Women Speak Out PAC
FEC IDENTIFICATION NUMBER C C00530766
Check if [X] 24-hour report [] 48-hour report [X] New report [] Amends report filed on

Full Name of Payee Michael A Toomey
Mailing Address 4120 Bon Aire Dr Apt 6307
City Monroe State LA Zip Code 71212
Purpose of Expenditure Mileage Category/Type 002

Date of Public Distribution/Dissemination 10 / 23 / 2014
Amount 4.50
Transaction ID : 062e136d-d758-4b1b-8
Date of Disbursement or Obligation 10 / 23 / 2014

Name of Federal Candidate Ms. Mary L Landrieu
Support [] Oppose [X]
Office Sought: [] House [X] Senate
District: 00 State: LA

Disbursement For: [] Primary [X] General 2014
[] Other (specify)

Full Name of Payee Avery Watson
Mailing Address 30217 Crook Rd
City Cleveland State MO Zip Code 64734
Purpose of Expenditure Salary Category/Type 001

Date of Public Distribution/Dissemination 10 / 23 / 2014
Amount 43.30
Transaction ID : f7686144-acbb-43aa-b
Date of Disbursement or Obligation 10 / 23 / 2014

Name of Federal Candidate Mr. Greg Orman
Support [] Oppose [X]
Office Sought: [] House [X] Senate
District: 00 State: KS

Disbursement For: [] Primary [X] General 2014
[] Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures 47.80
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL 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.

Ms. Emily Buchanan [Electronically Filed] Date 10 / 25 / 2014
Signature

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES (Schedule E)

NAME OF COMMITTEE (In Full) Women Speak Out PAC
FEC IDENTIFICATION NUMBER C C00530766
Check if [X] 24-hour report [] 48-hour report [X] New report [] Amends report filed on

Full Name of Payee Avery Watson
Mailing Address 30217 Crook Rd
City Cleveland State MO Zip Code 64734
Purpose of Expenditure Mileage Category/Type 002
Name of Federal Candidate Mr. Greg Orman [] Support [X] Oppose
Calendar Year-To-Date Per Election for Office Sought 178792.81

Date of Public Distribution/Dissemination 10 / 23 / 2014
Amount 3.00
Transaction ID : 135d53ec-3d7d-434b-b
Date of Disbursement or Obligation 10 / 23 / 2014
Office Sought: [] House District: 00 [] President [X] Senate State: KS
Disbursement For: [] Primary [X] General 2014 [] Other (specify)

Full Name of Payee Brenda L McCune
Mailing Address 1254 Fleming St Apt 6
City Conway State AR Zip Code 72032
Purpose of Expenditure Salary Category/Type 001
Name of Federal Candidate Mr. Mark L Pryor [] Support [X] Oppose
Calendar Year-To-Date Per Election for Office Sought 194342.16

Date of Public Distribution/Dissemination 10 / 23 / 2014
Amount 120.00
Transaction ID : bd842eed-b828-4c12-a
Date of Disbursement or Obligation 10 / 23 / 2014
Office Sought: [] House District: 00 [] President [X] Senate State: AR
Disbursement For: [] Primary [X] General 2014 [] Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures 123.00
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL 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.
Ms. Emily Buchanan [Electronically Filed] Date 10 / 25 / 2014
Signature

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES (Schedule E)

NAME OF COMMITTEE (In Full) Women Speak Out PAC
FEC IDENTIFICATION NUMBER C C00530766
Check if [X] 24-hour report [] 48-hour report [X] New report [] Amends report filed on

Full Name of Payee Brenda L McCune
Mailing Address 1254 Fleming St Apt 6
City Conway State AR Zip Code 72032
Purpose of Expenditure Mileage Category/Type 002
Name of Federal Candidate Mr. Mark L Pryor [] Support [X] Oppose
Calendar Year-To-Date Per Election for Office Sought 194342.16

Date of Public Distribution/Dissemination 10 / 23 / 2014
Amount 71.10
Transaction ID : a2425aa8-122a-44ad-8
Date of Disbursement or Obligation 10 / 23 / 2014
Office Sought: [] House District: 00 [] President [X] Senate State: AR
Disbursement For: [] Primary [X] General 2014 [] Other (specify)

Full Name of Payee Matt Curran
Mailing Address 1537 Country Lane
City Kernersville State NC Zip Code 27284
Purpose of Expenditure Salary Category/Type 001
Name of Federal Candidate Ms. Kay Hagan [] Support [X] Oppose
Calendar Year-To-Date Per Election for Office Sought 1055146.83

Date of Public Distribution/Dissemination 10 / 23 / 2014
Amount 20.00
Transaction ID : 1d1d7a85-2967-41cc-9
Date of Disbursement or Obligation 10 / 23 / 2014
Office Sought: [] House District: 00 [] President [X] Senate State: NC
Disbursement For: [] Primary [X] General 2014 [] Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures..... 91.10
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL 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.
Ms. Emily Buchanan [Electronically Filed] Date 10 / 25 / 2014
Signature

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES (Schedule E)

NAME OF COMMITTEE (In Full) Women Speak Out PAC
FEC IDENTIFICATION NUMBER C C00530766
Check if [X] 24-hour report [] 48-hour report [X] New report [] Amends report filed on

Full Name of Payee Matt Curran
Mailing Address 1537 Country Lane
City Kernersville State NC Zip Code 27284
Purpose of Expenditure Mileage Category/Type 002
Name of Federal Candidate Ms. Kay Hagan [] Support [X] Oppose
Calendar Year-To-Date Per Election for Office Sought 1055146.83

Date of Public Distribution/Dissemination 10 / 23 / 2014
Amount 6.00
Transaction ID : 5dcdf36f-51bb-4edf-a
Date of Disbursement or Obligation 10 / 23 / 2014
Office Sought: [] House District: 00 [] President [X] Senate State: NC
Disbursement For: [] Primary [X] General 2014 [] Other (specify)

Full Name of Payee Lee R Carter
Mailing Address 3110 Brentwood Rd
City Raleigh State NC Zip Code 27604
Purpose of Expenditure Salary Category/Type 001
Name of Federal Candidate Ms. Kay Hagan [] Support [X] Oppose
Calendar Year-To-Date Per Election for Office Sought 1055146.83

Date of Public Distribution/Dissemination 10 / 23 / 2014
Amount 80.00
Transaction ID : e14c40b2-4070-4708-8
Date of Disbursement or Obligation 10 / 23 / 2014
Office Sought: [] House District: 00 [] President [X] Senate State: NC
Disbursement For: [] Primary [X] General 2014 [] Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures 86.00
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL 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.
Ms. Emily Buchanan [Electronically Filed] Date 10 / 25 / 2014
Signature

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES (Schedule E)

NAME OF COMMITTEE (In Full) Women Speak Out PAC
FEC IDENTIFICATION NUMBER C C00530766
Check if [X] 24-hour report [] 48-hour report [X] New report [] Amends report filed on

Full Name of Payee Lee R Carter
Mailing Address 3110 Brentwood Rd
City Raleigh State NC Zip Code 27604
Purpose of Expenditure Mileage Category/Type 002
Name of Federal Candidate Ms. Kay Hagan [] Support [X] Oppose
Calendar Year-To-Date Per Election for Office Sought 1055146.83

Date of Public Distribution/Dissemination 10 / 23 / 2014
Amount 14.10
Transaction ID : ec3117df-c571-4608-9
Date of Disbursement or Obligation 10 / 23 / 2014
Office Sought: [] House District: 00 [] President [X] Senate State: NC
Disbursement For: [] Primary [X] General 2014 [] Other (specify)

Full Name of Payee Dylan J Sparks
Mailing Address 915 East Market Ave
City Searcy State AR Zip Code 72149
Purpose of Expenditure Salary Category/Type 001
Name of Federal Candidate Mr. Mark L Pryor [] Support [X] Oppose
Calendar Year-To-Date Per Election for Office Sought 194342.16

Date of Public Distribution/Dissemination 10 / 23 / 2014
Amount 100.00
Transaction ID : a6dd9ed2-e51c-4151-a
Date of Disbursement or Obligation 10 / 23 / 2014
Office Sought: [] House District: 00 [] President [X] Senate State: AR
Disbursement For: [] Primary [X] General 2014 [] Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures 114.10
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL 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.
Ms. Emily Buchanan [Electronically Filed] Date 10 / 25 / 2014
Signature

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES (Schedule E)

NAME OF COMMITTEE (In Full) Women Speak Out PAC
FEC IDENTIFICATION NUMBER C C00530766
Check if [X] 24-hour report [] 48-hour report [X] New report [] Amends report filed on

Full Name of Payee Dylan J Sparks
Mailing Address 915 East Market Ave
City Searcy State AR Zip Code 72149
Purpose of Expenditure Mileage Category/Type 002
Name of Federal Candidate Mr. Mark L Pryor [] Support [X] Oppose
Calendar Year-To-Date Per Election for Office Sought 194342.16

Date of Public Distribution/Dissemination 10 / 23 / 2014
Amount 72.00
Transaction ID : c1ca4868-4e06-4939-a
Date of Disbursement or Obligation 10 / 23 / 2014
Office Sought: [] House District: 00 [] President [X] Senate State: AR
Disbursement For: [] Primary [X] General 2014 [] Other (specify)

Full Name of Payee Sarah Bassil
Mailing Address 7650 Fallswood Way
City Lorton State VA Zip Code 22079
Purpose of Expenditure Salary Category/Type 001
Name of Federal Candidate Mr. Greg Orman [] Support [X] Oppose
Calendar Year-To-Date Per Election for Office Sought 178792.81

Date of Public Distribution/Dissemination 10 / 23 / 2014
Amount 40.00
Transaction ID : f5fbbad-5d9a-4357-8
Date of Disbursement or Obligation 10 / 23 / 2014
Office Sought: [] House District: 00 [] President [X] Senate State: KS
Disbursement For: [] Primary [X] General 2014 [] Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures 112.00
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL 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.
Ms. Emily Buchanan [Electronically Filed] Date 10 / 25 / 2014
Signature

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES (Schedule E)

NAME OF COMMITTEE (In Full) Women Speak Out PAC
FEC IDENTIFICATION NUMBER C C00530766
Check if [X] 24-hour report [] 48-hour report [X] New report [] Amends report filed on

Full Name of Payee Philip Elkins
Mailing Address 227 Lincoln Dr
City Bossier City State LA Zip Code 71111
Purpose of Expenditure Salary Category/Type 001
Name of Federal Candidate Ms. Mary L Landrieu [] Support [X] Oppose
Calendar Year-To-Date Per Election for Office Sought 206374.59

Date of Public Distribution/Dissemination 10 / 23 / 2014
Amount 20.00
Transaction ID : 83d51cbc-a481-43d7-9
Date of Disbursement or Obligation 10 / 23 / 2014
Office Sought: [] House District: 00 [] President [X] Senate State: LA
Disbursement For: [] Primary [X] General 2014 [] Other (specify)

Full Name of Payee Philip Elkins
Mailing Address 227 Lincoln Dr
City Bossier City State LA Zip Code 71111
Purpose of Expenditure Mileage Category/Type 002
Name of Federal Candidate Ms. Mary L Landrieu [] Support [X] Oppose
Calendar Year-To-Date Per Election for Office Sought 206374.59

Date of Public Distribution/Dissemination 10 / 23 / 2014
Amount 12.93
Transaction ID : f86e9a83-9536-45f7-9
Date of Disbursement or Obligation 10 / 23 / 2014
Office Sought: [] House District: 00 [] President [X] Senate State: LA
Disbursement For: [] Primary [X] General 2014 [] Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures 32.93
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL 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.
Ms. Emily Buchanan [Electronically Filed] Date 10 / 25 / 2014
Signature

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES (Schedule E)

NAME OF COMMITTEE (In Full) Women Speak Out PAC
FEC IDENTIFICATION NUMBER C C00530766
Check if [X] 24-hour report [] 48-hour report [X] New report [] Amends report filed on

Full Name of Payee Debra Lindsey
Mailing Address 119 Goldenwood Dr
City Slidell State LA Zip Code 70461
Purpose of Expenditure Salary Category/Type 001
Amount 40.00
Transaction ID : e9179fc8-1dbe-4730-a
Date of Disbursement or Obligation 10/23/2014
Name of Federal Candidate Ms. Mary L Landrieu [] Support [X] Oppose
Office Sought: [] House District: 00 [] President [X] Senate State: LA
Calendar Year-To-Date Per Election for Office Sought 206374.59
Disbursement For: [] Primary [X] General 2014 [] Other (specify)

Full Name of Payee Debra Lindsey
Mailing Address 119 Goldenwood Dr
City Slidell State LA Zip Code 70461
Purpose of Expenditure Mileage Category/Type 002
Amount 3.00
Transaction ID : 9932b208-a1e7-40b7-8
Date of Disbursement or Obligation 10/23/2014
Name of Federal Candidate Ms. Mary L Landrieu [] Support [X] Oppose
Office Sought: [] House District: 00 [] President [X] Senate State: LA
Calendar Year-To-Date Per Election for Office Sought 206374.59
Disbursement For: [] Primary [X] General 2014 [] Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures 43.00
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL 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.
Ms. Emily Buchanan [Electronically Filed] Date 10/25/2014
Signature

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES (Schedule E)

NAME OF COMMITTEE (In Full) Women Speak Out PAC
FEC IDENTIFICATION NUMBER C C00530766
Check if [X] 24-hour report [] 48-hour report [X] New report [] Amends report filed on

Full Name of Payee Kathy Anderson
Mailing Address 3041 SW Burlingame Rd
City Topeka State KS Zip Code 66611
Purpose of Expenditure Salary Category/Type 001
Name of Federal Candidate Mr. Greg Orman [] Support [X] Oppose
Calendar Year-To-Date Per Election for Office Sought 178792.81

Date of Public Distribution/Dissemination 10 / 23 / 2014
Amount 47.50
Transaction ID : 147a31ff-15de-4075-8
Date of Disbursement or Obligation 10 / 23 / 2014
Office Sought: [] House District: 00 [] President [X] Senate State: KS
Disbursement For: [] Primary [X] General 2014 [] Other (specify)

Full Name of Payee Kathy Anderson
Mailing Address 3041 SW Burlingame Rd
City Topeka State KS Zip Code 66611
Purpose of Expenditure Mileage Category/Type 002
Name of Federal Candidate Mr. Greg Orman [] Support [X] Oppose
Calendar Year-To-Date Per Election for Office Sought 178792.81

Date of Public Distribution/Dissemination 10 / 23 / 2014
Amount 10.80
Transaction ID : 4cf88c42-592b-42a1-8
Date of Disbursement or Obligation 10 / 23 / 2014
Office Sought: [] House District: 00 [] President [X] Senate State: KS
Disbursement For: [] Primary [X] General 2014 [] Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures 58.30
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL 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.
Ms. Emily Buchanan [Electronically Filed] Date 10 / 25 / 2014
Signature

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES (Schedule E)

NAME OF COMMITTEE (In Full) Women Speak Out PAC
FEC IDENTIFICATION NUMBER C C00530766
Check if [X] 24-hour report [] 48-hour report [X] New report [] Amends report filed on

Full Name of Payee Rebecca A Shearer
Mailing Address 6544 Arno College Grove Rd
City College Grove State TN Zip Code 37046
Purpose of Expenditure Salary Category/Type 001
Name of Federal Candidate Mr. Mark L Pryor [] Support [X] Oppose
Calendar Year-To-Date Per Election for Office Sought 194342.16

Date of Public Distribution/Dissemination 10 / 23 / 2014
Amount 50.00
Transaction ID : 1de93239-4495-4938-9
Date of Disbursement or Obligation 10 / 23 / 2014
Office Sought: [] House District: 00 [] President [X] Senate State: AR
Disbursement For: [] Primary [X] General 2014 [] Other (specify)

Full Name of Payee Rebecca A Shearer
Mailing Address 6544 Arno College Grove Rd
City College Grove State TN Zip Code 37046
Purpose of Expenditure Mileage Category/Type 002
Name of Federal Candidate Mr. Mark L Pryor [] Support [X] Oppose
Calendar Year-To-Date Per Election for Office Sought 194342.16

Date of Public Distribution/Dissemination 10 / 23 / 2014
Amount 24.30
Transaction ID : 54e816e6-54f8-4291-9
Date of Disbursement or Obligation 10 / 23 / 2014
Office Sought: [] House District: 00 [] President [X] Senate State: AR
Disbursement For: [] Primary [X] General 2014 [] Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures 74.30
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL 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.
Ms. Emily Buchanan [Electronically Filed] Date 10 / 25 / 2014
Signature

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES (Schedule E)

NAME OF COMMITTEE (In Full) Women Speak Out PAC
FEC IDENTIFICATION NUMBER C C00530766
Check if [X] 24-hour report [] 48-hour report [X] New report [] Amends report filed on

Full Name of Payee Parker H Morrow
Mailing Address 506 N Horton Street
City Searcy State AR Zip Code 72143
Purpose of Expenditure Salary Category/Type 001
Name of Federal Candidate Mr. Mark L Pryor [] Support [X] Oppose
Calendar Year-To-Date Per Election for Office Sought 194342.16

Date of Public Distribution/Dissemination 10 / 23 / 2014
Amount 60.00
Transaction ID : 718a486f-dfec-4014-a
Date of Disbursement or Obligation 10 / 23 / 2014
Office Sought: [] House District: 00 [] President [X] Senate State: AR
Disbursement For: [] Primary [X] General 2014 [] Other (specify)

Full Name of Payee Parker H Morrow
Mailing Address 506 N Horton Street
City Searcy State AR Zip Code 72143
Purpose of Expenditure Mileage Category/Type 002
Name of Federal Candidate Mr. Mark L Pryor [] Support [X] Oppose
Calendar Year-To-Date Per Election for Office Sought 194342.16

Date of Public Distribution/Dissemination 10 / 23 / 2014
Amount 40.20
Transaction ID : 96d6c32b-ac5c-432f-a
Date of Disbursement or Obligation 10 / 23 / 2014
Office Sought: [] House District: 00 [] President [X] Senate State: AR
Disbursement For: [] Primary [X] General 2014 [] Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures 100.20
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL 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.
Ms. Emily Buchanan [Electronically Filed] Date 10 / 25 / 2014
Signature

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES (Schedule E)

NAME OF COMMITTEE (In Full) Women Speak Out PAC
FEC IDENTIFICATION NUMBER C C00530766
Check if [X] 24-hour report [] 48-hour report [X] New report [] Amends report filed on

Full Name of Payee Peggy A Sides
Mailing Address 2183 Spokane Rd
City Fayetteville State NC Zip Code 28304
Purpose of Expenditure Salary Category/Type 001
Name of Federal Candidate Ms. Kay Hagan [] Support [X] Oppose
Calendar Year-To-Date Per Election for Office Sought 1055146.83

Date of Public Distribution/Dissemination 10 / 23 / 2014
Amount 70.00
Transaction ID : 57c4b0c4-5c26-4b2e-9
Date of Disbursement or Obligation 10 / 23 / 2014
Office Sought: [] House District: 00 [] President [X] Senate State: NC
Disbursement For: [] Primary [X] General 2014 [] Other (specify)

Full Name of Payee Peggy A Sides
Mailing Address 2183 Spokane Rd
City Fayetteville State NC Zip Code 28304
Purpose of Expenditure Mileage Category/Type 002
Name of Federal Candidate Ms. Kay Hagan [] Support [X] Oppose
Calendar Year-To-Date Per Election for Office Sought 1055146.83

Date of Public Distribution/Dissemination 10 / 23 / 2014
Amount 9.00
Transaction ID : 49a9851e-bd32-4d8e-a
Date of Disbursement or Obligation 10 / 23 / 2014
Office Sought: [] House District: 00 [] President [X] Senate State: NC
Disbursement For: [] Primary [X] General 2014 [] Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures 79.00
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL 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.
Ms. Emily Buchanan [Electronically Filed] Date 10 / 25 / 2014
Signature

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES (Schedule E)

NAME OF COMMITTEE (In Full) Women Speak Out PAC
FEC IDENTIFICATION NUMBER C C00530766
Check if [X] 24-hour report [] 48-hour report [X] New report [] Amends report filed on

Full Name of Payee Chad E Day
Mailing Address 168 Emerald Hill
City Forest City State NC Zip Code 28043
Purpose of Expenditure Salary Category/Type 001
Name of Federal Candidate Ms. Kay Hagan [] Support [X] Oppose
Calendar Year-To-Date Per Election for Office Sought 1055146.83

Date of Public Distribution/Dissemination 10 / 23 / 2014
Amount 100.00
Transaction ID : 1c512ce0-9266-4590-b
Date of Disbursement or Obligation 10 / 23 / 2014
Office Sought: [] House District: 00 [] President [X] Senate State: NC
Disbursement For: [] Primary [X] General 2014 [] Other (specify)

Full Name of Payee Jeffrey Hampton
Mailing Address 1700 E Part Ave
City Searcy State AR Zip Code 72149
Purpose of Expenditure Salary Category/Type 001
Name of Federal Candidate Mr. Mark L Pryor [] Support [X] Oppose
Calendar Year-To-Date Per Election for Office Sought 194342.16

Date of Public Distribution/Dissemination 10 / 23 / 2014
Amount 36.00
Transaction ID : bf852074-ef74-42e4-9
Date of Disbursement or Obligation 10 / 23 / 2014
Office Sought: [] House District: 00 [] President [X] Senate State: AR
Disbursement For: [] Primary [X] General 2014 [] Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures 136.00
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL 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.
Ms. Emily Buchanan [Electronically Filed] Date 10 / 25 / 2014
Signature

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES (Schedule E)

NAME OF COMMITTEE (In Full) Women Speak Out PAC
FEC IDENTIFICATION NUMBER C C00530766
Check if [X] 24-hour report [] 48-hour report [X] New report [] Amends report filed on

Full Name of Payee Jeffrey Hampton
Mailing Address 1700 E Part Ave
City Searcy State AR Zip Code 72149
Purpose of Expenditure Mileage Category/Type 002
Name of Federal Candidate Mr. Mark L Pryor [] Support [X] Oppose
Calendar Year-To-Date Per Election for Office Sought 194342.16

Date of Public Distribution/Dissemination 10 / 23 / 2014
Amount 23.76
Transaction ID : 812d4612-dd00-4202-a
Date of Disbursement or Obligation 10 / 23 / 2014
Office Sought: [] House District: 00 [] President [X] Senate State: AR
Disbursement For: [] Primary [X] General 2014 [] Other (specify)

Full Name of Payee Brandon Wheeler
Mailing Address 10112 Piney Creek Ct
City Charolette State NC Zip Code 28215
Purpose of Expenditure Salary Category/Type 001
Name of Federal Candidate Mr. Mark L Pryor [] Support [X] Oppose
Calendar Year-To-Date Per Election for Office Sought 194342.16

Date of Public Distribution/Dissemination 10 / 23 / 2014
Amount 55.00
Transaction ID : 6a997a5e-f61b-4cd2-9
Date of Disbursement or Obligation 10 / 23 / 2014
Office Sought: [] House District: 00 [] President [X] Senate State: AR
Disbursement For: [] Primary [X] General 2014 [] Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures 78.76
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL 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.
Ms. Emily Buchanan [Electronically Filed] Date 10 / 25 / 2014
Signature

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES (Schedule E)

NAME OF COMMITTEE (In Full) Women Speak Out PAC
FEC IDENTIFICATION NUMBER C C00530766
Check if [X] 24-hour report [] 48-hour report [X] New report [] Amends report filed on

Full Name of Payee Brandon Wheeler
Mailing Address 10112 Piney Creek Ct
City Charolette State NC Zip Code 28215
Purpose of Expenditure Mileage Category/Type 002
Name of Federal Candidate Mr. Mark L Pryor [] Support [X] Oppose
Calendar Year-To-Date Per Election for Office Sought 194342.16

Date of Public Distribution/Dissemination 10 / 23 / 2014
Amount 21.30
Transaction ID : f02f6997-a4b7-4576-b
Date of Disbursement or Obligation 10 / 23 / 2014
Office Sought: [] House District: 00 [] President [X] Senate State: AR
Disbursement For: [] Primary [X] General 2014 [] Other (specify)

Full Name of Payee Lucas H Hoyle
Mailing Address 282 Falls Ave
City Granite Falls State NC Zip Code 28630
Purpose of Expenditure Salary Category/Type 001
Name of Federal Candidate Ms. Kay Hagan [] Support [X] Oppose
Calendar Year-To-Date Per Election for Office Sought 1055146.83

Date of Public Distribution/Dissemination 10 / 23 / 2014
Amount 40.00
Transaction ID : cf4f8438-073b-423f-8
Date of Disbursement or Obligation 10 / 23 / 2014
Office Sought: [] House District: 00 [] President [X] Senate State: NC
Disbursement For: [] Primary [X] General 2014 [] Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures 61.30
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL 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.
Ms. Emily Buchanan [Electronically Filed] Date 10 / 25 / 2014
Signature

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES (Schedule E)

NAME OF COMMITTEE (In Full) Women Speak Out PAC
FEC IDENTIFICATION NUMBER C C00530766
Check if [X] 24-hour report [] 48-hour report [X] New report [] Amends report filed on

Full Name of Payee Lucas H Hoyle
Mailing Address 282 Falls Ave
City Granite Falls State NC Zip Code 28630
Purpose of Expenditure Mileage Category/Type 002
Date of Public Distribution/Dissemination 10/23/2014
Amount 27.90
Transaction ID : 407256bf-b26f-4285-9
Date of Disbursement or Obligation 10/23/2014
Name of Federal Candidate Ms. Kay Hagan [] Support [X] Oppose
Office Sought: [] House District: 00 [] President [X] Senate State: NC
Calendar Year-To-Date Per Election for Office Sought 1055146.83
Disbursement For: [] Primary [X] General 2014 [] Other (specify)

Full Name of Payee Andrea L Hammond
Mailing Address 12920 Kneeland Ln
City Neosho State MO Zip Code 64850
Purpose of Expenditure Salary Category/Type 001
Date of Public Distribution/Dissemination 10/23/2014
Amount 100.00
Transaction ID : 260ec0e5-927d-424b-b
Date of Disbursement or Obligation 10/23/2014
Name of Federal Candidate Mr. Mark L Pryor [] Support [X] Oppose
Office Sought: [] House District: 00 [] President [X] Senate State: AR
Calendar Year-To-Date Per Election for Office Sought 194342.16
Disbursement For: [] Primary [X] General 2014 [] Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures 127.90
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL 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.
Ms. Emily Buchanan [Electronically Filed] Date 10/25/2014
Signature

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES (Schedule E)

NAME OF COMMITTEE (In Full) Women Speak Out PAC
FEC IDENTIFICATION NUMBER C C00530766
Check if [X] 24-hour report [] 48-hour report [X] New report [] Amends report filed on

Full Name of Payee Andrea L Hammond
Mailing Address 12920 Kneeland Ln
City Neosho State MO Zip Code 64850
Purpose of Expenditure Mileage Category/Type 002
Name of Federal Candidate Mr. Mark L Pryor [] Support [X] Oppose
Calendar Year-To-Date Per Election for Office Sought 194342.16

Date of Public Distribution/Dissemination 10 / 23 / 2014
Amount 34.50
Transaction ID : 51b11be3-b379-4ac0-a
Date of Disbursement or Obligation 10 / 23 / 2014
Office Sought: [] House District: 00 [] President [X] Senate State: AR
Disbursement For: [] Primary [X] General 2014 [] Other (specify)

Full Name of Payee Felicia A Jones
Mailing Address 4106 Martha St
City Shreveport State LA Zip Code 71109
Purpose of Expenditure Salary Category/Type 001
Name of Federal Candidate Ms. Mary L Landrieu [] Support [X] Oppose
Calendar Year-To-Date Per Election for Office Sought 206374.59

Date of Public Distribution/Dissemination 10 / 23 / 2014
Amount 80.00
Transaction ID : d378e447-ef66-42f5-b
Date of Disbursement or Obligation 10 / 23 / 2014
Office Sought: [] House District: 00 [] President [X] Senate State: LA
Disbursement For: [] Primary [X] General 2014 [] Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures 114.50
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL 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.
Ms. Emily Buchanan [Electronically Filed] Date 10 / 25 / 2014
Signature

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES (Schedule E)

NAME OF COMMITTEE (In Full) Women Speak Out PAC
FEC IDENTIFICATION NUMBER C C00530766
Check if [X] 24-hour report [] 48-hour report [X] New report [] Amends report filed on

Full Name of Payee Felicia A Jones
Mailing Address 4106 Martha St
City Shreveport State LA Zip Code 71109
Purpose of Expenditure Mileage Category/Type 002
Amount 7.50
Transaction ID : 2b365f5f-6c73-499b-b
Date of Disbursement or Obligation 10/23/2014
Name of Federal Candidate Ms. Mary L Landrieu [] Support [X] Oppose
Office Sought: [] House District: 00 [] President [X] Senate State: LA
Calendar Year-To-Date Per Election for Office Sought 206374.59
Disbursement For: [] Primary [X] General 2014 [] Other (specify)

Full Name of Payee Rachel L Anzalone
Mailing Address 2319 West Oak
City El Dorado State AR Zip Code 71730
Purpose of Expenditure Salary Category/Type 001
Amount 20.00
Transaction ID : e62d9d7b-8887-4e5e-b
Date of Disbursement or Obligation 10/23/2014
Name of Federal Candidate Mr. Mark L Pryor [] Support [X] Oppose
Office Sought: [] House District: 00 [] President [X] Senate State: AR
Calendar Year-To-Date Per Election for Office Sought 194342.16
Disbursement For: [] Primary [X] General 2014 [] Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures 27.50
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL 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.

Ms. Emily Buchanan [Electronically Filed] Date 10/25/2014
Signature

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES (Schedule E)

NAME OF COMMITTEE (In Full) Women Speak Out PAC
FEC IDENTIFICATION NUMBER C C00530766
Check if [X] 24-hour report [] 48-hour report [X] New report [] Amends report filed on

Full Name of Payee Suzanna M Bradley
Mailing Address 1002 W Spring St
City Collinsville State OK Zip Code 74021
Purpose of Expenditure Salary Category/Type 001
Name of Federal Candidate Mr. Mark L Pryor [] Support [X] Oppose
Calendar Year-To-Date Per Election for Office Sought 194342.16

Date of Public Distribution/Dissemination 10 / 23 / 2014
Amount 50.00
Transaction ID : b6a8d992-c081-4d5f-8
Date of Disbursement or Obligation 10 / 23 / 2014
Office Sought: [] House District: 00 [] President [X] Senate State: AR
Disbursement For: [] Primary [X] General 2014 [] Other (specify)

Full Name of Payee Suzanna M Bradley
Mailing Address 1002 W Spring St
City Collinsville State OK Zip Code 74021
Purpose of Expenditure Mileage Category/Type 002
Name of Federal Candidate Mr. Mark L Pryor [] Support [X] Oppose
Calendar Year-To-Date Per Election for Office Sought 194342.16

Date of Public Distribution/Dissemination 10 / 23 / 2014
Amount 36.00
Transaction ID : 8f0de9a2-246d-474e-b
Date of Disbursement or Obligation 10 / 23 / 2014
Office Sought: [] House District: 00 [] President [X] Senate State: AR
Disbursement For: [] Primary [X] General 2014 [] Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures 86.00
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL 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.
Ms. Emily Buchanan [Electronically Filed] Date 10 / 25 / 2014
Signature

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES (Schedule E)

NAME OF COMMITTEE (In Full) Women Speak Out PAC
FEC IDENTIFICATION NUMBER C C00530766
Check if [X] 24-hour report [] 48-hour report [X] New report [] Amends report filed on

Full Name of Payee Ryan Drake
Mailing Address 29637 Park St
City Walker State LA Zip Code 70785
Purpose of Expenditure Salary Category/Type 001
Name of Federal Candidate Ms. Mary L Landrieu [] Support [X] Oppose
Calendar Year-To-Date Per Election for Office Sought 206374.59

Date of Public Distribution/Dissemination 10 / 23 / 2014
Amount 10.00
Transaction ID : d4c3863b-2a4e-4869-9
Date of Disbursement or Obligation 10 / 23 / 2014
Office Sought: [] House District: 00 [] President [X] Senate State: LA
Disbursement For: [] Primary [X] General 2014 [] Other (specify)

Full Name of Payee Ryan Drake
Mailing Address 29637 Park St
City Walker State LA Zip Code 70785
Purpose of Expenditure Mileage Category/Type 002
Name of Federal Candidate Ms. Mary L Landrieu [] Support [X] Oppose
Calendar Year-To-Date Per Election for Office Sought 206374.59

Date of Public Distribution/Dissemination 10 / 23 / 2014
Amount 2.40
Transaction ID : be8302ee-0bb6-4230-a
Date of Disbursement or Obligation 10 / 23 / 2014
Office Sought: [] House District: 00 [] President [X] Senate State: LA
Disbursement For: [] Primary [X] General 2014 [] Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures 12.40
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL 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.
Ms. Emily Buchanan [Electronically Filed] Date 10 / 25 / 2014
Signature

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES (Schedule E)

NAME OF COMMITTEE (In Full) Women Speak Out PAC
FEC IDENTIFICATION NUMBER C C00530766
Check if [X] 24-hour report [] 48-hour report [X] New report [] Amends report filed on

Full Name of Payee Charity A Carr
Mailing Address 13827 S E 44th St
City Choctaw State OK Zip Code 73020
Purpose of Expenditure Salary Category/Type 001
Name of Federal Candidate Mr. Mark L Pryor [] Support [X] Oppose
Calendar Year-To-Date Per Election for Office Sought 194342.16

Date of Public Distribution/Dissemination 10 / 23 / 2014
Amount 50.00
Transaction ID : 7b3a4e07-ee68-48b3-a
Date of Disbursement or Obligation 10 / 23 / 2014
Office Sought: [] House District: 00 [] President [X] Senate State: AR
Disbursement For: [] Primary [X] General 2014 [] Other (specify)

Full Name of Payee Kevin L Battle
Mailing Address 3300 Asher Ave
City Little Rock State AR Zip Code 72204
Purpose of Expenditure Salary Category/Type 001
Name of Federal Candidate Mr. Mark L Pryor [] Support [X] Oppose
Calendar Year-To-Date Per Election for Office Sought 194342.16

Date of Public Distribution/Dissemination 10 / 23 / 2014
Amount 40.00
Transaction ID : 1ac0cb9f-e956-4c66-9
Date of Disbursement or Obligation 10 / 23 / 2014
Office Sought: [] House District: 00 [] President [X] Senate State: AR
Disbursement For: [] Primary [X] General 2014 [] Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures 90.00
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL 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.
Ms. Emily Buchanan [Electronically Filed] Date 10 / 25 / 2014
Signature

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES (Schedule E)

NAME OF COMMITTEE (In Full) Women Speak Out PAC
FEC IDENTIFICATION NUMBER C C00530766
Check if [X] 24-hour report [] 48-hour report [X] New report [] Amends report filed on

Full Name of Payee Kevin L Battle
Mailing Address 3300 Asher Ave
City Little Rock State AR Zip Code 72204
Purpose of Expenditure Mileage Category/Type 002
Name of Federal Candidate Mr. Mark L Pryor [] Support [X] Oppose
Calendar Year-To-Date Per Election for Office Sought 194342.16

Date of Public Distribution/Dissemination 10 / 23 / 2014
Amount 69.30
Transaction ID : fc67a2cc-8787-49aa-a
Date of Disbursement or Obligation 10 / 23 / 2014
Office Sought: [] House District: 00 [] President [X] Senate State: AR
Disbursement For: [] Primary [X] General 2014 [] Other (specify)

Full Name of Payee Zachary Vidrine
Mailing Address 202 Rue Des Cajun
City Ville Platte State LA Zip Code 70586
Purpose of Expenditure Salary Category/Type 001
Name of Federal Candidate Ms. Mary L Landrieu [] Support [X] Oppose
Calendar Year-To-Date Per Election for Office Sought 206374.59

Date of Public Distribution/Dissemination 10 / 23 / 2014
Amount 15.00
Transaction ID : 646eff55-401b-4605-a
Date of Disbursement or Obligation 10 / 23 / 2014
Office Sought: [] House District: 00 [] President [X] Senate State: LA
Disbursement For: [] Primary [X] General 2014 [] Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures 84.30
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL 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.
Ms. Emily Buchanan [Electronically Filed] Date 10 / 25 / 2014
Signature

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES (Schedule E)

NAME OF COMMITTEE (In Full) Women Speak Out PAC
FEC IDENTIFICATION NUMBER C C00530766
Check if [X] 24-hour report [] 48-hour report [X] New report [] Amends report filed on

Full Name of Payee Zachary Vidrine
Mailing Address 202 Rue Des Cajun
City Ville Platte State LA Zip Code 70586
Purpose of Expenditure Mileage Category/Type 002
Name of Federal Candidate Ms. Mary L Landrieu [] Support [X] Oppose
Calendar Year-To-Date Per Election for Office Sought 206374.59

Date of Public Distribution/Dissemination 10 / 23 / 2014
Amount 11.10
Transaction ID : 09a85716-365b-401f-9
Date of Disbursement or Obligation 10 / 23 / 2014
Office Sought: [] House District: 00 [] President [X] Senate State: LA
Disbursement For: [] Primary [X] General 2014 [] Other (specify)

Full Name of Payee Jennifer F Gilbert
Mailing Address 180 McNeil Steep Hollow Rd
City Carriere State MS Zip Code 39426
Purpose of Expenditure Salary Category/Type 001
Name of Federal Candidate Ms. Mary L Landrieu [] Support [X] Oppose
Calendar Year-To-Date Per Election for Office Sought 206374.59

Date of Public Distribution/Dissemination 10 / 23 / 2014
Amount 65.00
Transaction ID : 957a2d27-5f3e-41af-9
Date of Disbursement or Obligation 10 / 23 / 2014
Office Sought: [] House District: 00 [] President [X] Senate State: LA
Disbursement For: [] Primary [X] General 2014 [] Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures 76.10
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL 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.
Ms. Emily Buchanan [Electronically Filed] Date 10 / 25 / 2014
Signature

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES (Schedule E)

NAME OF COMMITTEE (In Full) Women Speak Out PAC
FEC IDENTIFICATION NUMBER C C00530766
Check if [X] 24-hour report [] 48-hour report [X] New report [] Amends report filed on

Full Name of Payee Jennifer F Gilbert
Mailing Address 180 McNeil Steep Hollow Rd
City Carriere State MS Zip Code 39426
Purpose of Expenditure Mileage Category/Type 002
Name of Federal Candidate Ms. Mary L Landrieu [] Support [X] Oppose
Calendar Year-To-Date Per Election for Office Sought 206374.59

Date of Public Distribution/Dissemination 10 / 23 / 2014
Amount 28.20
Transaction ID : 59ec8f25-ea2d-4eaa-9
Date of Disbursement or Obligation 10 / 23 / 2014
Office Sought: [] House District: 00 [] President [X] Senate State: LA
Disbursement For: [] Primary [X] General 2014 [] Other (specify)

Full Name of Payee Jordyn Kilbury
Mailing Address 5416 S Santa Fe Street
City Wichita State KS Zip Code 67216
Purpose of Expenditure Salary Category/Type 001
Name of Federal Candidate Mr. Greg Orman [] Support [X] Oppose
Calendar Year-To-Date Per Election for Office Sought 178792.81

Date of Public Distribution/Dissemination 10 / 23 / 2014
Amount 90.00
Transaction ID : 47eeb0c8-3f25-41b0-a
Date of Disbursement or Obligation 10 / 23 / 2014
Office Sought: [] House District: 00 [] President [X] Senate State: KS
Disbursement For: [] Primary [X] General 2014 [] Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures 118.20
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL 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.
Ms. Emily Buchanan [Electronically Filed] Date 10 / 25 / 2014
Signature

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES (Schedule E)

NAME OF COMMITTEE (In Full) Women Speak Out PAC
FEC IDENTIFICATION NUMBER C C00530766
Check if [X] 24-hour report [] 48-hour report [X] New report [] Amends report filed on

Full Name of Payee Jordyn Kilbury
Mailing Address 5416 S Santa Fe Street
City Wichita State KS Zip Code 67216
Purpose of Expenditure Mileage Category/Type 002
Name of Federal Candidate Mr. Greg Orman [] Support [X] Oppose
Calendar Year-To-Date Per Election for Office Sought 178792.81

Date of Public Distribution/Dissemination 10 / 23 / 2014
Amount 11.70
Transaction ID : cb5c98b0-8ace-4d98-9
Date of Disbursement or Obligation 10 / 23 / 2014
Office Sought: [] House District: 00 [] President [X] Senate State: KS
Disbursement For: [] Primary [X] General 2014 [] Other (specify)

Full Name of Payee Mary Catherine Toburen
Mailing Address 1222 SE 44 St
City Topeka State KS Zip Code 66609
Purpose of Expenditure Salary Category/Type 001
Name of Federal Candidate Mr. Greg Orman [] Support [X] Oppose
Calendar Year-To-Date Per Election for Office Sought 178792.81

Date of Public Distribution/Dissemination 10 / 23 / 2014
Amount 52.50
Transaction ID : ffd510ea-813f-497e-9
Date of Disbursement or Obligation 10 / 23 / 2014
Office Sought: [] House District: 00 [] President [X] Senate State: KS
Disbursement For: [] Primary [X] General 2014 [] Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures 64.20
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL 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.
Ms. Emily Buchanan [Electronically Filed] Date 10 / 25 / 2014
Signature

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES (Schedule E)

NAME OF COMMITTEE (In Full) Women Speak Out PAC
FEC IDENTIFICATION NUMBER C C00530766
Check if [X] 24-hour report [] 48-hour report [X] New report [] Amends report filed on

Full Name of Payee Francesca Blom
Mailing Address 101 Asbury Ct
City Winchester State VA Zip Code 22602
Purpose of Expenditure Salary Category/Type 001
Name of Federal Candidate Mr. Greg Orman [] Support [X] Oppose
Calendar Year-To-Date Per Election for Office Sought 178792.81

Date of Public Distribution/Dissemination 10 / 23 / 2014
Amount 90.00
Transaction ID : a3e9f3fd-e48f-4b5e-8
Date of Disbursement or Obligation 10 / 23 / 2014
Office Sought: [] House District: 00 [] President [X] Senate State: KS
Disbursement For: [] Primary [X] General 2014 [] Other (specify)

Full Name of Payee Stuart T Haley
Mailing Address 600 W Vine Ave
City Searcy State AR Zip Code 72143
Purpose of Expenditure Salary Category/Type 001
Name of Federal Candidate Mr. Mark L Pryor [] Support [X] Oppose
Calendar Year-To-Date Per Election for Office Sought 194342.16

Date of Public Distribution/Dissemination 10 / 23 / 2014
Amount 80.00
Transaction ID : ff5aa6ee-5ffc-415c-a
Date of Disbursement or Obligation 10 / 23 / 2014
Office Sought: [] House District: 00 [] President [X] Senate State: AR
Disbursement For: [] Primary [X] General 2014 [] Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures 170.00
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL 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.
Ms. Emily Buchanan [Electronically Filed] Date 10 / 25 / 2014
Signature

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES (Schedule E)

NAME OF COMMITTEE (In Full) Women Speak Out PAC
FEC IDENTIFICATION NUMBER C C00530766
Check if [X] 24-hour report [] 48-hour report [X] New report [] Amends report filed on

Full Name of Payee Stuart T Haley
Mailing Address 600 W Vine Ave
City Searcy State AR Zip Code 72143
Purpose of Expenditure Mileage Category/Type 002
Name of Federal Candidate Mr. Mark L Pryor [] Support [X] Oppose
Calendar Year-To-Date Per Election for Office Sought 194342.16

Date of Public Distribution/Dissemination 10 / 23 / 2014
Amount 45.00
Transaction ID : bd63cd80-a424-4947-9
Date of Disbursement or Obligation 10 / 23 / 2014
Office Sought: [] House District: 00 [] President [X] Senate State: AR
Disbursement For: [] Primary [X] General 2014 [] Other (specify)

Full Name of Payee Christine Stevens
Mailing Address 100 Asbury Ct
City Winchester State VA Zip Code 22602
Purpose of Expenditure Salary Category/Type 001
Name of Federal Candidate Mr. Greg Orman [] Support [X] Oppose
Calendar Year-To-Date Per Election for Office Sought 178792.81

Date of Public Distribution/Dissemination 10 / 23 / 2014
Amount 80.00
Transaction ID : 786c647b-740b-47c5-8
Date of Disbursement or Obligation 10 / 23 / 2014
Office Sought: [] House District: 00 [] President [X] Senate State: KS
Disbursement For: [] Primary [X] General 2014 [] Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures 125.00
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL 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.
Ms. Emily Buchanan [Electronically Filed] Date 10 / 25 / 2014
Signature

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES (Schedule E)

NAME OF COMMITTEE (In Full) Women Speak Out PAC
FEC IDENTIFICATION NUMBER C C00530766
Check if [X] 24-hour report [] 48-hour report [X] New report [] Amends report filed on

Full Name of Payee Jazmine d Conner
Mailing Address 100 ASBURY CT
City WINCHESTER State VA Zip Code 22602
Purpose of Expenditure Salary Category/Type 001
Name of Federal Candidate Mr. Greg Orman [] Support [X] Oppose
Calendar Year-To-Date Per Election for Office Sought 178792.81

Date of Public Distribution/Dissemination 10 / 23 / 2014
Amount 70.00
Transaction ID : ee536272-cef4-4d10-a
Date of Disbursement or Obligation 10 / 23 / 2014
Office Sought: [] House District: 00 [] President [X] Senate State: KS
Disbursement For: [] Primary [X] General 2014 [] Other (specify)

Full Name of Payee Chantel D Lassiter
Mailing Address 3846 SW Wood Valley Rd
City Topeka State KS Zip Code 66610
Purpose of Expenditure Salary Category/Type 001
Name of Federal Candidate Mr. Greg Orman [] Support [X] Oppose
Calendar Year-To-Date Per Election for Office Sought 178792.81

Date of Public Distribution/Dissemination 10 / 23 / 2014
Amount 20.00
Transaction ID : af17a493-e11c-4770-8
Date of Disbursement or Obligation 10 / 23 / 2014
Office Sought: [] House District: 00 [] President [X] Senate State: KS
Disbursement For: [] Primary [X] General 2014 [] Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures 90.00
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL 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.
Ms. Emily Buchanan [Electronically Filed] Date 10 / 25 / 2014
Signature

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES (Schedule E)

NAME OF COMMITTEE (In Full) Women Speak Out PAC
FEC IDENTIFICATION NUMBER C C00530766
Check if [X] 24-hour report [] 48-hour report [X] New report [] Amends report filed on

Full Name of Payee Chantel D Lassiter
Mailing Address 3846 SW Wood Valley Rd
City Topeka State KS Zip Code 66610
Purpose of Expenditure Mileage Category/Type 002
Name of Federal Candidate Mr. Greg Orman [] Support [X] Oppose
Calendar Year-To-Date Per Election for Office Sought 178792.81

Date of Public Distribution/Dissemination 10 / 23 / 2014
Amount 1.50
Transaction ID : 5cc1d8b7-bfa6-4e7f-8
Date of Disbursement or Obligation 10 / 23 / 2014
Office Sought: [] House District: 00 [] President [X] Senate State: KS
Disbursement For: [] Primary [X] General 2014 [] Other (specify)

Full Name of Payee Deborah J Nunn
Mailing Address 910 E Elm St
City Salina State KS Zip Code 67401
Purpose of Expenditure Salary Category/Type 001
Name of Federal Candidate Mr. Greg Orman [] Support [X] Oppose
Calendar Year-To-Date Per Election for Office Sought 178792.81

Date of Public Distribution/Dissemination 10 / 23 / 2014
Amount 15.00
Transaction ID : 6648ea3d-0fdb-4fa4-b
Date of Disbursement or Obligation 10 / 23 / 2014
Office Sought: [] House District: 00 [] President [X] Senate State: KS
Disbursement For: [] Primary [X] General 2014 [] Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures 16.50
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL 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.
Ms. Emily Buchanan [Electronically Filed] Date 10 / 25 / 2014
Signature

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES (Schedule E)

NAME OF COMMITTEE (In Full) Women Speak Out PAC
FEC IDENTIFICATION NUMBER C C00530766
Check if [X] 24-hour report [] 48-hour report [X] New report [] Amends report filed on

Full Name of Payee Deborah J Nunn
Mailing Address 910 E Elm St
City Salina State KS Zip Code 67401
Purpose of Expenditure Mileage Category/Type 002
Name of Federal Candidate Mr. Greg Orman [] Support [X] Oppose
Calendar Year-To-Date Per Election for Office Sought 178792.81

Date of Public Distribution/Dissemination 10 / 23 / 2014
Amount 2.10
Transaction ID : f417b069-71ba-4508-b
Date of Disbursement or Obligation 10 / 23 / 2014
Office Sought: [] House District: 00 [] President [X] Senate State: KS
Disbursement For: [] Primary [X] General 2014 [] Other (specify)

Full Name of Payee Evelyn Lesaicherre
Mailing Address 629 Radiance Ave
City Metairie State LA Zip Code 70001
Purpose of Expenditure Salary Category/Type 001
Name of Federal Candidate Ms. Mary L Landrieu [] Support [X] Oppose
Calendar Year-To-Date Per Election for Office Sought 206374.59

Date of Public Distribution/Dissemination 10 / 23 / 2014
Amount 80.00
Transaction ID : 0060097b-f5c1-444b-a
Date of Disbursement or Obligation 10 / 23 / 2014
Office Sought: [] House District: 00 [] President [X] Senate State: LA
Disbursement For: [] Primary [X] General 2014 [] Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures 82.10
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL 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.
Ms. Emily Buchanan [Electronically Filed] Date 10 / 25 / 2014
Signature

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES (Schedule E)

NAME OF COMMITTEE (In Full) Women Speak Out PAC
FEC IDENTIFICATION NUMBER C C00530766
Check if [X] 24-hour report [] 48-hour report [X] New report [] Amends report filed on

Full Name of Payee Evelyn Lesaichere
Mailing Address 629 Radiance Ave
City Metairie State LA Zip Code 70001
Purpose of Expenditure Mileage Category/Type 002
Name of Federal Candidate Ms. Mary L Landrieu [] Support [X] Oppose
Calendar Year-To-Date Per Election for Office Sought 206374.59

Date of Public Distribution/Dissemination 10 / 23 / 2014
Amount 5.10
Transaction ID : 2bf3acf5-ef2d-48d2-9
Date of Disbursement or Obligation 10 / 23 / 2014
Office Sought: [] House District: 00 [] President [X] Senate State: LA
Disbursement For: [] Primary [X] General 2014 [] Other (specify)

Full Name of Payee Jon E Conner
Mailing Address 100 Asbury Ct
City Winchester State VA Zip Code 22602
Purpose of Expenditure Salary Category/Type 001
Name of Federal Candidate Mr. Greg Orman [] Support [X] Oppose
Calendar Year-To-Date Per Election for Office Sought 178792.81

Date of Public Distribution/Dissemination 10 / 23 / 2014
Amount 80.00
Transaction ID : 38597885-51c9-4730-8
Date of Disbursement or Obligation 10 / 23 / 2014
Office Sought: [] House District: 00 [] President [X] Senate State: KS
Disbursement For: [] Primary [X] General 2014 [] Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures 85.10
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL 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.
Ms. Emily Buchanan [Electronically Filed] Date 10 / 25 / 2014
Signature

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES (Schedule E)

NAME OF COMMITTEE (In Full) Women Speak Out PAC
FEC IDENTIFICATION NUMBER C C00530766
Check if [X] 24-hour report [] 48-hour report [X] New report [] Amends report filed on

Full Name of Payee Rodney O Culbreath
Mailing Address 100 Asbury Ct
City Winchester State VA Zip Code 22602
Purpose of Expenditure Salary Category/Type 001
Name of Federal Candidate Mr. Greg Orman [] Support [X] Oppose
Calendar Year-To-Date Per Election for Office Sought 178792.81

Date of Public Distribution/Dissemination 10 / 23 / 2014
Amount 80.00
Transaction ID : 9403e6af-8fca-422e-9
Date of Disbursement or Obligation 10 / 23 / 2014
Office Sought: [] House District: 00 [] President [X] Senate State: KS
Disbursement For: [] Primary [X] General 2014 [] Other (specify)

Full Name of Payee Rodney D Culbreth
Mailing Address 100 Asbury CT 3200 Dam Neck Rd
City Winchester State VA Zip Code 22602
Purpose of Expenditure Salary Category/Type 001
Name of Federal Candidate Mr. Greg Orman [] Support [X] Oppose
Calendar Year-To-Date Per Election for Office Sought 178792.81

Date of Public Distribution/Dissemination 10 / 23 / 2014
Amount 75.00
Transaction ID : cf93fd3c-b5f9-4103-a
Date of Disbursement or Obligation 10 / 23 / 2014
Office Sought: [] House District: 00 [] President [X] Senate State: KS
Disbursement For: [] Primary [X] General 2014 [] Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures 155.00
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL 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.
Ms. Emily Buchanan [Electronically Filed] Date 10 / 25 / 2014
Signature

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES (Schedule E)

NAME OF COMMITTEE (In Full) Women Speak Out PAC
FEC IDENTIFICATION NUMBER C C00530766
Check if [X] 24-hour report [] 48-hour report [X] New report [] Amends report filed on

Full Name of Payee Rze Culbreath
Mailing Address 100 Asbury Ct
City Winchester State VA Zip Code 22602
Purpose of Expenditure Salary Category/Type 001
Name of Federal Candidate Mr. Greg Orman [] Support [X] Oppose
Calendar Year-To-Date Per Election for Office Sought 178792.81

Date of Public Distribution/Dissemination 10 / 23 / 2014
Amount 70.00
Transaction ID : 8d1c23e9-94ef-4973-9
Date of Disbursement or Obligation 10 / 23 / 2014
Office Sought: [] House District: 00 [] President [X] Senate State: KS
Disbursement For: [] Primary [X] General 2014 [] Other (specify)

Full Name of Payee Brieshauna M Stevens
Mailing Address 1703 Torrey Pines Ct
City Reston State VA Zip Code 20190
Purpose of Expenditure Salary Category/Type 001
Name of Federal Candidate Mr. Greg Orman [] Support [X] Oppose
Calendar Year-To-Date Per Election for Office Sought 178792.81

Date of Public Distribution/Dissemination 10 / 23 / 2014
Amount 60.00
Transaction ID : cb1e5e6a-613d-4e7c-8
Date of Disbursement or Obligation 10 / 23 / 2014
Office Sought: [] House District: 00 [] President [X] Senate State: KS
Disbursement For: [] Primary [X] General 2014 [] Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures 130.00
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL 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.
Ms. Emily Buchanan [Electronically Filed] Date 10 / 25 / 2014
Signature

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES (Schedule E)

NAME OF COMMITTEE (In Full) Women Speak Out PAC
FEC IDENTIFICATION NUMBER C C00530766
Check if [X] 24-hour report [] 48-hour report [X] New report [] Amends report filed on

Full Name of Payee ERIC TABARY
Mailing Address 6101 NORA ST
City METAIRIE State LA Zip Code 70003
Purpose of Expenditure Salary Category/Type 001
Name of Federal Candidate Ms. Mary L Landrieu [] Support [X] Oppose
Calendar Year-To-Date Per Election for Office Sought 206374.59

Date of Public Distribution/Dissemination 10 / 23 / 2014
Amount 70.00
Transaction ID : 576ea956-b95d-4264-a
Date of Disbursement or Obligation 10 / 23 / 2014
Office Sought: [] House District: 00 [] President [X] Senate State: LA
Disbursement For: [] Primary [X] General 2014 [] Other (specify)

Full Name of Payee Chris McCoy
Mailing Address 1025 Cayley Ct
City High Point State NC Zip Code 27260
Purpose of Expenditure Salary Category/Type 001
Name of Federal Candidate Ms. Kay Hagan [] Support [X] Oppose
Calendar Year-To-Date Per Election for Office Sought 1055146.83

Date of Public Distribution/Dissemination 10 / 23 / 2014
Amount 82.50
Transaction ID : 5d77ce8d-5849-45e1-a
Date of Disbursement or Obligation 10 / 23 / 2014
Office Sought: [] House District: 00 [] President [X] Senate State: NC
Disbursement For: [] Primary [X] General 2014 [] Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures 152.50
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL 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.
Ms. Emily Buchanan [Electronically Filed] Date 10 / 25 / 2014
Signature

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES (Schedule E)

NAME OF COMMITTEE (In Full) Women Speak Out PAC
FEC IDENTIFICATION NUMBER C C00530766
Check if [X] 24-hour report [] 48-hour report [X] New report [] Amends report filed on

Full Name of Payee Chris McCoy
Mailing Address 1025 Cayley Ct
City High Point State NC Zip Code 27260
Purpose of Expenditure Mileage Category/Type 002
Name of Federal Candidate Ms. Kay Hagan [] Support [X] Oppose
Calendar Year-To-Date Per Election for Office Sought 1055146.83

Date of Public Distribution/Dissemination 10 / 23 / 2014
Amount 22.20
Transaction ID : 7146a6a2-14a7-4fbe-9
Date of Disbursement or Obligation 10 / 23 / 2014
Office Sought: [] House District: 00 [] President [X] Senate State: NC
Disbursement For: [] Primary [X] General 2014 [] Other (specify)

Full Name of Payee Joshua D Syrotchen
Mailing Address 915 East Market Ave
City Searcy State AR Zip Code 72149
Purpose of Expenditure Salary Category/Type 001
Name of Federal Candidate Mr. Mark L Pryor [] Support [X] Oppose
Calendar Year-To-Date Per Election for Office Sought 194342.16

Date of Public Distribution/Dissemination 10 / 23 / 2014
Amount 60.00
Transaction ID : 7adcfa08-5cdb-49b7-b
Date of Disbursement or Obligation 10 / 23 / 2014
Office Sought: [] House District: 00 [] President [X] Senate State: AR
Disbursement For: [] Primary [X] General 2014 [] Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures 82.20
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL 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.
Ms. Emily Buchanan [Electronically Filed] Date 10 / 25 / 2014
Signature

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES (Schedule E)

NAME OF COMMITTEE (In Full) Women Speak Out PAC
FEC IDENTIFICATION NUMBER C C00530766
Check if [X] 24-hour report [] 48-hour report [X] New report [] Amends report filed on

Full Name of Payee Joshua D Syrotchen
Mailing Address 915 East Market Ave
City Searcy State AR Zip Code 72149
Purpose of Expenditure Mileage Category/Type 002

Date of Public Distribution/Dissemination 10 / 23 / 2014
Amount 53.70
Transaction ID : f0def33d-abac-478d-b
Date of Disbursement or Obligation 10 / 23 / 2014

Name of Federal Candidate Mr. Mark L Pryor
Support [] Oppose [X]
Office Sought: [] House [X] Senate
District: 00 State: AR

Disbursement For: [] Primary [X] General 2014
[] Other (specify)

Full Name of Payee Mr. Roger McKinney
Mailing Address 308 West Main Street
City Pilot Mountain State NC Zip Code 27041
Purpose of Expenditure Salary Category/Type 001

Date of Public Distribution/Dissemination 10 / 23 / 2014
Amount 60.00
Transaction ID : d450e720-93a8-4072-9
Date of Disbursement or Obligation 10 / 23 / 2014

Name of Federal Candidate Ms. Kay Hagan
Support [] Oppose [X]
Office Sought: [] House [X] Senate
District: 00 State: NC

Disbursement For: [] Primary [X] General 2014
[] Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures 113.70
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL 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.

Ms. Emily Buchanan [Electronically Filed] Date 10 / 25 / 2014
Signature

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES (Schedule E)

NAME OF COMMITTEE (In Full) Women Speak Out PAC
FEC IDENTIFICATION NUMBER C C00530766
Check if [X] 24-hour report [] 48-hour report [X] New report [] Amends report filed on

Full Name of Payee Mr. Roger McKinney
Mailing Address 308 West Main Street
City Pilot Mountain State NC Zip Code 27041
Purpose of Expenditure Mileage Category/Type 002

Date of Public Distribution/Dissemination 10 / 23 / 2014
Amount 13.05
Transaction ID : 726aa3a2-154d-4c41-9
Date of Disbursement or Obligation 10 / 23 / 2014

Name of Federal Candidate Ms. Kay Hagan
[] Support [X] Oppose
Calendar Year-To-Date Per Election for Office Sought 1055146.83

Office Sought: [] House District: 00
[] President [X] Senate State: NC
Disbursement For: [] Primary [X] General 2014
[] Other (specify)

Full Name of Payee Katie A Barros
Mailing Address PO Box 398
City Neosho State MO Zip Code 64850
Purpose of Expenditure Salary Category/Type 001

Date of Public Distribution/Dissemination 10 / 23 / 2014
Amount 50.00
Transaction ID : 11b7629f-d438-4e5e-9
Date of Disbursement or Obligation 10 / 23 / 2014

Name of Federal Candidate Mr. Mark L Pryor
[] Support [X] Oppose
Calendar Year-To-Date Per Election for Office Sought 194342.16

Office Sought: [] House District: 00
[] President [X] Senate State: AR
Disbursement For: [] Primary [X] General 2014
[] Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures 63.05
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL 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.

Ms. Emily Buchanan [Electronically Filed] Date 10 / 25 / 2014
Signature

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES (Schedule E)

NAME OF COMMITTEE (In Full) Women Speak Out PAC
FEC IDENTIFICATION NUMBER C C00530766
Check if [X] 24-hour report [] 48-hour report [X] New report [] Amends report filed on

Full Name of Payee Katie A Barros
Mailing Address PO Box 398
City Neosho State MO Zip Code 64850
Purpose of Expenditure Mileage Category/Type 002
Name of Federal Candidate Mr. Mark L Pryor [] Support [X] Oppose
Calendar Year-To-Date Per Election for Office Sought 194342.16

Date of Public Distribution/Dissemination 10 / 23 / 2014
Amount 33.00
Transaction ID : dc2934fe-37aa-4d49-a
Date of Disbursement or Obligation 10 / 23 / 2014
Office Sought: [] House District: 00 [] President [X] Senate State: AR
Disbursement For: [] Primary [X] General 2014 [] Other (specify)

Full Name of Payee Ron K Lassiter
Mailing Address 3846 SW Wood Valley Dr
City Topeka State KS Zip Code 66610
Purpose of Expenditure Salary Category/Type 001
Name of Federal Candidate Mr. Greg Orman [] Support [X] Oppose
Calendar Year-To-Date Per Election for Office Sought 178792.81

Date of Public Distribution/Dissemination 10 / 23 / 2014
Amount 20.00
Transaction ID : be0e82fd-9dc8-45e1-b
Date of Disbursement or Obligation 10 / 23 / 2014
Office Sought: [] House District: 00 [] President [X] Senate State: KS
Disbursement For: [] Primary [X] General 2014 [] Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures 53.00
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL 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.
Ms. Emily Buchanan [Electronically Filed] Date 10 / 25 / 2014
Signature

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES (Schedule E)

NAME OF COMMITTEE (In Full) Women Speak Out PAC
FEC IDENTIFICATION NUMBER C C00530766
Check if [X] 24-hour report [] 48-hour report [X] New report [] Amends report filed on

Full Name of Payee Ron K Lassiter
Mailing Address 3846 SW Wood Valley Dr
City Topeka State KS Zip Code 66610
Purpose of Expenditure Mileage Category/Type 002
Name of Federal Candidate Mr. Greg Orman [] Support [X] Oppose
Calendar Year-To-Date Per Election for Office Sought 178792.81

Date of Public Distribution/Dissemination 10 / 23 / 2014
Amount 1.50
Transaction ID : a360a2a3-59dc-451b-9
Date of Disbursement or Obligation 10 / 23 / 2014
Office Sought: [] House District: 00 [] President [X] Senate State: KS
Disbursement For: [] Primary [X] General 2014 [] Other (specify)

Full Name of Payee Eleanor McCoy
Mailing Address 4902 Catawba Dr
City Greensboro State NC Zip Code 27407
Purpose of Expenditure Salary Category/Type 001
Name of Federal Candidate Ms. Kay Hagan [] Support [X] Oppose
Calendar Year-To-Date Per Election for Office Sought 1055146.83

Date of Public Distribution/Dissemination 10 / 23 / 2014
Amount 80.00
Transaction ID : 7c6c2b84-6255-487a-b
Date of Disbursement or Obligation 10 / 23 / 2014
Office Sought: [] House District: 00 [] President [X] Senate State: NC
Disbursement For: [] Primary [X] General 2014 [] Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures 81.50
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL 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.
Ms. Emily Buchanan [Electronically Filed] Date 10 / 25 / 2014
Signature

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES (Schedule E)

NAME OF COMMITTEE (In Full) Women Speak Out PAC
FEC IDENTIFICATION NUMBER C C00530766
Check if [X] 24-hour report [] 48-hour report [X] New report [] Amends report filed on

Full Name of Payee Eleanor McCoy
Mailing Address 4902 Catawba Dr
City Greensboro State NC Zip Code 27407
Purpose of Expenditure Mileage Category/Type 002
Name of Federal Candidate Ms. Kay Hagan [] Support [X] Oppose
Calendar Year-To-Date Per Election for Office Sought 1055146.83

Date of Public Distribution/Dissemination 10 / 23 / 2014
Amount 26.70
Transaction ID : d2e1a2d4-5ebd-460a-b
Date of Disbursement or Obligation 10 / 23 / 2014
Office Sought: [] House District: 00 [] President [X] Senate State: NC
Disbursement For: [] Primary [X] General 2014 [] Other (specify)

Full Name of Payee Billy Martin
Mailing Address 250 JS Brewton rd
City goldonna State LA Zip Code 71031
Purpose of Expenditure Salary Category/Type 001
Name of Federal Candidate Ms. Mary L Landrieu [] Support [X] Oppose
Calendar Year-To-Date Per Election for Office Sought 206374.59

Date of Public Distribution/Dissemination 10 / 23 / 2014
Amount 50.00
Transaction ID : 353c886c-30ac-4611-8
Date of Disbursement or Obligation 10 / 23 / 2014
Office Sought: [] House District: 00 [] President [X] Senate State: LA
Disbursement For: [] Primary [X] General 2014 [] Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures 76.70
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL 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.
Ms. Emily Buchanan [Electronically Filed] Date 10 / 25 / 2014
Signature

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES (Schedule E)

NAME OF COMMITTEE (In Full) Women Speak Out PAC
FEC IDENTIFICATION NUMBER C C00530766
Check if [X] 24-hour report [] 48-hour report [X] New report [] Amends report filed on

Full Name of Payee Billy Martin
Mailing Address 250 JS Brewton rd
City goldonna State LA Zip Code 71031
Purpose of Expenditure Mileage Category/Type 002
Name of Federal Candidate Ms. Mary L Landrieu [] Support [X] Oppose
Calendar Year-To-Date Per Election for Office Sought 206374.59

Date of Public Distribution/Dissemination 10 / 23 / 2014
Amount 3.60
Transaction ID : 95e0bc3c-b612-4044-9
Date of Disbursement or Obligation 10 / 23 / 2014
Office Sought: [] House District: 00 [] President [X] Senate State: LA
Disbursement For: [] Primary [X] General 2014 [] Other (specify)

Full Name of Payee Glenda McKinney
Mailing Address 308 West Main Street
City Plot Mountain State NC Zip Code 27041
Purpose of Expenditure Salary Category/Type 001
Name of Federal Candidate Ms. Kay Hagan [] Support [X] Oppose
Calendar Year-To-Date Per Election for Office Sought 1055146.83

Date of Public Distribution/Dissemination 10 / 23 / 2014
Amount 60.00
Transaction ID : d9d80767-0683-4e54-8
Date of Disbursement or Obligation 10 / 23 / 2014
Office Sought: [] House District: 00 [] President [X] Senate State: NC
Disbursement For: [] Primary [X] General 2014 [] Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures 63.60
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL 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.
Ms. Emily Buchanan [Electronically Filed] Date 10 / 25 / 2014
Signature

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES (Schedule E)

NAME OF COMMITTEE (In Full) Women Speak Out PAC
FEC IDENTIFICATION NUMBER C C00530766
Check if [X] 24-hour report [] 48-hour report [X] New report [] Amends report filed on

Full Name of Payee Jane M Kesinger
Mailing Address 209 Hillside Dr
City Baldwin City State KS Zip Code 66006
Purpose of Expenditure Salary Category/Type 001
Name of Federal Candidate Mr. Greg Orman [] Support [X] Oppose
Calendar Year-To-Date Per Election for Office Sought 178792.81

Date of Public Distribution/Dissemination 10 / 23 / 2014
Amount 5.00
Transaction ID : 5de8141d-9fe8-4554-8
Date of Disbursement or Obligation 10 / 23 / 2014
Office Sought: [] House District: 00 [] President [X] Senate State: KS
Disbursement For: [] Primary [X] General 2014 [] Other (specify)

Full Name of Payee Jane M Kesinger
Mailing Address 209 Hillside Dr
City Baldwin City State KS Zip Code 66006
Purpose of Expenditure Mileage Category/Type 002
Name of Federal Candidate Mr. Greg Orman [] Support [X] Oppose
Calendar Year-To-Date Per Election for Office Sought 178792.81

Date of Public Distribution/Dissemination 10 / 23 / 2014
Amount 0.84
Transaction ID : 2a604a1c-bf02-4e1e-a
Date of Disbursement or Obligation 10 / 23 / 2014
Office Sought: [] House District: 00 [] President [X] Senate State: KS
Disbursement For: [] Primary [X] General 2014 [] Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures 5.84
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL 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.
Ms. Emily Buchanan [Electronically Filed] Date 10 / 25 / 2014
Signature

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES (Schedule E)

NAME OF COMMITTEE (In Full) Women Speak Out PAC
FEC IDENTIFICATION NUMBER C C00530766
Check if [X] 24-hour report [] 48-hour report [X] New report [] Amends report filed on

Full Name of Payee Kenny Wallis
Mailing Address 6412 Osage Dr
City North Little rock State AR Zip Code 72116
Purpose of Expenditure Salary Category/Type 001
Name of Federal Candidate Mr. Mark L Pryor [] Support [X] Oppose
Calendar Year-To-Date Per Election for Office Sought 194342.16

Date of Public Distribution/Dissemination 10 / 23 / 2014
Amount 65.00
Transaction ID : 97dd5703-2aa7-4a73-b
Date of Disbursement or Obligation 10 / 23 / 2014
Office Sought: [] House District: 00 [] President [X] Senate State: AR
Disbursement For: [] Primary [X] General 2014 [] Other (specify)

Full Name of Payee Kenny Wallis
Mailing Address 6412 Osage Dr
City North Little rock State AR Zip Code 72116
Purpose of Expenditure Mileage Category/Type 002
Name of Federal Candidate Mr. Mark L Pryor [] Support [X] Oppose
Calendar Year-To-Date Per Election for Office Sought 194342.16

Date of Public Distribution/Dissemination 10 / 23 / 2014
Amount 6.54
Transaction ID : 91c7933e-9e1d-456b-9
Date of Disbursement or Obligation 10 / 23 / 2014
Office Sought: [] House District: 00 [] President [X] Senate State: AR
Disbursement For: [] Primary [X] General 2014 [] Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures 71.54
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL 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.
Ms. Emily Buchanan [Electronically Filed] Date 10 / 25 / 2014
Signature

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES (Schedule E)

NAME OF COMMITTEE (In Full) Women Speak Out PAC
FEC IDENTIFICATION NUMBER C C00530766
Check if [X] 24-hour report [] 48-hour report [X] New report [] Amends report filed on

Full Name of Payee Hannah J Landry
Mailing Address 1110 N Coolidge
City Gonzales State LA Zip Code 70737
Purpose of Expenditure Salary Category/Type 001
Name of Federal Candidate Ms. Mary L Landrieu [] Support [X] Oppose
Calendar Year-To-Date Per Election for Office Sought 206374.59

Date of Public Distribution/Dissemination 10 / 23 / 2014
Amount 87.50
Transaction ID : df1fa24a-4734-4e27-9
Date of Disbursement or Obligation 10 / 23 / 2014
Office Sought: [] House District: 00 [] President [X] Senate State: LA
Disbursement For: [] Primary [X] General 2014 [] Other (specify)

Full Name of Payee Hannah J Landry
Mailing Address 1110 N Coolidge
City Gonzales State LA Zip Code 70737
Purpose of Expenditure Mileage Category/Type 002
Name of Federal Candidate Ms. Mary L Landrieu [] Support [X] Oppose
Calendar Year-To-Date Per Election for Office Sought 206374.59

Date of Public Distribution/Dissemination 10 / 23 / 2014
Amount 14.07
Transaction ID : 917f9ea7-fc3a-41a2-9
Date of Disbursement or Obligation 10 / 23 / 2014
Office Sought: [] House District: 00 [] President [X] Senate State: LA
Disbursement For: [] Primary [X] General 2014 [] Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures 101.57
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL 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.
Ms. Emily Buchanan [Electronically Filed] Date 10 / 25 / 2014
Signature

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES (Schedule E)

NAME OF COMMITTEE (In Full) Women Speak Out PAC
FEC IDENTIFICATION NUMBER C C00530766
Check if [X] 24-hour report [] 48-hour report [X] New report [] Amends report filed on

Full Name of Payee Todd Ellis
Mailing Address P.O. Box 712
City Alexander State AR Zip Code 72002
Purpose of Expenditure Salary Category/Type 001
Name of Federal Candidate Mr. Mark L Pryor [] Support [X] Oppose
Calendar Year-To-Date Per Election for Office Sought 194342.16

Date of Public Distribution/Dissemination 10 / 23 / 2014
Amount 85.00
Transaction ID : 9773c7bb-7ff1-4649-8
Date of Disbursement or Obligation 10 / 23 / 2014
Office Sought: [] House District: 00 [] President [X] Senate State: AR
Disbursement For: [] Primary [X] General 2014 [] Other (specify)

Full Name of Payee Todd Ellis
Mailing Address P.O. Box 712
City Alexander State AR Zip Code 72002
Purpose of Expenditure Mileage Category/Type 002
Name of Federal Candidate Mr. Mark L Pryor [] Support [X] Oppose
Calendar Year-To-Date Per Election for Office Sought 194342.16

Date of Public Distribution/Dissemination 10 / 23 / 2014
Amount 38.70
Transaction ID : 5a07b45a-80b4-4222-8
Date of Disbursement or Obligation 10 / 23 / 2014
Office Sought: [] House District: 00 [] President [X] Senate State: AR
Disbursement For: [] Primary [X] General 2014 [] Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures 123.70
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL 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.
Ms. Emily Buchanan [Electronically Filed] Date 10 / 25 / 2014
Signature

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES (Schedule E)

NAME OF COMMITTEE (In Full) Women Speak Out PAC
FEC IDENTIFICATION NUMBER C C00530766
Check if [X] 24-hour report [] 48-hour report [X] New report [] Amends report filed on

Full Name of Payee Mary C Lee
Mailing Address 1030 N Coolidge Ave
City Gonzales State LA Zip Code 70737
Purpose of Expenditure Salary Category/Type 001
Name of Federal Candidate Ms. Mary L Landrieu [] Support [X] Oppose
Calendar Year-To-Date Per Election for Office Sought 206374.59

Date of Public Distribution/Dissemination 10 / 23 / 2014
Amount 87.50
Transaction ID : 28f5d666-f291-4712-9
Date of Disbursement or Obligation 10 / 23 / 2014
Office Sought: [] House District: 00 [] President [X] Senate State: LA
Disbursement For: [] Primary [X] General 2014 [] Other (specify)

Full Name of Payee Mary C Lee
Mailing Address 1030 N Coolidge Ave
City Gonzales State LA Zip Code 70737
Purpose of Expenditure Mileage Category/Type 002
Name of Federal Candidate Ms. Mary L Landrieu [] Support [X] Oppose
Calendar Year-To-Date Per Election for Office Sought 206374.59

Date of Public Distribution/Dissemination 10 / 23 / 2014
Amount 14.07
Transaction ID : dd0b3136-d818-4d2a-9
Date of Disbursement or Obligation 10 / 23 / 2014
Office Sought: [] House District: 00 [] President [X] Senate State: LA
Disbursement For: [] Primary [X] General 2014 [] Other (specify)

Table with 2 columns: Description and Amount. (a) SUBTOTAL of Itemized Independent Expenditures 101.57, (b) SUBTOTAL of Unitemized Independent Expenditures, (c) TOTAL 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.
Ms. Emily Buchanan [Electronically Filed] Date 10 / 25 / 2014
Signature

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES (Schedule E)

NAME OF COMMITTEE (In Full) Women Speak Out PAC
FEC IDENTIFICATION NUMBER C C00530766
Check if [X] 24-hour report [] 48-hour report [X] New report [] Amends report filed on

Full Name of Payee Michael Chinchar
Mailing Address 2730 Dave Ward Dr
City Conway State AR Zip Code 72034
Purpose of Expenditure Salary Category/Type 001
Name of Federal Candidate Mr. Mark L Pryor [] Support [X] Oppose
Calendar Year-To-Date Per Election for Office Sought 194342.16

Date of Public Distribution/Dissemination 10 / 23 / 2014
Amount 70.00
Transaction ID : 42ab46f3-3e8d-4019-9
Date of Disbursement or Obligation 10 / 23 / 2014
Office Sought: [] House District: 00 [] President [X] Senate State: AR
Disbursement For: [] Primary [X] General 2014 [] Other (specify)

Full Name of Payee Michael Chinchar
Mailing Address 2730 Dave Ward Dr
City Conway State AR Zip Code 72034
Purpose of Expenditure Mileage Category/Type 002
Name of Federal Candidate Mr. Mark L Pryor [] Support [X] Oppose
Calendar Year-To-Date Per Election for Office Sought 194342.16

Date of Public Distribution/Dissemination 10 / 23 / 2014
Amount 24.00
Transaction ID : 32b22f54-864b-44fd-b
Date of Disbursement or Obligation 10 / 23 / 2014
Office Sought: [] House District: 00 [] President [X] Senate State: AR
Disbursement For: [] Primary [X] General 2014 [] Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures 94.00
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL 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.
Ms. Emily Buchanan [Electronically Filed] Date 10 / 25 / 2014
Signature

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES (Schedule E)

NAME OF COMMITTEE (In Full) Women Speak Out PAC
FEC IDENTIFICATION NUMBER C C00530766
Check if [X] 24-hour report [] 48-hour report [X] New report [] Amends report filed on

Full Name of Payee Nick Berryhill
Mailing Address 905 Lake Drive
City Shelby State NC Zip Code 28152
Purpose of Expenditure Salary Category/Type 001
Name of Federal Candidate Ms. Kay Hagan [] Support [X] Oppose
Calendar Year-To-Date Per Election for Office Sought 1055146.83

Date of Public Distribution/Dissemination 10 / 23 / 2014
Amount 100.00
Transaction ID : f5c6c467-df67-45b0-b
Date of Disbursement or Obligation 10 / 23 / 2014
Office Sought: [] House District: 00 [] President [X] Senate State: NC
Disbursement For: [] Primary [X] General 2014 [] Other (specify)

Full Name of Payee Nick Berryhill
Mailing Address 905 Lake Drive
City Shelby State NC Zip Code 28152
Purpose of Expenditure Mileage Category/Type 002
Name of Federal Candidate Ms. Kay Hagan [] Support [X] Oppose
Calendar Year-To-Date Per Election for Office Sought 1055146.83

Date of Public Distribution/Dissemination 10 / 23 / 2014
Amount 6.60
Transaction ID : 44656792-e351-4898-a
Date of Disbursement or Obligation 10 / 23 / 2014
Office Sought: [] House District: 00 [] President [X] Senate State: NC
Disbursement For: [] Primary [X] General 2014 [] Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures 106.60
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL 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.
Ms. Emily Buchanan [Electronically Filed] Date 10 / 25 / 2014
Signature

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES (Schedule E)

NAME OF COMMITTEE (In Full) Women Speak Out PAC
FEC IDENTIFICATION NUMBER C C00530766
Check if [X] 24-hour report [] 48-hour report [X] New report [] Amends report filed on

Full Name of Payee Cynthia J Christmas
Mailing Address 1731 Frenchmen St
City New Orleans State LA Zip Code 70116
Purpose of Expenditure Salary Category/Type 001
Name of Federal Candidate Ms. Mary L Landrieu [] Support [X] Oppose
Calendar Year-To-Date Per Election for Office Sought 206374.59

Date of Public Distribution/Dissemination 10 / 23 / 2014
Amount 60.00
Transaction ID : f359444b-5ac4-404a-b
Date of Disbursement or Obligation 10 / 23 / 2014
Office Sought: [] House District: 00 [] President [X] Senate State: LA
Disbursement For: [] Primary [X] General 2014 [] Other (specify)

Full Name of Payee Timothy Foley
Mailing Address 20679 Glenbrook Terrace
City Sterling State VA Zip Code 20165
Purpose of Expenditure Salary Category/Type 001
Name of Federal Candidate Mr. Greg Orman [] Support [X] Oppose
Calendar Year-To-Date Per Election for Office Sought 178792.81

Date of Public Distribution/Dissemination 10 / 23 / 2014
Amount 25.00
Transaction ID : 2654eaf8-8ae7-4a7e-a
Date of Disbursement or Obligation 10 / 23 / 2014
Office Sought: [] House District: 00 [] President [X] Senate State: KS
Disbursement For: [] Primary [X] General 2014 [] Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures 85.00
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL 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.
Ms. Emily Buchanan [Electronically Filed] Date 10 / 25 / 2014
Signature

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES (Schedule E)

NAME OF COMMITTEE (In Full) Women Speak Out PAC
FEC IDENTIFICATION NUMBER C C00530766
Check if [X] 24-hour report [] 48-hour report [X] New report [] Amends report filed on

Full Name of Payee Casey Stockton
Mailing Address 105 South Dale St
City Spruce Pine State NC Zip Code 28777
Purpose of Expenditure Salary Category/Type 001
Name of Federal Candidate Ms. Kay Hagan [] Support [X] Oppose
Calendar Year-To-Date Per Election for Office Sought 1055146.83

Date of Public Distribution/Dissemination 10 / 23 / 2014
Amount 50.00
Transaction ID : b75e987f-be5e-4db6-a
Date of Disbursement or Obligation 10 / 23 / 2014
Office Sought: [] House District: 00 [] President [X] Senate State: NC
Disbursement For: [] Primary [X] General 2014 [] Other (specify)

Full Name of Payee Casey Stockton
Mailing Address 105 South Dale St
City Spruce Pine State NC Zip Code 28777
Purpose of Expenditure Mileage Category/Type 002
Name of Federal Candidate Ms. Kay Hagan [] Support [X] Oppose
Calendar Year-To-Date Per Election for Office Sought 1055146.83

Date of Public Distribution/Dissemination 10 / 23 / 2014
Amount 23.10
Transaction ID : 460204ad-c967-4871-a
Date of Disbursement or Obligation 10 / 23 / 2014
Office Sought: [] House District: 00 [] President [X] Senate State: NC
Disbursement For: [] Primary [X] General 2014 [] Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures 73.10
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL 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.
Ms. Emily Buchanan [Electronically Filed] Date 10 / 25 / 2014
Signature

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES (Schedule E)

NAME OF COMMITTEE (In Full) Women Speak Out PAC
FEC IDENTIFICATION NUMBER C C00530766
Check if [X] 24-hour report [] 48-hour report [X] New report [] Amends report filed on

Full Name of Payee Mary Johnson
Mailing Address 105 South Dale St
City Spruce Pine State NC Zip Code 28777
Purpose of Expenditure Salary Category/Type 001
Name of Federal Candidate Ms. Kay Hagan [] Support [X] Oppose
Calendar Year-To-Date Per Election for Office Sought 1055146.83

Date of Public Distribution/Dissemination 10 / 23 / 2014
Amount 30.00
Transaction ID : 814535a5-2172-4432-8
Date of Disbursement or Obligation 10 / 23 / 2014
Office Sought: [] House District: 00 [] President [X] Senate State: NC
Disbursement For: [] Primary [X] General 2014 [] Other (specify)

Full Name of Payee Zachary Williams
Mailing Address 9419 NE Hwy 69
City Pittsburg State KS Zip Code 66762
Purpose of Expenditure Salary Category/Type 001
Name of Federal Candidate Mr. Greg Orman [] Support [X] Oppose
Calendar Year-To-Date Per Election for Office Sought 178792.81

Date of Public Distribution/Dissemination 10 / 23 / 2014
Amount 20.00
Transaction ID : 6d740a6d-db33-4267-9
Date of Disbursement or Obligation 10 / 23 / 2014
Office Sought: [] House District: 00 [] President [X] Senate State: KS
Disbursement For: [] Primary [X] General 2014 [] Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures..... 50.00
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL 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.
Ms. Emily Buchanan [Electronically Filed] Date 10 / 25 / 2014
Signature

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES (Schedule E)

NAME OF COMMITTEE (In Full) Women Speak Out PAC
FEC IDENTIFICATION NUMBER C C00530766
Check if [X] 24-hour report [] 48-hour report [X] New report [] Amends report filed on

Full Name of Payee Zachary Williams
Mailing Address 9419 NE Hwy 69
City Pittsburg State KS Zip Code 66762
Purpose of Expenditure Mileage Category/Type 002
Name of Federal Candidate Mr. Greg Orman [] Support [X] Oppose
Calendar Year-To-Date Per Election for Office Sought 178792.81

Date of Public Distribution/Dissemination 10 / 23 / 2014
Amount 13.50
Transaction ID : dc253d7f-5fb1-47b8-8
Date of Disbursement or Obligation 10 / 23 / 2014
Office Sought: [] House District: 00 [] President [X] Senate State: KS
Disbursement For: [] Primary [X] General 2014 [] Other (specify)

Full Name of Payee Daniel E Collison
Mailing Address 3315 Cardinal Ridge Rd
City Greensboro State NC Zip Code 27410
Purpose of Expenditure Salary Category/Type 001
Name of Federal Candidate Ms. Kay Hagan [] Support [X] Oppose
Calendar Year-To-Date Per Election for Office Sought 1055146.83

Date of Public Distribution/Dissemination 10 / 23 / 2014
Amount 50.00
Transaction ID : 0443859d-e2e7-44a3-a
Date of Disbursement or Obligation 10 / 23 / 2014
Office Sought: [] House District: 00 [] President [X] Senate State: NC
Disbursement For: [] Primary [X] General 2014 [] Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures 63.50
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL 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.
Ms. Emily Buchanan [Electronically Filed] Date 10 / 25 / 2014
Signature

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES (Schedule E)

NAME OF COMMITTEE (In Full) Women Speak Out PAC
FEC IDENTIFICATION NUMBER C C00530766
Check if [X] 24-hour report [] 48-hour report [X] New report [] Amends report filed on

Full Name of Payee Daniel E Collison
Mailing Address 3315 Cardinal Ridge Rd
City Greensboro State NC Zip Code 27410
Purpose of Expenditure Mileage Category/Type 002
Name of Federal Candidate Ms. Kay Hagan [] Support [X] Oppose
Calendar Year-To-Date Per Election for Office Sought 1055146.83

Date of Public Distribution/Dissemination 10 / 23 / 2014
Amount 3.60
Transaction ID : ea0109ee-dbd3-49ef-a
Date of Disbursement or Obligation 10 / 23 / 2014
Office Sought: [] House District: 00 [] President [X] Senate State: NC
Disbursement For: [] Primary [X] General 2014 [] Other (specify)

Full Name of Payee Anthony Buchanan
Mailing Address 1090 McHone Rd
City Spruce Pine State NC Zip Code 28777
Purpose of Expenditure Salary Category/Type 001
Name of Federal Candidate Ms. Kay Hagan [] Support [X] Oppose
Calendar Year-To-Date Per Election for Office Sought 1055146.83

Date of Public Distribution/Dissemination 10 / 23 / 2014
Amount 50.00
Transaction ID : 100a19be-2c27-43c6-a
Date of Disbursement or Obligation 10 / 23 / 2014
Office Sought: [] House District: 00 [] President [X] Senate State: NC
Disbursement For: [] Primary [X] General 2014 [] Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures 53.60
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL 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.
Ms. Emily Buchanan [Electronically Filed] Date 10 / 25 / 2014
Signature

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES (Schedule E)

NAME OF COMMITTEE (In Full) Women Speak Out PAC
FEC IDENTIFICATION NUMBER C C00530766
Check if [X] 24-hour report [] 48-hour report [X] New report [] Amends report filed on

Full Name of Payee Daniel M Quackenbush
Mailing Address 12062 NC 902 Hwy
City Bear Creek State NC Zip Code 27207
Purpose of Expenditure Salary Category/Type 001
Name of Federal Candidate Ms. Kay Hagan [] Support [X] Oppose
Calendar Year-To-Date Per Election for Office Sought 1055146.83

Date of Public Distribution/Dissemination 10 / 23 / 2014
Amount 57.50
Transaction ID : 11ade9f4-b031-4814-9
Date of Disbursement or Obligation 10 / 23 / 2014
Office Sought: [] House District: 00 [] President [X] Senate State: NC
Disbursement For: [] Primary [X] General 2014 [] Other (specify)

Full Name of Payee Daniel M Quackenbush
Mailing Address 12062 NC 902 Hwy
City Bear Creek State NC Zip Code 27207
Purpose of Expenditure Mileage Category/Type 002
Name of Federal Candidate Ms. Kay Hagan [] Support [X] Oppose
Calendar Year-To-Date Per Election for Office Sought 1055146.83

Date of Public Distribution/Dissemination 10 / 23 / 2014
Amount 15.60
Transaction ID : 11397057-0254-49dd-b
Date of Disbursement or Obligation 10 / 23 / 2014
Office Sought: [] House District: 00 [] President [X] Senate State: NC
Disbursement For: [] Primary [X] General 2014 [] Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures 73.10
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL 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.
Ms. Emily Buchanan [Electronically Filed] Date 10 / 25 / 2014
Signature

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES (Schedule E)

NAME OF COMMITTEE (In Full) Women Speak Out PAC
FEC IDENTIFICATION NUMBER C C00530766
Check if [X] 24-hour report [] 48-hour report [X] New report [] Amends report filed on

Full Name of Payee Joseph R English
Mailing Address 915 East Market Ave Apt 4
City Searcy State AR Zip Code 72143
Purpose of Expenditure Salary Category/Type 001
Name of Federal Candidate Mr. Mark L Pryor [] Support [X] Oppose
Calendar Year-To-Date Per Election for Office Sought 194342.16

Date of Public Distribution/Dissemination 10 / 23 / 2014
Amount 90.00
Transaction ID : d794ac08-4a0c-44ae-8
Date of Disbursement or Obligation 10 / 23 / 2014
Office Sought: [] House District: 00 [] President [X] Senate State: AR
Disbursement For: [] Primary [X] General 2014 [] Other (specify)

Full Name of Payee Joseph R English
Mailing Address 915 East Market Ave Apt 4
City Searcy State AR Zip Code 72143
Purpose of Expenditure Mileage Category/Type 002
Name of Federal Candidate Mr. Mark L Pryor [] Support [X] Oppose
Calendar Year-To-Date Per Election for Office Sought 194342.16

Date of Public Distribution/Dissemination 10 / 23 / 2014
Amount 55.50
Transaction ID : 4f14400a-d262-42b2-b
Date of Disbursement or Obligation 10 / 23 / 2014
Office Sought: [] House District: 00 [] President [X] Senate State: AR
Disbursement For: [] Primary [X] General 2014 [] Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures 145.50
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL 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.
Ms. Emily Buchanan [Electronically Filed] Date 10 / 25 / 2014
Signature

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES (Schedule E)

NAME OF COMMITTEE (In Full) Women Speak Out PAC
FEC IDENTIFICATION NUMBER C C00530766
Check if [X] 24-hour report [] 48-hour report [X] New report [] Amends report filed on

Full Name of Payee Carl Brent
Mailing Address 6718 Lake Willow Dr
City New Orleans State LA Zip Code 70126
Purpose of Expenditure Salary Category/Type 001
Name of Federal Candidate Ms. Mary L Landrieu [] Support [X] Oppose
Calendar Year-To-Date Per Election for Office Sought 206374.59

Date of Public Distribution/Dissemination 10 / 23 / 2014
Amount 80.00
Transaction ID : f72f5d97-299a-4136-a
Date of Disbursement or Obligation 10 / 23 / 2014
Office Sought: [] House District: 00 [] President [X] Senate State: LA
Disbursement For: [] Primary [X] General 2014 [] Other (specify)

Full Name of Payee Carl Brent
Mailing Address 6718 Lake Willow Dr
City New Orleans State LA Zip Code 70126
Purpose of Expenditure Mileage Category/Type 002
Name of Federal Candidate Ms. Mary L Landrieu [] Support [X] Oppose
Calendar Year-To-Date Per Election for Office Sought 206374.59

Date of Public Distribution/Dissemination 10 / 23 / 2014
Amount 13.20
Transaction ID : 4735b951-a0e7-4fb7-9
Date of Disbursement or Obligation 10 / 23 / 2014
Office Sought: [] House District: 00 [] President [X] Senate State: LA
Disbursement For: [] Primary [X] General 2014 [] Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures 93.20
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL 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.
Ms. Emily Buchanan [Electronically Filed] Date 10 / 25 / 2014
Signature

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES (Schedule E)

NAME OF COMMITTEE (In Full) Women Speak Out PAC
FEC IDENTIFICATION NUMBER C C00530766
Check if [X] 24-hour report [] 48-hour report [X] New report [] Amends report filed on

Full Name of Payee Alice K Salazar
Mailing Address 605 W Houston St
City Marshall State TX Zip Code 75633
Purpose of Expenditure Salary Category/Type 001
Name of Federal Candidate Ms. Mary L Landrieu [] Support [X] Oppose
Calendar Year-To-Date Per Election for Office Sought 206374.59

Date of Public Distribution/Dissemination 10 / 23 / 2014
Amount 80.00
Transaction ID : ed15662a-28a4-4572-9
Date of Disbursement or Obligation 10 / 23 / 2014
Office Sought: [] House District: 00 [] President [X] Senate State: LA
Disbursement For: [] Primary [X] General 2014 [] Other (specify)

Full Name of Payee Alice K Salazar
Mailing Address 605 W Houston St
City Marshall State TX Zip Code 75633
Purpose of Expenditure Mileage Category/Type 002
Name of Federal Candidate Ms. Mary L Landrieu [] Support [X] Oppose
Calendar Year-To-Date Per Election for Office Sought 206374.59

Date of Public Distribution/Dissemination 10 / 23 / 2014
Amount 52.20
Transaction ID : f85e243f-f463-464b-a
Date of Disbursement or Obligation 10 / 23 / 2014
Office Sought: [] House District: 00 [] President [X] Senate State: LA
Disbursement For: [] Primary [X] General 2014 [] Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures 132.20
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL 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.
Ms. Emily Buchanan [Electronically Filed] Date 10 / 25 / 2014
Signature

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES (Schedule E)

NAME OF COMMITTEE (In Full) Women Speak Out PAC
FEC IDENTIFICATION NUMBER C C00530766
Check if [X] 24-hour report [] 48-hour report [X] New report [] Amends report filed on

Full Name of Payee Ronald E Brown
Mailing Address 1211 Treaty Rd
City Delphos State KS Zip Code 67436
Purpose of Expenditure Salary Category/Type 001
Name of Federal Candidate Mr. Greg Orman [] Support [X] Oppose
Calendar Year-To-Date Per Election for Office Sought 178792.81

Date of Public Distribution/Dissemination 10 / 23 / 2014
Amount 45.00
Transaction ID : 9585b037-d00c-426f-b
Date of Disbursement or Obligation 10 / 23 / 2014
Office Sought: [] House District: 00 [] President [X] Senate State: KS
Disbursement For: [] Primary [X] General 2014 [] Other (specify)

Full Name of Payee Ronald E Brown
Mailing Address 1211 Treaty Rd
City Delphos State KS Zip Code 67436
Purpose of Expenditure Mileage Category/Type 002
Name of Federal Candidate Mr. Greg Orman [] Support [X] Oppose
Calendar Year-To-Date Per Election for Office Sought 178792.81

Date of Public Distribution/Dissemination 10 / 23 / 2014
Amount 17.40
Transaction ID : 5b700551-1162-4a50-b
Date of Disbursement or Obligation 10 / 23 / 2014
Office Sought: [] House District: 00 [] President [X] Senate State: KS
Disbursement For: [] Primary [X] General 2014 [] Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures 62.40
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL 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.
Ms. Emily Buchanan [Electronically Filed] Date 10 / 25 / 2014
Signature

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES (Schedule E)

NAME OF COMMITTEE (In Full) Women Speak Out PAC
FEC IDENTIFICATION NUMBER C C00530766
Check if [X] 24-hour report [] 48-hour report [X] New report [] Amends report filed on

Full Name of Payee Ronald W Ryckman
Mailing Address 503 N Cedar St
City Meade State KS Zip Code 67864
Purpose of Expenditure Salary Category/Type 001

Date of Public Distribution/Dissemination 10 / 23 / 2014
Amount 70.00
Transaction ID : 6b248c92-c063-4543-b
Date of Disbursement or Obligation 10 / 23 / 2014

Name of Federal Candidate Mr. Greg Orman
Support [] Oppose [X]
Calendar Year-To-Date Per Election for Office Sought 178792.81

Office Sought: [] House [X] Senate
District: 00 State: KS
Disbursement For: [] Primary [X] General 2014 [] Other (specify)

Full Name of Payee Ronald W Ryckman
Mailing Address 503 N Cedar St
City Meade State KS Zip Code 67864
Purpose of Expenditure Mileage Category/Type 002

Date of Public Distribution/Dissemination 10 / 23 / 2014
Amount 29.40
Transaction ID : 77015b40-dd7a-4933-9
Date of Disbursement or Obligation 10 / 23 / 2014

Name of Federal Candidate Mr. Greg Orman
Support [] Oppose [X]
Calendar Year-To-Date Per Election for Office Sought 178792.81

Office Sought: [] House [X] Senate
District: 00 State: KS
Disbursement For: [] Primary [X] General 2014 [] Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures 99.40
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL 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.

Ms. Emily Buchanan [Electronically Filed] Date 10 / 25 / 2014
Signature

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES (Schedule E)

NAME OF COMMITTEE (In Full) Women Speak Out PAC
FEC IDENTIFICATION NUMBER C C00530766
Check if [X] 24-hour report [] 48-hour report [X] New report [] Amends report filed on

Full Name of Payee Julie M Gentry
Mailing Address 314 S Main St
City Roxboro State NC Zip Code 27573
Purpose of Expenditure Salary Category/Type 001
Name of Federal Candidate Ms. Kay Hagan [] Support [X] Oppose
Calendar Year-To-Date Per Election for Office Sought 1055146.83

Date of Public Distribution/Dissemination 10 / 23 / 2014
Amount 63.50
Transaction ID : 7e4402c3-1652-44d6-9
Date of Disbursement or Obligation 10 / 23 / 2014
Office Sought: [] House District: 00 [] President [X] Senate State: NC
Disbursement For: [] Primary [X] General 2014 [] Other (specify)

Full Name of Payee Julie M Gentry
Mailing Address 314 S Main St
City Roxboro State NC Zip Code 27573
Purpose of Expenditure Mileage Category/Type 002
Name of Federal Candidate Ms. Kay Hagan [] Support [X] Oppose
Calendar Year-To-Date Per Election for Office Sought 1055146.83

Date of Public Distribution/Dissemination 10 / 23 / 2014
Amount 11.55
Transaction ID : dabb7fe1-f09d-41db-a
Date of Disbursement or Obligation 10 / 23 / 2014
Office Sought: [] House District: 00 [] President [X] Senate State: NC
Disbursement For: [] Primary [X] General 2014 [] Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures 75.05
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL 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.
Ms. Emily Buchanan [Electronically Filed] Date 10 / 25 / 2014
Signature

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES (Schedule E)

NAME OF COMMITTEE (In Full) Women Speak Out PAC
FEC IDENTIFICATION NUMBER C C00530766
Check if [X] 24-hour report [] 48-hour report [X] New report [] Amends report filed on

Full Name of Payee Randy M Gold
Mailing Address 1436 Haigs Creek Dr
City Elgin State SC Zip Code 29045
Purpose of Expenditure Salary Category/Type 001
Date of Public Distribution/Dissemination 10/23/2014
Amount 70.00
Transaction ID : 19c4fdfe-071d-451e-8
Date of Disbursement or Obligation 10/23/2014
Name of Federal Candidate Mr. Mark L Pryor [] Support [X] Oppose
Office Sought: [] House District: 00 [] President [X] Senate State: AR
Calendar Year-To-Date Per Election for Office Sought 194342.16
Disbursement For: [] Primary [X] General 2014 [] Other (specify)

Full Name of Payee Randy M Gold
Mailing Address 1436 Haigs Creek Dr
City Elgin State SC Zip Code 29045
Purpose of Expenditure Mileage Category/Type 002
Date of Public Distribution/Dissemination 10/23/2014
Amount 43.14
Transaction ID : 3d017131-6d16-4968-9
Date of Disbursement or Obligation 10/23/2014
Name of Federal Candidate Mr. Mark L Pryor [] Support [X] Oppose
Office Sought: [] House District: 00 [] President [X] Senate State: AR
Calendar Year-To-Date Per Election for Office Sought 194342.16
Disbursement For: [] Primary [X] General 2014 [] Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures 113.14
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL 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.
Ms. Emily Buchanan [Electronically Filed] Date 10/25/2014
Signature

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES (Schedule E)

NAME OF COMMITTEE (In Full) Women Speak Out PAC
FEC IDENTIFICATION NUMBER C C00530766
Check if [X] 24-hour report [] 48-hour report [X] New report [] Amends report filed on

Full Name of Payee: Kaleigh J Wagner
Mailing Address: 18065 Wayne Rd
City: Odessa, State: FL, Zip Code: 33556
Purpose of Expenditure: Salary, Category/Type: 001
Name of Federal Candidate: Mr. Mark L Pryor, [X] Oppose
Calendar Year-To-Date Per Election for Office Sought: 194342.16

Date of Public Distribution/Dissemination: 10/23/2014
Amount: 70.00
Transaction ID: 4169ec5f-cfd7-4003-b
Date of Disbursement or Obligation: 10/23/2014
Office Sought: [] House, [X] Senate, District: 00, State: AR
Disbursement For: [] Primary, [X] General 2014, [] Other (specify)

Full Name of Payee: Darius Beverly
Mailing Address: 157 Bishop Drive
City: Avondale, State: LA, Zip Code: 70094
Purpose of Expenditure: Salary, Category/Type: 001
Name of Federal Candidate: Ms. Mary L Landrieu, [X] Oppose
Calendar Year-To-Date Per Election for Office Sought: 206374.59

Date of Public Distribution/Dissemination: 10/23/2014
Amount: 55.00
Transaction ID: 32db60bc-99a2-40d4-8
Date of Disbursement or Obligation: 10/23/2014
Office Sought: [] House, [X] Senate, District: 00, State: LA
Disbursement For: [] Primary, [X] General 2014, [] Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures: 125.00
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL 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.
Ms. Emily Buchanan [Electronically Filed] Date 10/25/2014

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES (Schedule E)

NAME OF COMMITTEE (In Full) Women Speak Out PAC
FEC IDENTIFICATION NUMBER C C00530766
Check if [X] 24-hour report [] 48-hour report [X] New report [] Amends report filed on

Full Name of Payee Ms. Dinah Beverly
Mailing Address 157 Bishop Drive
City Avondale State LA Zip Code 70064
Purpose of Expenditure Salary Category/Type 001
Name of Federal Candidate Ms. Mary L Landrieu [] Support [X] Oppose
Calendar Year-To-Date Per Election for Office Sought 206374.59

Date of Public Distribution/Dissemination 10 / 23 / 2014
Amount 55.00
Transaction ID : f801034b-afc0-4923-8
Date of Disbursement or Obligation 10 / 23 / 2014
Office Sought: [] House District: 00 [] President [X] Senate State: LA
Disbursement For: [] Primary [X] General 2014 [] Other (specify)

Full Name of Payee Ms. Dinah Beverly
Mailing Address 157 Bishop Drive
City Avondale State LA Zip Code 70064
Purpose of Expenditure Mileage Category/Type 002
Name of Federal Candidate Ms. Mary L Landrieu [] Support [X] Oppose
Calendar Year-To-Date Per Election for Office Sought 206374.59

Date of Public Distribution/Dissemination 10 / 23 / 2014
Amount 5.70
Transaction ID : eed306ae-f4cd-449f-b
Date of Disbursement or Obligation 10 / 23 / 2014
Office Sought: [] House District: 00 [] President [X] Senate State: LA
Disbursement For: [] Primary [X] General 2014 [] Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures 60.70
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL 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.
Ms. Emily Buchanan [Electronically Filed] Date 10 / 25 / 2014
Signature

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES (Schedule E)

NAME OF COMMITTEE (In Full) Women Speak Out PAC
FEC IDENTIFICATION NUMBER C C00530766
Check if [X] 24-hour report [] 48-hour report [X] New report [] Amends report filed on

Full Name of Payee Benjamin Hernandez
Mailing Address 915 E Market Ave
City Searcy State AR Zip Code 72149
Purpose of Expenditure Salary Category/Type 001
Name of Federal Candidate Mr. Mark L Pryor [] Support [X] Oppose
Calendar Year-To-Date Per Election for Office Sought 194342.16

Date of Public Distribution/Dissemination 10 / 23 / 2014
Amount 50.00
Transaction ID : 1f44d741-8dbd-451e-9
Date of Disbursement or Obligation 10 / 23 / 2014
Office Sought: [] House District: 00 [] President [X] Senate State: AR
Disbursement For: [] Primary [X] General 2014 [] Other (specify)

Full Name of Payee Benjamin Hernandez
Mailing Address 915 E Market Ave
City Searcy State AR Zip Code 72149
Purpose of Expenditure Mileage Category/Type 002
Name of Federal Candidate Mr. Mark L Pryor [] Support [X] Oppose
Calendar Year-To-Date Per Election for Office Sought 194342.16

Date of Public Distribution/Dissemination 10 / 23 / 2014
Amount 39.00
Transaction ID : ad32600b-c74b-4ccb-9
Date of Disbursement or Obligation 10 / 23 / 2014
Office Sought: [] House District: 00 [] President [X] Senate State: AR
Disbursement For: [] Primary [X] General 2014 [] Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures 89.00
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL 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.
Ms. Emily Buchanan [Electronically Filed] Date 10 / 25 / 2014
Signature

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES (Schedule E)

NAME OF COMMITTEE (In Full) Women Speak Out PAC
FEC IDENTIFICATION NUMBER C C00530766
Check if [X] 24-hour report [] 48-hour report [X] New report [] Amends report filed on

Full Name of Payee Jake Mathews
Mailing Address 6418 East 12 St
City Wichita State KS Zip Code 67206
Purpose of Expenditure Salary Category/Type 001
Name of Federal Candidate Mr. Greg Orman [] Support [X] Oppose
Calendar Year-To-Date Per Election for Office Sought 178792.81

Date of Public Distribution/Dissemination 10 / 23 / 2014
Amount 15.00
Transaction ID : 1b6d098c-4bef-4654-9
Date of Disbursement or Obligation 10 / 23 / 2014
Office Sought: [] House District: 00 [] President [X] Senate State: KS
Disbursement For: [] Primary [X] General 2014 [] Other (specify)

Full Name of Payee Jake Mathews
Mailing Address 6418 East 12 St
City Wichita State KS Zip Code 67206
Purpose of Expenditure Mileage Category/Type 002
Name of Federal Candidate Mr. Greg Orman [] Support [X] Oppose
Calendar Year-To-Date Per Election for Office Sought 178792.81

Date of Public Distribution/Dissemination 10 / 23 / 2014
Amount 6.00
Transaction ID : d53c2263-7627-4793-9
Date of Disbursement or Obligation 10 / 23 / 2014
Office Sought: [] House District: 00 [] President [X] Senate State: KS
Disbursement For: [] Primary [X] General 2014 [] Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures..... 21.00
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL 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.
Ms. Emily Buchanan [Electronically Filed] Date 10 / 25 / 2014
Signature

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES (Schedule E)

NAME OF COMMITTEE (In Full) Women Speak Out PAC
FEC IDENTIFICATION NUMBER C C00530766
Check if [X] 24-hour report [] 48-hour report [X] New report [] Amends report filed on

Full Name of Payee Cameryn L Rasmussen
Mailing Address 4455 N Edaemoor Ct
City Bel Aire State KS Zip Code 67220
Purpose of Expenditure Salary Category/Type 001
Name of Federal Candidate Mr. Greg Orman [] Support [X] Oppose
Calendar Year-To-Date Per Election for Office Sought 178792.81

Date of Public Distribution/Dissemination 10 / 23 / 2014
Amount 10.00
Transaction ID : 6351bbf3-cb90-4020-a
Date of Disbursement or Obligation 10 / 23 / 2014
Office Sought: [] House District: 00 [] President [X] Senate State: KS
Disbursement For: [] Primary [X] General 2014 [] Other (specify)

Full Name of Payee Cameryn L Rasmussen
Mailing Address 4455 N Edaemoor Ct
City Bel Aire State KS Zip Code 67220
Purpose of Expenditure Mileage Category/Type 002
Name of Federal Candidate Mr. Greg Orman [] Support [X] Oppose
Calendar Year-To-Date Per Election for Office Sought 178792.81

Date of Public Distribution/Dissemination 10 / 23 / 2014
Amount 2.40
Transaction ID : e7825296-3d64-47c5-a
Date of Disbursement or Obligation 10 / 23 / 2014
Office Sought: [] House District: 00 [] President [X] Senate State: KS
Disbursement For: [] Primary [X] General 2014 [] Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures 12.40
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL 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.
Ms. Emily Buchanan [Electronically Filed] Date 10 / 25 / 2014
Signature

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES (Schedule E)

NAME OF COMMITTEE (In Full) Women Speak Out PAC
FEC IDENTIFICATION NUMBER C C00530766
Check if [X] 24-hour report [] 48-hour report [X] New report [] Amends report filed on

Full Name of Payee Ashley T Reed
Mailing Address 1519 E Village Estates Dr
City Park City State KS Zip Code 67216
Purpose of Expenditure Salary Category/Type 001
Name of Federal Candidate Mr. Greg Orman [] Support [X] Oppose
Calendar Year-To-Date Per Election for Office Sought 178792.81

Date of Public Distribution/Dissemination 10 / 23 / 2014
Amount 10.00
Transaction ID : 5068b5ae-ee65-473c-a
Date of Disbursement or Obligation 10 / 23 / 2014
Office Sought: [] House District: 00 [] President [X] Senate State: KS
Disbursement For: [] Primary [X] General 2014 [] Other (specify)

Full Name of Payee Ashley T Reed
Mailing Address 1519 E Village Estates Dr
City Park City State KS Zip Code 67216
Purpose of Expenditure Mileage Category/Type 002
Name of Federal Candidate Mr. Greg Orman [] Support [X] Oppose
Calendar Year-To-Date Per Election for Office Sought 178792.81

Date of Public Distribution/Dissemination 10 / 23 / 2014
Amount 2.40
Transaction ID : 051e574d-38e2-455f-a
Date of Disbursement or Obligation 10 / 23 / 2014
Office Sought: [] House District: 00 [] President [X] Senate State: KS
Disbursement For: [] Primary [X] General 2014 [] Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures 12.40
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL 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.
Ms. Emily Buchanan [Electronically Filed] Date 10 / 25 / 2014
Signature

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES (Schedule E)

NAME OF COMMITTEE (In Full) Women Speak Out PAC
FEC IDENTIFICATION NUMBER C C00530766
Check if [X] 24-hour report [] 48-hour report [X] New report [] Amends report filed on

Full Name of Payee Marilyn Galliardt
Mailing Address 410 Wedgewood Ct
City Hesston State KS Zip Code 67062
Purpose of Expenditure Salary Category/Type 001
Name of Federal Candidate Mr. Greg Orman [] Support [X] Oppose
Calendar Year-To-Date Per Election for Office Sought 178792.81

Date of Public Distribution/Dissemination 10 / 23 / 2014
Amount 50.00
Transaction ID : 47eed91e-db8f-49a4-b
Date of Disbursement or Obligation 10 / 23 / 2014
Office Sought: [] House District: 00 [] President [X] Senate State: KS
Disbursement For: [] Primary [X] General 2014 [] Other (specify)

Full Name of Payee Marilyn Galliardt
Mailing Address 410 Wedgewood Ct
City Hesston State KS Zip Code 67062
Purpose of Expenditure Mileage Category/Type 002
Name of Federal Candidate Mr. Greg Orman [] Support [X] Oppose
Calendar Year-To-Date Per Election for Office Sought 178792.81

Date of Public Distribution/Dissemination 10 / 23 / 2014
Amount 27.00
Transaction ID : 9c4e53a2-b2d0-4ac6-a
Date of Disbursement or Obligation 10 / 23 / 2014
Office Sought: [] House District: 00 [] President [X] Senate State: KS
Disbursement For: [] Primary [X] General 2014 [] Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures 77.00
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL 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.
Ms. Emily Buchanan [Electronically Filed] Date 10 / 25 / 2014
Signature

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES (Schedule E)

NAME OF COMMITTEE (In Full) Women Speak Out PAC
FEC IDENTIFICATION NUMBER C C00530766
Check if [X] 24-hour report [] 48-hour report [X] New report [] Amends report filed on

Full Name of Payee Ren W Dashner
Mailing Address 1414 Edgemoor Dr
City El Dorado State KS Zip Code 67042
Purpose of Expenditure Salary Category/Type 001
Name of Federal Candidate Mr. Greg Orman [] Support [X] Oppose
Calendar Year-To-Date Per Election for Office Sought 178792.81

Date of Public Distribution/Dissemination 10 / 23 / 2014
Amount 45.00
Transaction ID : 2e704698-5702-4059-a
Date of Disbursement or Obligation 10 / 23 / 2014
Office Sought: [] House District: 00 [] President [X] Senate State: KS
Disbursement For: [] Primary [X] General 2014 [] Other (specify)

Full Name of Payee Ren W Dashner
Mailing Address 1414 Edgemoor Dr
City El Dorado State KS Zip Code 67042
Purpose of Expenditure Mileage Category/Type 002
Name of Federal Candidate Mr. Greg Orman [] Support [X] Oppose
Calendar Year-To-Date Per Election for Office Sought 178792.81

Date of Public Distribution/Dissemination 10 / 23 / 2014
Amount 15.00
Transaction ID : b1d22516-31fd-46b0-a
Date of Disbursement or Obligation 10 / 23 / 2014
Office Sought: [] House District: 00 [] President [X] Senate State: KS
Disbursement For: [] Primary [X] General 2014 [] Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures 60.00
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL 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.
Ms. Emily Buchanan [Electronically Filed] Date 10 / 25 / 2014
Signature

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES (Schedule E)

NAME OF COMMITTEE (In Full) Women Speak Out PAC
FEC IDENTIFICATION NUMBER C C00530766
Check if [X] 24-hour report [] 48-hour report [X] New report [] Amends report filed on

Full Name of Payee Corban L Barnett
Mailing Address 1001 N Prospect
City Liberal State KS Zip Code 67901
Purpose of Expenditure Salary Category/Type 001
Date of Public Distribution/Dissemination 10/23/2014
Amount 50.00
Transaction ID : 9e3d546e-126e-48a7-8
Date of Disbursement or Obligation 10/23/2014
Name of Federal Candidate Mr. Greg Orman [] Support [X] Oppose
Office Sought: [] House District: 00 [] President [X] Senate State: KS
Calendar Year-To-Date Per Election for Office Sought 178792.81
Disbursement For: [] Primary [X] General 2014 [] Other (specify)

Full Name of Payee Corban L Barnett
Mailing Address 1001 N Prospect
City Liberal State KS Zip Code 67901
Purpose of Expenditure Mileage Category/Type 002
Date of Public Distribution/Dissemination 10/23/2014
Amount 0.90
Transaction ID : c0d2f962-f91d-4952-a
Date of Disbursement or Obligation 10/23/2014
Name of Federal Candidate Mr. Greg Orman [] Support [X] Oppose
Office Sought: [] House District: 00 [] President [X] Senate State: KS
Calendar Year-To-Date Per Election for Office Sought 178792.81
Disbursement For: [] Primary [X] General 2014 [] Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures 50.90
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL 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.
Ms. Emily Buchanan [Electronically Filed] Date 10/25/2014
Signature

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES (Schedule E)

NAME OF COMMITTEE (In Full) Women Speak Out PAC
FEC IDENTIFICATION NUMBER C C00530766
Check if [X] 24-hour report [] 48-hour report [X] New report [] Amends report filed on

Full Name of Payee Amelia Brackett
Mailing Address 804 Roundabout Circle
City Searcy State AR Zip Code 72143
Purpose of Expenditure Salary Category/Type 001
Name of Federal Candidate Mr. Mark L Pryor [] Support [X] Oppose
Calendar Year-To-Date Per Election for Office Sought 194342.16

Date of Public Distribution/Dissemination 10 / 23 / 2014
Amount 90.00
Transaction ID : 09a0af92-5355-4f40-9
Date of Disbursement or Obligation 10 / 23 / 2014
Office Sought: [] House District: 00 [] President [X] Senate State: AR
Disbursement For: [] Primary [X] General 2014 [] Other (specify)

Full Name of Payee Kaitlyn B Allen
Mailing Address 2121 Daniel Dr
City Searcy State AR Zip Code 72143
Purpose of Expenditure Salary Category/Type 001
Name of Federal Candidate Mr. Mark L Pryor [] Support [X] Oppose
Calendar Year-To-Date Per Election for Office Sought 194342.16

Date of Public Distribution/Dissemination 10 / 23 / 2014
Amount 90.00
Transaction ID : bddd8f74-2174-44e3-b
Date of Disbursement or Obligation 10 / 23 / 2014
Office Sought: [] House District: 00 [] President [X] Senate State: AR
Disbursement For: [] Primary [X] General 2014 [] Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures 180.00
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL 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.
Ms. Emily Buchanan [Electronically Filed] Date 10 / 25 / 2014
Signature

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES (Schedule E)

NAME OF COMMITTEE (In Full) Women Speak Out PAC
FEC IDENTIFICATION NUMBER C C00530766
Check if [X] 24-hour report [] 48-hour report [X] New report [] Amends report filed on

Full Name of Payee Kaitlyn B Allen
Mailing Address 2121 Daniel Dr
City Searcy State AR Zip Code 72143
Purpose of Expenditure Mileage Category/Type 002
Date of Public Distribution/Dissemination 10/23/2014
Amount 66.33
Transaction ID : 97396b22-77e5-46c7-8
Date of Disbursement or Obligation 10/23/2014
Name of Federal Candidate Mr. Mark L Pryor [] Support [X] Oppose
Office Sought: [] House District: 00 [] President [X] Senate State: AR
Calendar Year-To-Date Per Election for Office Sought 194342.16
Disbursement For: [] Primary [X] General 2014 [] Other (specify)

Full Name of Payee Benjamin L Heitman
Mailing Address 2520 Helmstetler Rd
City Lexington State NC Zip Code 27295
Purpose of Expenditure Salary Category/Type 001
Date of Public Distribution/Dissemination 10/23/2014
Amount 55.00
Transaction ID : ea8c02d9-2352-471a-a
Date of Disbursement or Obligation 10/23/2014
Name of Federal Candidate Ms. Kay Hagan [] Support [X] Oppose
Office Sought: [] House District: 00 [] President [X] Senate State: NC
Calendar Year-To-Date Per Election for Office Sought 1055146.83
Disbursement For: [] Primary [X] General 2014 [] Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures 121.33
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL 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.
Ms. Emily Buchanan [Electronically Filed] Date 10/25/2014
Signature

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES (Schedule E)

NAME OF COMMITTEE (In Full) Women Speak Out PAC
FEC IDENTIFICATION NUMBER C C00530766
Check if [X] 24-hour report [] 48-hour report [X] New report [] Amends report filed on

Full Name of Payee Benjamin L Heitman
Mailing Address 2520 Helmstetler Rd
City Lexington State NC Zip Code 27295
Purpose of Expenditure Mileage Category/Type 002
Date of Public Distribution/Dissemination 10/23/2014
Amount 7.80
Transaction ID : 03dbe0e3-ff23-4e26-a
Date of Disbursement or Obligation 10/23/2014
Name of Federal Candidate Ms. Kay Hagan [] Support [X] Oppose
Office Sought: [] House District: 00 [] President [X] Senate State: NC
Calendar Year-To-Date Per Election for Office Sought 1055146.83
Disbursement For: [] Primary [X] General 2014 [] Other (specify)

Full Name of Payee John P Hilkert
Mailing Address 7 Bards Lane
City Fletcher State NC Zip Code 28732
Purpose of Expenditure Salary Category/Type 001
Date of Public Distribution/Dissemination 10/23/2014
Amount 57.50
Transaction ID : 2c455ccd-c32c-4029-a
Date of Disbursement or Obligation 10/23/2014
Name of Federal Candidate Ms. Kay Hagan [] Support [X] Oppose
Office Sought: [] House District: 00 [] President [X] Senate State: NC
Calendar Year-To-Date Per Election for Office Sought 1055146.83
Disbursement For: [] Primary [X] General 2014 [] Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures 65.30
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL 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.
Ms. Emily Buchanan [Electronically Filed] Date 10/25/2014
Signature

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES (Schedule E)

NAME OF COMMITTEE (In Full) Women Speak Out PAC
FEC IDENTIFICATION NUMBER C C00530766
Check if [X] 24-hour report [] 48-hour report [X] New report [] Amends report filed on

Full Name of Payee John P Hilkert
Mailing Address 7 Bards Lane
City Fletcher State NC Zip Code 28732
Purpose of Expenditure Mileage Category/Type 002
Name of Federal Candidate Ms. Kay Hagan [] Support [X] Oppose
Calendar Year-To-Date Per Election for Office Sought 1055146.83

Date of Public Distribution/Dissemination 10 / 23 / 2014
Amount 14.40
Transaction ID : 6897051a-748f-411e-9
Date of Disbursement or Obligation 10 / 23 / 2014
Office Sought: [] House District: 00 [] President [X] Senate State: NC
Disbursement For: [] Primary [X] General 2014 [] Other (specify)

Full Name of Payee Jacob Bernas
Mailing Address 458 S Glendale
City Wichita State KS Zip Code 67218
Purpose of Expenditure Salary Category/Type 001
Name of Federal Candidate Mr. Greg Orman [] Support [X] Oppose
Calendar Year-To-Date Per Election for Office Sought 178792.81

Date of Public Distribution/Dissemination 10 / 23 / 2014
Amount 50.00
Transaction ID : 117ac637-ae4b-41fa-a
Date of Disbursement or Obligation 10 / 23 / 2014
Office Sought: [] House District: 00 [] President [X] Senate State: KS
Disbursement For: [] Primary [X] General 2014 [] Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures 64.40
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL 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.
Ms. Emily Buchanan [Electronically Filed] Date 10 / 25 / 2014
Signature

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES (Schedule E)

NAME OF COMMITTEE (In Full) Women Speak Out PAC
FEC IDENTIFICATION NUMBER C C00530766
Check if [X] 24-hour report [] 48-hour report [X] New report [] Amends report filed on

Full Name of Payee Jacob Bernas
Mailing Address 458 S Glendale
City Wichita State KS Zip Code 67218
Purpose of Expenditure Mileage Category/Type 002
Date of Public Distribution/Dissemination 10/23/2014
Amount 9.00
Transaction ID : 93b0ca95-7daf-4193-a
Date of Disbursement or Obligation 10/23/2014
Name of Federal Candidate Mr. Greg Orman [] Support [X] Oppose
Office Sought: [] House District: 00 [] President [X] Senate State: KS
Calendar Year-To-Date Per Election for Office Sought 178792.81
Disbursement For: [] Primary [X] General 2014 [] Other (specify)

Full Name of Payee Mary R Kirkland
Mailing Address 504 Green Meadow Dr
City Boyd State TX Zip Code 76023
Purpose of Expenditure Salary Category/Type 001
Date of Public Distribution/Dissemination 10/23/2014
Amount 50.00
Transaction ID : 5c8fbc79-e373-4b8e-a
Date of Disbursement or Obligation 10/23/2014
Name of Federal Candidate Mr. Mark L Pryor [] Support [X] Oppose
Office Sought: [] House District: 00 [] President [X] Senate State: AR
Calendar Year-To-Date Per Election for Office Sought 194342.16
Disbursement For: [] Primary [X] General 2014 [] Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures..... 59.00
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL 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.
Ms. Emily Buchanan [Electronically Filed] Date 10/25/2014
Signature

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES (Schedule E)

NAME OF COMMITTEE (In Full) Women Speak Out PAC
FEC IDENTIFICATION NUMBER C C00530766
Check if [X] 24-hour report [] 48-hour report [X] New report [] Amends report filed on

Full Name of Payee Shelbi L Randall
Mailing Address 202 East Park Ave Apt 40
City Searcy State AR Zip Code 72143
Purpose of Expenditure Salary Category/Type 001
Name of Federal Candidate Mr. Mark L Pryor [] Support [X] Oppose
Calendar Year-To-Date Per Election for Office Sought 194342.16

Date of Public Distribution/Dissemination 10 / 23 / 2014
Amount 45.00
Transaction ID : 2a17e9d7-12a0-4270-a
Date of Disbursement or Obligation 10 / 23 / 2014
Office Sought: [] House District: 00 [] President [X] Senate State: AR
Disbursement For: [] Primary [X] General 2014 [] Other (specify)

Full Name of Payee Shelbi L Randall
Mailing Address 202 East Park Ave Apt 40
City Searcy State AR Zip Code 72143
Purpose of Expenditure Mileage Category/Type 002
Name of Federal Candidate Mr. Mark L Pryor [] Support [X] Oppose
Calendar Year-To-Date Per Election for Office Sought 194342.16

Date of Public Distribution/Dissemination 10 / 23 / 2014
Amount 21.00
Transaction ID : f0dd076f-01c6-4ec0-8
Date of Disbursement or Obligation 10 / 23 / 2014
Office Sought: [] House District: 00 [] President [X] Senate State: AR
Disbursement For: [] Primary [X] General 2014 [] Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures 66.00
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL 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.
Ms. Emily Buchanan [Electronically Filed] Date 10 / 25 / 2014
Signature

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES (Schedule E)

NAME OF COMMITTEE (In Full) Women Speak Out PAC
FEC IDENTIFICATION NUMBER C C00530766
Check if [X] 24-hour report [] 48-hour report [X] New report [] Amends report filed on

Full Name of Payee Daniel E Collison
Mailing Address 3315 Cardinal Ridge Rd
City Greensboro State NC Zip Code 27410
Purpose of Expenditure Salary Category/Type 001
Name of Federal Candidate Ms. Kay Hagan [] Support [X] Oppose
Calendar Year-To-Date Per Election for Office Sought 1055146.83

Date of Public Distribution/Dissemination 10 / 22 / 2014
Amount 15.00
Transaction ID : 99da80bc-1e80-449d-a
Date of Disbursement or Obligation 10 / 22 / 2014
Office Sought: [] House District: 00 [] President [X] Senate State: NC
Disbursement For: [] Primary [X] General 2014 [] Other (specify)

Full Name of Payee Daniel E Collison
Mailing Address 3315 Cardinal Ridge Rd
City Greensboro State NC Zip Code 27410
Purpose of Expenditure Mileage Category/Type 002
Name of Federal Candidate Ms. Kay Hagan [] Support [X] Oppose
Calendar Year-To-Date Per Election for Office Sought 1055146.83

Date of Public Distribution/Dissemination 10 / 22 / 2014
Amount 0.60
Transaction ID : 3c09c5d4-749a-4ef7-8
Date of Disbursement or Obligation 10 / 22 / 2014
Office Sought: [] House District: 00 [] President [X] Senate State: NC
Disbursement For: [] Primary [X] General 2014 [] Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures 15.00
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL 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.
Ms. Emily Buchanan [Electronically Filed] Date 10 / 25 / 2014
Signature

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES (Schedule E)

NAME OF COMMITTEE (In Full) Women Speak Out PAC
FEC IDENTIFICATION NUMBER C C00530766
Check if [X] 24-hour report [] 48-hour report [X] New report [] Amends report filed on

Full Name of Payee Jordan L Randall
Mailing Address 27 Mesa St
City Kenner State LA Zip Code 70065
Purpose of Expenditure Salary Category/Type 001
Name of Federal Candidate Ms. Mary L Landrieu [] Support [X] Oppose
Calendar Year-To-Date Per Election for Office Sought 206374.59

Date of Public Distribution/Dissemination 10 / 23 / 2014
Amount 15.00
Transaction ID : 4de7990b-548e-4ea4-9
Date of Disbursement or Obligation 10 / 23 / 2014
Office Sought: [] House District: 00 [] President [X] Senate State: LA
Disbursement For: [] Primary [X] General 2014 [] Other (specify)

Full Name of Payee Jordan L Randall
Mailing Address 27 Mesa St
City Kenner State LA Zip Code 70065
Purpose of Expenditure Mileage Category/Type 002
Name of Federal Candidate Ms. Mary L Landrieu [] Support [X] Oppose
Calendar Year-To-Date Per Election for Office Sought 206374.59

Date of Public Distribution/Dissemination 10 / 23 / 2014
Amount 6.60
Transaction ID : e13398f6-8bea-403d-9
Date of Disbursement or Obligation 10 / 23 / 2014
Office Sought: [] House District: 00 [] President [X] Senate State: LA
Disbursement For: [] Primary [X] General 2014 [] Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures 21.60
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL 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.
Ms. Emily Buchanan [Electronically Filed] Date 10 / 25 / 2014
Signature

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES (Schedule E)

NAME OF COMMITTEE (In Full) Women Speak Out PAC
FEC IDENTIFICATION NUMBER C C00530766
Check if [X] 24-hour report [] 48-hour report [X] New report [] Amends report filed on

Full Name of Payee Carol L Walters
Mailing Address 1900 Glen West Way
City Fort Smith State AR Zip Code 72916
Purpose of Expenditure Salary Category/Type 001
Name of Federal Candidate Mr. Mark L Pryor [] Support [X] Oppose
Calendar Year-To-Date Per Election for Office Sought 194342.16

Date of Public Distribution/Dissemination 10 / 22 / 2014
Amount 120.00
Transaction ID : a59e72bf-80a9-476b-b
Date of Disbursement or Obligation 10 / 22 / 2014
Office Sought: [] House District: 00 [] President [X] Senate State: AR
Disbursement For: [] Primary [X] General 2014 [] Other (specify)

Full Name of Payee Michael A Stieben
Mailing Address 16864 Stillwell
City Bonner Springs State KS Zip Code 66012
Purpose of Expenditure Salary Category/Type 001
Name of Federal Candidate Mr. Greg Orman [] Support [X] Oppose
Calendar Year-To-Date Per Election for Office Sought 178792.81

Date of Public Distribution/Dissemination 10 / 23 / 2014
Amount 9.00
Transaction ID : c4901918-a384-42f1-b
Date of Disbursement or Obligation 10 / 23 / 2014
Office Sought: [] House District: 00 [] President [X] Senate State: KS
Disbursement For: [] Primary [X] General 2014 [] Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures 129.00
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL 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.
Ms. Emily Buchanan [Electronically Filed] Date 10 / 25 / 2014
Signature

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES (Schedule E)

NAME OF COMMITTEE (In Full) Women Speak Out PAC
FEC IDENTIFICATION NUMBER C C00530766
Check if [X] 24-hour report [] 48-hour report [X] New report [] Amends report filed on

Full Name of Payee Michael A Stieben
Mailing Address 16864 Stillwell
City Bonner Springs State KS Zip Code 66012
Purpose of Expenditure Mileage Category/Type 002
Name of Federal Candidate Mr. Greg Orman [] Support [X] Oppose
Calendar Year-To-Date Per Election for Office Sought 178792.81

Date of Public Distribution/Dissemination 10 / 23 / 2014
Amount 3.60
Transaction ID : 3f4ab762-847f-4481-a
Date of Disbursement or Obligation 10 / 23 / 2014
Office Sought: [] House District: 00 [] President [X] Senate State: KS
Disbursement For: [] Primary [X] General 2014 [] Other (specify)

Full Name of Payee Jodi DeFrees
Mailing Address 201 E Mt Vernon
City Wichita State KS Zip Code 67211
Purpose of Expenditure Salary Category/Type 001
Name of Federal Candidate Mr. Greg Orman [] Support [X] Oppose
Calendar Year-To-Date Per Election for Office Sought 178792.81

Date of Public Distribution/Dissemination 10 / 22 / 2014
Amount 60.00
Transaction ID : 057f0e8d-ef7d-4b08-b
Date of Disbursement or Obligation 10 / 22 / 2014
Office Sought: [] House District: 00 [] President [X] Senate State: KS
Disbursement For: [] Primary [X] General 2014 [] Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures 63.60
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL 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.
Ms. Emily Buchanan [Electronically Filed] Date 10 / 25 / 2014
Signature

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES (Schedule E)

NAME OF COMMITTEE (In Full) Women Speak Out PAC
FEC IDENTIFICATION NUMBER C C00530766
Check if [X] 24-hour report [] 48-hour report [X] New report [] Amends report filed on

Full Name of Payee Jodi DeFrees
Mailing Address 201 E Mt Vernon
City Wichita State KS Zip Code 67211
Purpose of Expenditure Mileage Category/Type 002
Name of Federal Candidate Mr. Greg Orman [] Support [X] Oppose
Calendar Year-To-Date Per Election for Office Sought 178792.81

Date of Public Distribution/Dissemination 10 / 22 / 2014
Amount 8.70
Transaction ID : fa7f8a2d-208f-4e3c-a
Date of Disbursement or Obligation 10 / 22 / 2014
Office Sought: [] House District: 00 [] President [X] Senate State: KS
Disbursement For: [] Primary [X] General 2014 [] Other (specify)

Full Name of Payee Eva M Johnston
Mailing Address 2517 N 47th St
City Milwaukee State WI Zip Code 53210
Purpose of Expenditure Salary Category/Type 001
Name of Federal Candidate Mr. Greg Orman [] Support [X] Oppose
Calendar Year-To-Date Per Election for Office Sought 178792.81

Date of Public Distribution/Dissemination 10 / 22 / 2014
Amount 40.00
Transaction ID : 6d21830b-5b69-4c20-8
Date of Disbursement or Obligation 10 / 22 / 2014
Office Sought: [] House District: 00 [] President [X] Senate State: KS
Disbursement For: [] Primary [X] General 2014 [] Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures 48.70
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL 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.
Ms. Emily Buchanan [Electronically Filed] Date 10 / 25 / 2014
Signature

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES (Schedule E)

NAME OF COMMITTEE (In Full) Women Speak Out PAC
FEC IDENTIFICATION NUMBER C C00530766
Check if [X] 24-hour report [] 48-hour report [X] New report [] Amends report filed on

Full Name of Payee David Ford
Mailing Address 106 Hillside St
City Spindale State NC Zip Code 28160
Purpose of Expenditure Mileage Category/Type 002
Name of Federal Candidate Ms. Kay Hagan [] Support [X] Oppose

Date of Public Distribution/Dissemination 10 / 23 / 2014
Amount 48.54
Transaction ID : 747f2aae-fa43-43f2-b
Date of Disbursement or Obligation 10 / 23 / 2014
Office Sought: [] House District: 00 [] President [X] Senate State: NC
Disbursement For: [] Primary [X] General 2014 [] Other (specify)

Full Name of Payee
Mailing Address
City State Zip Code
Purpose of Expenditure Category/Type
Name of Federal Candidate [] Support [] Oppose
Calendar Year-To-Date Per Election for Office Sought

Date of Public Distribution/Dissemination
Amount
Date of Disbursement or Obligation
Office Sought: [] House District: [] President [] Senate State:
Disbursement For: [] Primary [] General [] Other (specify)

Table with 2 columns: Description and Amount. (a) SUBTOTAL of Itemized Independent Expenditures 48.54; (b) SUBTOTAL of Unitemized Independent Expenditures; (c) TOTAL Independent Expenditures 112256.98

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.
Ms. Emily Buchanan [Electronically Filed] Date 10 / 25 / 2014
Signature