

**FEC
FORM 3X****REPORT OF RECEIPTS
AND DISBURSEMENTS**
For Other Than An Authorized Committee

Office Use Only

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

12FE4M5

Women Speak Out PAC

ADDRESS (number and street)

1200 New Hampshire Ave NW

Suite 750

☐ Check if different than previously reported. (ACC)

Washington

DC

20036

2. FEC IDENTIFICATION NUMBER ▼

CITY ▲

STATE ▲

ZIP CODE ▲

C C00530766

3. IS THIS
REPORT☐ NEW
(N)

OR

☒ AMENDED
(A)

4. TYPE OF REPORT

(Choose One)

(a) Quarterly Reports:

☐ April 15
Quarterly Report (Q1)☐ July 15
Quarterly Report (Q2)☐ October 15
Quarterly Report (Q3)☐ January 31
Year-End Report (YE)☐ July 31 Mid-Year
Report (Non-election
Year Only) (MY)☐ Termination Report
(TER)(b) Monthly
Report
Due On:☐ Feb 20 (M2)☐ May 20 (M5)☐ Aug 20 (M8)☐ Nov 20 (M11)
(Non-Election
Year Only)☐ Mar 20 (M3)☐ Jun 20 (M6)☐ Sep 20 (M9)☐ Dec 20 (M12)
(Non-Election
Year Only)☐ Apr 20 (M4)☐ Jul 20 (M7)☐ Oct 20 (M10)☐ Jan 31 (YE)

(c) 12-Day

PRE-Election

Report for the:

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

Election on

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

in the
State of

(d) 30-Day

POST-Election

Report for the:

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

Election on

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

in the
State of

5. Covering Period

M M M / D D D / Y Y Y Y Y Y
10 16 2014

through

M M M / D D D / Y Y Y Y Y Y
11 16 2014

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

Type or Print Name of Treasurer Ms. Emily Buchanan

Signature of Treasurer

Ms. Emily Buchanan

[Electronically Filed]

Date

M M M / D D D / Y Y Y Y Y Y
05 18 2015

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

Office
Use
Only**FEC FORM 3X**
Rev. 12/2004

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

Women Speak Out PAC

Report Covering the Period:

From:

 M M / D D / Y Y Y Y Y
 10 16 2014

To:

 M M / D D / Y Y Y Y Y
 11 16 2014

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, 2014		1842.48
(b) Cash on Hand at Beginning of Reporting Period.....	268791.96	
(c) Total Receipts (from Line 19)	1104377.02	3648383.22
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	1373168.98	3650225.7
7. Total Disbursements (from Line 31)	975615.82	3252672.54
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	397553.16	397553.16
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	



This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission
999 E Street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

DETAILED SUMMARY PAGE

of Receipts

FEC Form 3X (Rev. 06/2004)

Page 3

Write or Type Committee Name

Women Speak Out PAC

Report Covering the Period:

From:

M M / D D / Y Y Y Y
10 16 2014

To:

M M / D D / Y Y Y Y
11 16 2014
I. Receipts
COLUMN A
Total This Period
COLUMN B
Calendar Year-to-Date

11. Contributions (other than loans) From:

(a) Individuals/Persons Other

Than Political Committees

(i) Itemized (use Schedule A).....

1050943.73

3490974.09

(ii) Unitemized

33433.29

87409.13

(iii) TOTAL (add

Lines 11(a)(i) and (ii)..... ►

1084377.02

3578383.22

(b) Political Party Committees

0.00

0.00

(c) Other Political Committees

(such as PACs).....

20000.00

70000

(d) Total Contributions (add Lines

11(a)(iii), (b), and (c)) (Carry

Totals to Line 33, page 5) ►

1104377.02

3648383.22

12. Transfers From Affiliated/Other

Party Committees.....

0.00

0.00

13. All Loans Received

0

0.00

14. Loan Repayments Received.....

0.00

0.00

15. Offsets To Operating Expenditures

(Refunds, Rebates, etc.)

(Carry Totals to Line 37, page 5).....

0

0

16. Refunds of Contributions Made

to Federal Candidates and Other

Political Committees.....

0.00

0.00

17. Other Federal Receipts

(Dividends, Interest, etc.).....

0.00

0.00

18. Transfers from Non-Federal and Levin Funds

(a) Non-Federal Account

(from Schedule H3)

0.00

0.00

(b) Levin Funds (from Schedule H5)

0.00

0.00

(c) Total Transfers (add 18(a) and 18(b))..

0

19. Total Receipts (add Lines 11(d),
12, 13, 14, 15, 16, 17, and 18(c))..... ►

1104377.02

3648383.22

20. Total Federal Receipts

(subtract Line 18(c) from Line 19) ►

1104377.02

3648383.22

DETAILED SUMMARY PAGE of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures	363682.49	1206350.28
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	363682.49	1206350.28
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	0	3000
24. Independent Expenditures (use Schedule E)	611933.33	2043322.26
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0	0
29. Other Disbursements	0.00	0.00
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	975615.82	3252672.54
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	975615.82	3252672.54

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3)	1104377.02	3648383.22
34. Total Contribution Refunds (from Line 28(d))	0	0
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	1104377.02	3648383.22
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) ►	363682.49	1206350.28
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0	0
38. Net Operating Expenditures (subtract Line 37 from Line 36) ►	363682.49	1206350.28

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

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

FOR LINE NUMBER: PAGE 6 OF 3250

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Women Speak Out PAC

Full Name (Last, First, Middle Initial)

A. Mary Kay Clark

Mailing Address 1350 Progress Drive

City

Front Royal

State

VA

Zip Code

22630

FEC ID number of contributing
federal political committee.

C

Name of Employer

Seton Home Study School

Occupation

Director

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
11 / 12 / 2014

Transaction ID : E4-B65D-8B81D5633AB0

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

B. Mary Walker

Mailing Address P.O. 325

City

Amity

State

OR

Zip Code

97101

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self-Employed

Occupation

Farmer

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
11 / 13 / 2014

Transaction ID : 58-AE9F-5BFF0FD674A1

Amount of Each Receipt this Period

5000.00

Full Name (Last, First, Middle Initial)

C. David Hanson

Mailing Address 1803 Springview Drive

City

Mason City

State

IA

Zip Code

50401

FEC ID number of contributing
federal political committee.

C

Name of Employer

Mercy Med. Center- North Iowa

Occupation

Physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 22 / 2014

Transaction ID : B3-9F0C-E6D426F6B7B7

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)..... ►

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

6500.00

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

Use separate schedule(s)
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FOR LINE NUMBER:
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)
Women Speak Out PAC

Full Name (Last, First, Middle Initial) A. Phillip Kronstein			Date of Receipt M M / D D / Y Y Y Y 10 / 20 / 2014	
Mailing Address 4835 Cordell Avenue, Apt. 1010			Transaction ID : F8-B3E1-DA914F18EECD	
City Bethesda	State MD	Zip Code 20814	Amount of Each Receipt this Period 500.00	
FEC ID number of contributing federal political committee. C				
Name of Employer FDA		Occupation Medical Officer		
Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼		Aggregate Year-to-Date ▼ 500.00		

Full Name (Last, First, Middle Initial) B. Susan Rutherford			Date of Receipt M M / D D / Y Y Y Y 10 / 23 / 2014	
Mailing Address 13439 Northeast 115th Court			Transaction ID : C6-8706-BDF614F548F5	
City Redmond	State WA	Zip Code 98052	Amount of Each Receipt this Period 500.00	
FEC ID number of contributing federal political committee. C				
Name of Employer Evergreen Healthcare		Occupation Physician		
Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼		Aggregate Year-to-Date ▼ 500.00		

Full Name (Last, First, Middle Initial) C. Catherine Fiora			Date of Receipt M M / D D / Y Y Y Y 11 / 12 / 2014	
Mailing Address 5015 Battery Lane Apt. 1101			Transaction ID : 79-9EB8-1864DF1A67B9	
City Bethesda	State MD	Zip Code 20814	Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. C				
Name of Employer Retired		Occupation Retired		
Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼		Aggregate Year-to-Date ▼ 250.00		

SUBTOTAL of Receipts This Page (optional)..... ►

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

1250.00

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

Use separate schedule(s)
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Detailed Summary Page

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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

Women Speak Out PAC

Full Name (Last, First, Middle Initial)

A. Frederic Sauer

Mailing Address 1657 Forest View Drive

City State Zip Code
 Saint Louis MO 63122

FEC ID number of contributing federal political committee.

C

Name of Employer

Orion Investment Company

Occupation

Investor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3000.00

Date of Receipt

M M / D D / Y Y Y Y Y
 10 21 2014

Transaction ID : 97-B552-B4BED4C359C6

Amount of Each Receipt this Period

3000.00

Full Name (Last, First, Middle Initial)

B. Richard Bruno

Mailing Address P.O Box 11

City State Zip Code
 Piermont NY 10968

FEC ID number of contributing federal political committee.

C

Name of Employer

Self-Employed

Occupation

Contractor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

M M / D D / Y Y Y Y Y
 10 22 2014

Transaction ID : 28-A8A8-35B3B88B0C5B

Amount of Each Receipt this Period

2500.00

Full Name (Last, First, Middle Initial)

C. Sean Buckner

Mailing Address 18862 Ridgewood Lane

City State Zip Code
 Villa Park CA 92861

FEC ID number of contributing federal political committee.

C

Name of Employer

M.C. Clothing Inc.

Occupation

Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

M M / D D / Y Y Y Y Y
 11 12 2014

Transaction ID : 37-BA1D-03BD877DB9AC

Amount of Each Receipt this Period

2500.00

SUBTOTAL of Receipts This Page (optional)..... ►

8000.00

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

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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NAME OF COMMITTEE (In Full)
Women Speak Out PAC

Full Name (Last, First, Middle Initial)

A. Michael Casey

Mailing Address 20 Descanso Drive
Unit 1445

City State Zip Code
San Jose CA 95134

FEC ID number of contributing
federal political committee.

C

Name of Employer

Intel

Occupation

Engineer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 31 / 2014

Transaction ID : 60-BCA7-656AF7325633

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

B. Erwin Gurtatowski

Mailing Address 15656 Gouwens Lane

City State Zip Code
South Holland IL 60473

FEC ID number of contributing
federal political committee.

C

Name of Employer

Retired

Occupation

Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 24 / 2014

Transaction ID : 1C-9AB7-7D7008191DDA

Amount of Each Receipt this Period

750.00

Full Name (Last, First, Middle Initial)

C. James Madden

Mailing Address 312 Monceaux Road

City State Zip Code
West Palm Beach FL 33405

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self-Employed

Occupation

Artist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 20 / 2014

Transaction ID : B8-9286-B95074EEF849

Amount of Each Receipt this Period

750.00

SUBTOTAL of Receipts This Page (optional)..... ►

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

2500.00

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

Use separate schedule(s)
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FOR LINE NUMBER: PAGE 10 OF 3250

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)
Women Speak Out PAC

Full Name (Last, First, Middle Initial) A. Richard Bruno Mailing Address P.O Box 11 City State Zip Code Piermont NY 10968 FEC ID number of contributing federal political committee. C Name of Employer Occupation Self-Employed Contractor Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼ Aggregate Year-to-Date ▼ 500.00			Date of Receipt M M / D D / Y Y Y Y Y 11 / 10 / 2014 Transaction ID : 1F-90E9-4C8E5B240F68 Amount of Each Receipt this Period 500.00		
Full Name (Last, First, Middle Initial) B. Robert Miller Mailing Address 2271 Country Club Drive City State Zip Code Pittsburgh PA 15241 FEC ID number of contributing federal political committee. C Name of Employer Occupation Retired Retired Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼ Aggregate Year-to-Date ▼ 500.00			Date of Receipt M M / D D / Y Y Y Y Y 11 / 01 / 2014 Transaction ID : 6A-8086-9748F6148347 Amount of Each Receipt this Period 500.00		
Full Name (Last, First, Middle Initial) C. Robert Lunday Mailing Address 17644 Southeast 293rd Place City State Zip Code Kent WA 98042 FEC ID number of contributing federal political committee. C Name of Employer Occupation Retired Retired Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼ Aggregate Year-to-Date ▼ 500.00			Date of Receipt M M / D D / Y Y Y Y Y 10 / 30 / 2014 Transaction ID : E4-B330-5B896666F8C7 Amount of Each Receipt this Period 500.00		
SUBTOTAL of Receipts This Page (optional)..... ▶			1500.00		
TOTAL This Period (last page this line number only)..... ▶					

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

Use separate schedule(s)
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(check only one)

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NAME OF COMMITTEE (In Full)

Women Speak Out PAC

Full Name (Last, First, Middle Initial)

A. William Rodriguez

Mailing Address 2904 Polk Street

City

Houston

State

TX

Zip Code

77003

FEC ID number of contributing
federal political committee.

C

Name of Employer

HISD

Occupation

Teacher

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
 11 / 01 / 2014

Transaction ID : AB-BEBA-E24D326F09B7

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. Michael Doherty

Mailing Address 14210 Stacey Road Northeast

City

Greenville

State

MI

Zip Code

48838

FEC ID number of contributing
federal political committee.

C

Name of Employer

Retired

Occupation

Retired

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y
 10 / 27 / 2014

Transaction ID : 30-A915-5D318B5A5145

Amount of Each Receipt this Period

300.00

Full Name (Last, First, Middle Initial)

C. Charles Pulham

Mailing Address 29331 SW Villebois Dr S

City

Wilsonville

State

OR

Zip Code

97070

FEC ID number of contributing
federal political committee.

C

Name of Employer

Garmin

Occupation

Electrical Engineer

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
 10 / 27 / 2014

Transaction ID : 0A-8A6B-A6A4C15BE69C

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)..... ►

1050.00

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

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

Use separate schedule(s)
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FOR LINE NUMBER: PAGE 12 OF 3250

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Women Speak Out PAC

Full Name (Last, First, Middle Initial)

A. Charles Pulham

Mailing Address 29331 SW Villebois Dr S

City State Zip Code
 Wilsonville OR 97070

FEC ID number of contributing federal political committee.

C

Name of Employer

Garmin

Occupation

Electrical Engineer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
 11 / 14 / 2014

Transaction ID : D2-A30E-CFC2E8DD7730

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Frederic Sauer

Mailing Address 1657 Forest View Drive

City State Zip Code
 Saint Louis MO 63122

FEC ID number of contributing federal political committee.

C

Name of Employer

Orion Investment Company

Occupation

Investor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
 10 / 30 / 2014

Transaction ID : 60-817D-CBA0D09725D3

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Mark Broich

Mailing Address 1296 Highway 52

City State Zip Code
 Ossian IA 52161

FEC ID number of contributing federal political committee.

C

Name of Employer

Self-Employed

Occupation

Farming

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
 10 / 20 / 2014

Transaction ID : 6D-B34F-B4954BB3A1B7

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)..... ►

750.00

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

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 13 OF 3250

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Women Speak Out PAC

Full Name (Last, First, Middle Initial)

A. Michael May

Mailing Address 3780 Dover Center Road

City State Zip Code
 Westlake OH 44145

FEC ID number of contributing federal political committee.

C

Name of Employer

New York Community Bank

Occupation

IT Field Support Technician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
 10 27 2014

Transaction ID : 80-8F4C-916828DD67DD

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Keith Tombs

Mailing Address 1412 Choxes Chase

City State Zip Code
 Greencastle PA 17225

FEC ID number of contributing federal political committee.

C

Name of Employer

Retired

Occupation

Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y
 10 16 2014

Transaction ID : 39-B4B2-3B71F989134D

Amount of Each Receipt this Period

240.00

Full Name (Last, First, Middle Initial)

C. Jeffrey Coors

Mailing Address 16126 West 32nd Avenue

City State Zip Code
 Golden CO 80401

FEC ID number of contributing federal political committee.

C

Name of Employer

Coorstek

Occupation

President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

25000.00

Date of Receipt

M M / D D / Y Y Y Y Y
 10 20 2014

Transaction ID : E3-AF80-1805DC543DC2

Amount of Each Receipt this Period

25000.00

SUBTOTAL of Receipts This Page (optional)..... ►

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

25490.00

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

Use separate schedule(s)
for each category of the
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(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)
Women Speak Out PAC

Full Name (Last, First, Middle Initial) A. James Fennell		Date of Receipt M M / D D / Y Y Y Y Y 11 / 13 / 2014
Mailing Address 6960 Killarney Drive		Transaction ID : 09-82C0-5375002FE10E
City Beaumont	State TX	Zip Code 77706
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1250.00
Name of Employer ExxonMobil - Retired	Occupation Retired	
Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼	Aggregate Year-to-Date ▼ 1250.00	

Full Name (Last, First, Middle Initial) B. Giuseppe Cecchi		Date of Receipt M M / D D / Y Y Y Y Y 11 / 10 / 2014
Mailing Address 1700 North Moore Street		Transaction ID : A2-999F-03E8CB03FA3D
City Arlington	State VA	Zip Code 22209
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer IDI Group Companies	Occupation President	
Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

Full Name (Last, First, Middle Initial) C. James Fennell		Date of Receipt M M / D D / Y Y Y Y Y 10 / 27 / 2014
Mailing Address 6960 Killarney Drive		Transaction ID : BA-9AE8-3C8B2C1B9EE0
City Beaumont	State TX	Zip Code 77706
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer ExxonMobil - Retired	Occupation Retired	
Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

SUBTOTAL of Receipts This Page (optional)..... ►

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

3250.00

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

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

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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Women Speak Out PAC

Full Name (Last, First, Middle Initial)

A. Joe Guiffre

Mailing Address 9417 Macklin Court

City

Alexandria

State

VA

Zip Code

22309

FEC ID number of contributing federal political committee.

C

Name of Employer

Guiffre Dist. Company

Occupation

Retired Chief Executive Officer

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
 11 / 12 / 2014

Transaction ID : 24-AFDD-F8145667730E

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Stephen Good

Mailing Address 3304 Grand Avenue

City

Everett

State

WA

Zip Code

98201

FEC ID number of contributing federal political committee.

C

Name of Employer

Retired

Occupation

Retired

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y Y
 10 / 20 / 2014

Transaction ID : B2-A67C-941130635645

Amount of Each Receipt this Period

225.00

Full Name (Last, First, Middle Initial)

C. Kimberly Bellissimo

Mailing Address 1155 15th Street, NW
Suite 410

City

Washington

State

DC

Zip Code

20005

FEC ID number of contributing federal political committee.

C

Name of Employer

Base Connect

Occupation

President and Founder

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
 10 / 27 / 2014

Transaction ID : FB-962A-B2F82644F6F1

Amount of Each Receipt this Period

1000.00

SUBTOTAL of Receipts This Page (optional)..... ►

1475.00

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

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

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

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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

Women Speak Out PAC

Full Name (Last, First, Middle Initial)

A. Mary Grace Sundy

Mailing Address 45 Fordyce Manor Court

City State Zip Code
 Lake Saint Louis MO 63367

FEC ID number of contributing federal political committee.

C

Name of Employer

Homemaker

Occupation

Homemaker

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
 10 20 2014

Transaction ID : 43-903A-F7386080B333

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

B. Debra Hill

Mailing Address 2132 Northwest Trout Court

City State Zip Code
 Camas WA 98607

FEC ID number of contributing federal political committee.

C

Name of Employer

Homemaker

Occupation

Homemaker

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
 10 28 2014

Transaction ID : 0C-BA7A-AD52A8217712

Amount of Each Receipt this Period

750.00

Full Name (Last, First, Middle Initial)

C. Cynthia Omlin

Mailing Address 4815 East Pineglen Lane

City State Zip Code
 Mead WA 99021

FEC ID number of contributing federal political committee.

C

Name of Employer

Northwest Professional Edu

Occupation

Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
 10 23 2014

Transaction ID : 61-AD20-90844982924B

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)..... ►

2250.00

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

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

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

FOR LINE NUMBER: PAGE 17 OF 3250

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Women Speak Out PAC

Full Name (Last, First, Middle Initial)

A. Johanna Berry

Mailing Address 18230 Northeast Rainbow Lane

City State Zip Code
 Newberg OR 97132

FEC ID number of contributing federal political committee.

C

Name of Employer

Occupation

Retired

Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
 10 28 2014

Transaction ID : 2E-AAD7-90E02D55AF5D

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. Marion Samson

Mailing Address 15 Central Drive

City State Zip Code
 Prt Washingtn NY 11050

FEC ID number of contributing federal political committee.

C

Name of Employer

Occupation

Homemaker

Homemaker

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
 10 16 2014

Transaction ID : 96-9AA1-5B0ABA438E3C

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. Nancy Briggs

Mailing Address 1151 Kensington Avenue

City State Zip Code
 Charlottesville VA 22903

FEC ID number of contributing federal political committee.

C

Name of Employer

Occupation

Homemaker

Homemaker

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
 10 29 2014

Transaction ID : 3F-9DAF-7CC3544D893F

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)..... ►

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

1500.00

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

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

FOR LINE NUMBER: PAGE 18 OF 3250

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Women Speak Out PAC

Full Name (Last, First, Middle Initial)

A. Patricia Gebhardt

Mailing Address 12480 North Royal Lane

City State Zip Code
 Mequon WI 53092

FEC ID number of contributing federal political committee.

C

Name of Employer

Occupation

Info Requested

Info Requested

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
 10 24 2014

Transaction ID : 4A-BF5D-1E01658261D0

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. Shannon McGinley

Mailing Address 4 Balsam Court

City State Zip Code
 Bedford NH 03110

FEC ID number of contributing federal political committee.

C

Name of Employer

Occupation

Homemaker

Homemaker

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
 10 30 2014

Transaction ID : 6D-BDC6-271878DE277A

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. Elizabeth Earl

Mailing Address 723 Garfield Avenue

City State Zip Code
 Aurora IL 60506

FEC ID number of contributing federal political committee.

C

Name of Employer

Occupation

Homemaker

Homemaker

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
 10 29 2014

Transaction ID : C4-8F77-2DD5088A3AE2

Amount of Each Receipt this Period

300.00

SUBTOTAL of Receipts This Page (optional)..... ►

1300.00

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

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

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

FOR LINE NUMBER:
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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)
Women Speak Out PAC

Full Name (Last, First, Middle Initial)

A. Joanne Aarseth

Mailing Address 20840 Miranda Falls Square

City State Zip Code
 Sterling VA 20165

FEC ID number of contributing
federal political committee.

C

Name of Employer

Freddie Mac

Occupation

Lawyer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

10 / 22 / 2014

Transaction ID : 1D-9F21-79DBF4310A0F

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Marylane Burry

Mailing Address 305 Southwinds

City State Zip Code
 Tinton Falls NJ 07753

FEC ID number of contributing
federal political committee.

C

Name of Employer

Homemaker/Volunteer

Occupation

Homemaker/Volunteer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

10 / 24 / 2014

Transaction ID : 75-ADEF-342AE12FEAFE

Amount of Each Receipt this Period

5000.00

Full Name (Last, First, Middle Initial)

C. Lauren Elizabeth Fissel

Mailing Address 2125 Nantucket Drive

City State Zip Code
 Sun City Center FL 33573

FEC ID number of contributing
federal political committee.

C

Name of Employer

Retired

Occupation

Retired/Volunteer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

800.00

Date of Receipt

10 / 21 / 2014

Transaction ID : 2B-9A7A-FB6635C90BF3

Amount of Each Receipt this Period

800.00

SUBTOTAL of Receipts This Page (optional)..... ►

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

6050.00

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

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NAME OF COMMITTEE (In Full)

Women Speak Out PAC

Full Name (Last, First, Middle Initial)

A. Sharon Casey

Mailing Address 3021 San Luis Rey Ave

City State Zip Code
 San Jose CA 95118

FEC ID number of contributing federal political committee.

C

Name of Employer

Roche Biocience

Occupation

Regulatory Affairs Associate

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

M M / D D / Y Y Y Y Y
 10 31 2014

Transaction ID : 45-8CD8-4BE21F633404

Amount of Each Receipt this Period

750.00

Full Name (Last, First, Middle Initial)

B. Carol Carlson

Mailing Address 14750 Beach Blvd., #54

City State Zip Code
 Jacksonville Beach FL 32250

FEC ID number of contributing federal political committee.

C

Name of Employer

Homemaker

Occupation

Homemaker

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
 11 02 2014

Transaction ID : 4B-9625-04324DAC6466

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. Marian Turley

Mailing Address 3329 Wathens Crossing

City State Zip Code
 Owensboro KY 42301

FEC ID number of contributing federal political committee.

C

Name of Employer

Self-Employed

Occupation

Christian School Board

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
 10 27 2014

Transaction ID : AF-BFCE-A6F3058A98BD

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)..... ►

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

1750.00

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

Use separate schedule(s)
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NAME OF COMMITTEE (In Full)

Women Speak Out PAC

Full Name (Last, First, Middle Initial)

A. Marjorie Campbell

Mailing Address 2443 Fillmore Street 368

City State Zip Code
 San Francisco CA 94115

FEC ID number of contributing
federal political committee.

C

Name of Employer

Homemaker

Occupation

Homemaker

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
 10 24 2014

Transaction ID : DD-B07D-99A6296D82E9

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. Mona Barham

Mailing Address 135 Via Mariposa

City State Zip Code
 Palm Beach Gardens FL 33418

FEC ID number of contributing
federal political committee.

C

Name of Employer

Retired

Occupation

Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
 10 18 2014

Transaction ID : 37-B0CE-CFC56BFA8CD6

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. Rita Wilson

Mailing Address 2492 Stag Run Boulevard

City State Zip Code
 Clearwater FL 33765

FEC ID number of contributing
federal political committee.

C

Name of Employer

Retired

Occupation

Retired Educator

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
 11 01 2014

Transaction ID : 03-8AB3-92A890F67098

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)..... ►

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

1500.00

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

Use separate schedule(s)
for each category of the
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FOR LINE NUMBER:
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NAME OF COMMITTEE (In Full)
Women Speak Out PAC

Full Name (Last, First, Middle Initial) A. Eileen Jones			Date of Receipt M M / D D / Y Y Y Y 10 / 24 / 2014	
Mailing Address 804 Highland Avenue			Transaction ID : 5A-B4DB-E0CCC07B86C0	
City Piedmont	State CA	Zip Code 94611	Amount of Each Receipt this Period 270.00	
FEC ID number of contributing federal political committee. C				
Name of Employer Retired		Occupation Retired		
Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼		Aggregate Year-to-Date ▼ 270.00		

Full Name (Last, First, Middle Initial) B. Barbara Mau			Date of Receipt M M / D D / Y Y Y Y 10 / 30 / 2014	
Mailing Address 1681 Hillsmont Drive			Transaction ID : 4B-8E16-C186AF620C0B	
City El Cajon	State CA	Zip Code 92020	Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. C				
Name of Employer Retired		Occupation Retired		
Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼		Aggregate Year-to-Date ▼ 250.00		

Full Name (Last, First, Middle Initial) C. Ruthann Demeter			Date of Receipt M M / D D / Y Y Y Y 10 / 17 / 2014	
Mailing Address 16838 Bollinger Drive			Transaction ID : C9-8A62-8021D5FD1F62	
City Pacific Palisades	State CA	Zip Code 90272	Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. C				
Name of Employer Self-Employed		Occupation Paralegal		
Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼		Aggregate Year-to-Date ▼ 250.00		

SUBTOTAL of Receipts This Page (optional)..... ►

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

770.00

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

Use separate schedule(s)
for each category of the
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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

Women Speak Out PAC

Full Name (Last, First, Middle Initial)

A. Irene Harrison

Mailing Address 39 Jacques Avenue

City State Zip Code
Staten Island NY 10306

FEC ID number of contributing
federal political committee.

C

Name of Employer

Retired

Occupation

Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

205.00

Date of Receipt

M M / D D / Y Y Y Y
10 / 16 / 2014

Transaction ID : 73-A3D6-D43A7500893B

Amount of Each Receipt this Period

205.00

Full Name (Last, First, Middle Initial)

B. Jean McCanna

Mailing Address 12 Talbot Street

City State Zip Code
Fall River MA 02723

FEC ID number of contributing
federal political committee.

C

Name of Employer

Retired

Occupation

Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
10 / 31 / 2014

Transaction ID : DE-87CF-9F13F01319E3

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. Joan Nelson

Mailing Address 98 Lyford Road

City State Zip Code
Brookfield NH 03872

FEC ID number of contributing
federal political committee.

C

Name of Employer

Retired

Occupation

Homemaker

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y
10 / 30 / 2014

Transaction ID : 82-87DD-E0D92E4579D5

Amount of Each Receipt this Period

300.00

SUBTOTAL of Receipts This Page (optional)..... ►

1005.00

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

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

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

FOR LINE NUMBER: PAGE 24 OF 3250

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Women Speak Out PAC

Full Name (Last, First, Middle Initial)

A. Gina Westlake

Mailing Address 38 Longacre Drive

City State Zip Code
 Collegeville PA 19426

FEC ID number of contributing federal political committee.

C

Name of Employer

Homemaker

Occupation

Homemaker

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
 10 21 2014

Transaction ID : 16-A230-BD7F7D82C25D

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Nancy Cook

Mailing Address 7840 Ponds Edge Lane

City State Zip Code
 Zephyrhills FL 33540

FEC ID number of contributing federal political committee.

C

Name of Employer

Wells Fargo Advisors

Occupation

Advisor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
 10 23 2014

Transaction ID : CA-BC14-DF521908DCA8

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Susan B Anthony List, Inc.

Mailing Address 1200 New Hampshire Ave NW
Ste 750

City State Zip Code
 Washington DC 20036

FEC ID number of contributing federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1575192.41

Date of Receipt

M M / D D / Y Y Y Y
 10 22 2014

Transaction ID : 6F-9DDB-AD212A68F1DC

Amount of Each Receipt this Period

300000.00

SUBTOTAL of Receipts This Page (optional)..... ►

300500.00

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

SCHEDULE A (FEC Form 3X)

ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 25 OF 3250

(check only one)

☒ 11a	☐ 11b	☐ 11c	☐ 12	☐ 13	☐ 14	☐ 15	☐ 16	☐ 17

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NAME OF COMMITTEE (In Full)

Women Speak Out PAC

Full Name (Last, First, Middle Initial)

A. Campaign For American Values

Mailing Address 2800 S Shrlington Rd.
Suite 930

City State Zip Code
Arlington VA 22206

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

425000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
11			14			2014			

Transaction ID : 97-8D67-5865AAE5C2C2

Amount of Each Receipt this Period

75000.00

Full Name (Last, First, Middle Initial)

B. Legacy List Marketing

Mailing Address 1155 15th Street, NW
410

City State Zip Code
Washington DC 22005

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
10			27			2014			

Transaction ID : EC-8998-F0AB069369CC

Amount of Each Receipt this Period

2500.00

Full Name (Last, First, Middle Initial)

C. Susan B Anthony List, Inc.

Mailing Address 1200 New Hampshire Ave NW
Ste 750

City State Zip Code
Washington DC 20036

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1575192.41

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
10			17			2014			

Transaction ID : AF-9D2E-EBFBFE406A0B

Amount of Each Receipt this Period

125000.00

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

202500.00

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

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

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

FOR LINE NUMBER: PAGE 26 OF 3250

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Women Speak Out PAC

Full Name (Last, First, Middle Initial)

A. Susan B Anthony List, Inc.

Mailing Address 1200 New Hampshire Ave NW
Ste 750

City State Zip Code
Washington DC 20036

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1575192.41

Date of Receipt

M M / D D / Y Y Y Y Y
11 / 13 / 2014

Transaction ID : 1D-9AFA-296A82C69AEB

Amount of Each Receipt this Period

465109.07

Full Name (Last, First, Middle Initial)

B. Susan B Anthony List, Inc.

Mailing Address 1200 New Hampshire Ave NW
Ste 750

City State Zip Code
Washington DC 20036

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1575192.41

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 31 / 2014

Transaction ID : E6-B526-8FFCBAB33F63

Amount of Each Receipt this Period

11147.61

In Kind Donation of Salaries

In Kind Donation of Salaries

Full Name (Last, First, Middle Initial)

C. Susan B Anthony List, Inc.

Mailing Address 1200 New Hampshire Ave NW
Ste 750

City State Zip Code
Washington DC 20036

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1575192.41

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 31 / 2014

Transaction ID : F1-AC9E-8A6E14F80948

Amount of Each Receipt this Period

3797.05

In Kind Donation of Salaries

In Kind Donation of Salaries

SUBTOTAL of Receipts This Page (optional)..... ►

480053.73

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

1050943.73

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

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

FOR LINE NUMBER: PAGE 27 OF 3250

(check only one)

☐ 11a ☐ 11b ☒ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)
Women Speak Out PAC

Full Name (Last, First, Middle Initial)

A. Unlocking Potential PAC

Mailing Address 1390 Cambridge Road
 Suite 515

City McLean State VA Zip Code 22101

FEC ID number of contributing
federal political committee.

C C00325076

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

20000.00

Date of Receipt

10 / **20** / **2014**

Transaction ID : B4-86BA-728CE6EE18EB

Amount of Each Receipt this Period

20000.00

Full Name (Last, First, Middle Initial)

B.

Mailing Address

City State Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

Amount of Each Receipt this Period

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City State Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional)..... ►

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

20000.00

20000.00

☒	21b	☐	22	☐	23	☐	24	☐	25	☐	26
☐	27	☐	28a	☐	28b	☐	28c	☐	29	☐	30b

NAME OF COMMITTEE (In Full)
Women Speak Out PAC

A. LA Unemployment

Date of Disbursement

Transaction ID : 01C7D809-0F66-4DE3-A

001

Category/
Type

Amount of Each Disbursement this Period

139.22

Disbursement For:

☐ Primary ☐ General

☐ Other (specify) ▼

State: District:

Full Name (Last, First, Middle Initial)

B. IRS

Date of Disbursement

M M / D D / Y Y Y Y
11 14 2014

Transaction ID : 0267443C-CDF6-4AA7-8

001

Category/
Type

Amount of Each Disbursement this Period

492.29

Disbursement For:

☐ Primary ☐ General

☐ Other (specify) ▼

State: District:

Full Name (Last, First, Middle Initial)
C. IRS

Date of Disbursement

Transaction ID : 042DD834-DFF8-4396-A

001

Category/
Type

Amount of Each Disbursement this Period

4690.81

Disbursement For:

☐ Primary ☐ General

☐ Other (specify) ▼

State: District:

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

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

5322.32

☒	21b	☐	22	☐	23	☐	24	☐	25	☐	26
☐	27	☐	28a	☐	28b	☐	28c	☐	29	☐	30b

NAME OF COMMITTEE (In Full)
Women Speak Out PAC

4.50

98.53

8.18

111.21

FEC Schedule B (Form 3X) Rev. 02/2003

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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☒ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

Women Speak Out PAC

Full Name (Last, First, Middle Initial)

A. Petrina Williams

Mailing Address 3007 Darden Rd

City Greensboro State NC Zip Code 27407

Purpose of Disbursement
Travel Reimbursement

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
11 / 06 / 2014
Transaction ID : 067399FC-1083-47BC-9

Amount of Each Disbursement this Period

521.76

Full Name (Last, First, Middle Initial)

B. WalMart

Mailing Address 3605 High Point Rd

City Greensboro State NC Zip Code 27407

Purpose of Disbursement
Supplies

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
11 / 06 / 2014
Transaction ID : 508CA404-B654-4DE7-8

Amount of Each Disbursement this Period

260.00

[MEMO ITEM]

Itemization Of Reimbursement

Full Name (Last, First, Middle Initial)

C. Mr. Mick Bransfield

Mailing Address 12720 Builders Rd

City Herndon State VA Zip Code 20170

Purpose of Disbursement
Travel Reimbursement

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
10 / 27 / 2014
Transaction ID : 06933B7D-B48E-44FA-8

Amount of Each Disbursement this Period

2295.09

SUBTOTAL of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

2816.85

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 31 OF 3250

☒ 21b	☐ 22	☐ 23	☐ 24	☐ 25	☐ 26
☐ 27	☐ 28a	☐ 28b	☐ 28c	☐ 29	☐ 30b

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NAME OF COMMITTEE (In Full)

Women Speak Out PAC

Full Name (Last, First, Middle Initial)

A. Delta

Mailing Address P.O. Box 20706

City Atlanta	State GA	Zip Code 30320

Purpose of Disbursement
Travel

Candidate Name

Office Sought:	☐ House ☐ Senate ☐ President
State:	District:

Disbursement For:	☐ Primary ☐ General
	☐ Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
10		27		2014

Transaction ID : A31C98A1-0B0B-4EEC-B

Amount of Each Disbursement this Period

728.00

[MEMO ITEM]

Itemization Of Reimbursement

Full Name (Last, First, Middle Initial)

B. Dollar Rental Car

Mailing Address 1 International Circle

City Kansas City	State MO	Zip Code 64153

Purpose of Disbursement
Travel

Candidate Name

Office Sought:	☐ House ☐ Senate ☐ President
State:	District:

Disbursement For:	☐ Primary ☐ General
	☐ Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
10		27		2014

Transaction ID : 461AEEA6-0A56-40E9-A

Amount of Each Disbursement this Period

752.21

[MEMO ITEM]

Itemization Of Reimbursement

Full Name (Last, First, Middle Initial)

C. Mr. Mick Bransfield

Mailing Address 12720 Builders Rd

City Herndon	State VA	Zip Code 20170

Purpose of Disbursement
National Field Management

Candidate Name

Office Sought:	☐ House ☐ Senate ☐ President
State:	District:

Disbursement For:	☐ Primary ☐ General
	☐ Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
10		27		2014

Transaction ID : 06FFAF55-AF83-4FB0-9

Amount of Each Disbursement this Period

4000.00

SUBTOTAL of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

4000.00

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 32 OF 3250

☒ 21b	☐ 22	☐ 23	☐ 24	☐ 25	☐ 26
☐ 27	☐ 28a	☐ 28b	☐ 28c	☐ 29	☐ 30b

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NAME OF COMMITTEE (In Full)

Women Speak Out PAC

Full Name (Last, First, Middle Initial)

A. Matt Gleb

Mailing Address 3815 Robin Road

City	State	Zip Code
Ayden	NC	28513

Purpose of Disbursement
Travel Reimbursement

Candidate Name

Office Sought:	☐ House ☐ Senate ☐ President
State:	District:

Disbursement For:	☐ Primary ☐ General
	☐ Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
11		12		2014

Transaction ID : 07F87E80-A074-483D-A

Amount of Each Disbursement this Period

65.30

Full Name (Last, First, Middle Initial)

B. IRS

Mailing Address IRS

City	State	Zip Code
Cincinnati	OH	45999

Purpose of Disbursement
Taxes

Candidate Name

Office Sought:	☐ House ☐ Senate ☐ President
State:	District:

Disbursement For:	☐ Primary ☐ General
	☐ Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
11		15		2014

Transaction ID : 0AFA1A4A-C6C3-49B3-A

Amount of Each Disbursement this Period

4000.85

Full Name (Last, First, Middle Initial)

C. Authorize.Net

Mailing Address PO Box 947

City	State	Zip Code
American Fork	UT	84003

Purpose of Disbursement
Credit Card Processing

Candidate Name

Office Sought:	☐ House ☐ Senate ☐ President
State:	District:

Disbursement For:	☐ Primary ☐ General
	☐ Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
11		04		2014

Transaction ID : 0C89EF72-006F-4D64-B

Amount of Each Disbursement this Period

156.90

SUBTOTAL of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

4223.05

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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☒ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

Women Speak Out PAC

Full Name (Last, First, Middle Initial)

A. Chain Bridge Bank

Mailing Address 1445-A Laughlin Avenue

City McLean State VA Zip Code 22101

Purpose of Disbursement
Bank Fees

001

Candidate Name

Category/
Type
Office Sought: ☐ House
 ☐ Senate
 ☐ President

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
10 31 2014
Transaction ID : 0FB026CF-B179-482E-B

Amount of Each Disbursement this Period

95.60

Full Name (Last, First, Middle Initial)

B. Chain Bridge Bank

Mailing Address 1445-A Laughlin Avenue

City McLean State VA Zip Code 22101

Purpose of Disbursement
Bank Fees

001

Candidate Name

Category/
Type
Office Sought: ☐ House
 ☐ Senate
 ☐ President

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
10 23 2014
Transaction ID : 10A1C2FF-CE86-427D-8

Amount of Each Disbursement this Period

15.00

Full Name (Last, First, Middle Initial)

C. Arkansas Dept of Workforce Services

Mailing Address PO Box 8007

City Little Rock State AR Zip Code 72203

Purpose of Disbursement
Taxes

001

Candidate Name

Category/
Type
Office Sought: ☐ House
 ☐ Senate
 ☐ President

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
10 16 2014
Transaction ID : 117922C7-9F7E-44D2-8

Amount of Each Disbursement this Period

406.67

SUBTOTAL of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

517.27

☒	21b	☐	22	☐	23	☐	24	☐	25	☐	26
☐	27	☐	28a	☐	28b	☐	28c	☐	29	☐	30b

NAME OF COMMITTEE (In Full)
Women Speak Out PAC

2558.58

218.55

695.00

☒	21b	☐	22	☐	23	☐	24	☐	25	☐	26
☐	27	☐	28a	☐	28b	☐	28c	☐	29	☐	30b

NAME OF COMMITTEE (In Full)
Women Speak Out PAC

A. Taylor Wilson

Mailing Address 6300 terra verde dr

City	State	Zip Code
Raleigh	NC	27609

Purpose of Disbursement	
Travel Reimbursement	

Candidate Name

Office Sought:	☐	House
	☐	Senate
	☐	President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Date of Disbursement



The image shows three digital displays arranged horizontally, separated by slashes. Each display has a set of letters above it: the first has 'M M', the second has 'D D', and the third has 'Y Y Y Y'. The first display shows the number '11', the second shows '12', and the third shows '2014'. The letters 'M' and 'D' are above the first two displays, and 'Y' is above the third.

Transaction ID : 169B1AE8-3577-484D-9

Amount of Each Disbursement this Period

712.01

Full Name (Last, First, Middle Initial)

B. Walmart

Mailing Address 1511 Benvenue Rd

City	State	Zip Code
Rocky Mount	NC	27804

Purpose of Disbursement	
Supplies	

Candidate Name

Office Sought:	☐	House
	☐	Senate
	☐	President

Disbursement For:

☐ Primary ☐ General

☐ Other (specify) ▼

Date of Disbursement

Transaction ID : E7CC48B1-CBE1-4178-8

Amount of Each Disbursement this Period

230.00

[MEMO ITEM]
Itemization Of Reimbursement

Full Name (Last, First, Middle Initial)

C. Design 4 Advertising

Mailing Address 106 N Collins St.

City	State	Zip Code
Plant City	FL	33563

Purpose of Disbursement Design Work

Candidate Name

Office Sought:	☐	House
	☐	Senate
	☐	President

Disbursement For:

☐ Primary ☐ General

☐ Other (specify) ▼

Date of Disbursement

Three digital displays showing the date 10/17/2014 in MM/DD/YYYY format. The first display shows '10' with 'M' indicators above it. The second display shows '17' with 'D' indicators above it. The third display shows '2014' with 'Y' indicators above it.

Transaction ID : 16B9C83C-2BC0-423C-8

Amount of Each Disbursement this Period

225.00

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

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

937.01

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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☒ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

Women Speak Out PAC

Full Name (Last, First, Middle Initial)

A. terrydesigngroup

Mailing Address 5022 Prestwick Dr

City Fairfax State VA Zip Code 22030

Purpose of Disbursement
Design Work

001

Candidate Name

Category/
Type
Office Sought: ☐ House
 ☐ Senate
 ☐ President

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
10 27 2014
Transaction ID : 170BFADE-C83D-40B8-8

Amount of Each Disbursement this Period

175.00

Full Name (Last, First, Middle Initial)

B. VA Department of Taxation

Mailing Address PO Box 1115

City Richmond State VA Zip Code 23218

Purpose of Disbursement
Taxes

001

Candidate Name

Category/
Type
Office Sought: ☐ House
 ☐ Senate
 ☐ President

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
10 24 2014
Transaction ID : 1764C256-CBD2-41B0-B

Amount of Each Disbursement this Period

103.34

Full Name (Last, First, Middle Initial)

C. PayChex

Mailing Address 911 Panorama Trail S

City Rochester State NY Zip Code 14625

Purpose of Disbursement
Payroll Processing

001

Candidate Name

Category/
Type
Office Sought: ☐ House
 ☐ Senate
 ☐ President

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
10 24 2014
Transaction ID : 18B5A9F7-9309-4D76-A

Amount of Each Disbursement this Period

342.90

SUBTOTAL of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

621.24

☒	21b	☐	22	☐	23	☐	24	☐	25	☐	26
☐	27	☐	28a	☐	28b	☐	28c	☐	29	☐	30b

NAME OF COMMITTEE (In Full)
Women Speak Out PAC

A. NC Unemployment

Mailing Address 1101 Mail Service Center

City	State	Zip Code
Raleigh	NC	27699

Purpose of Disbursement	Taxes

Candidate Name _____

Office Sought:	☐	House
	☐	Senate
	☐	President

State: District:

Disbursement For:

☐	Primary	☐	General
☐	Other (specify) ▼		

Date of Disbursement

Transaction ID : 1A6209F9-29A9-4ECF-A

Amount of Each Disbursement this Period

238.84

Full Name (Last, First, Middle Initial)

B. The Lukens Company

Mailing Address 2800 Shirlington Rd

City	State	Zip Code
Arlington	VA	22206

Purpose of Disbursement	Wheat Tattoo Piece-Montana Statewide Race Mailer

Candidate Name

Office Sought:	☐	House
	☐	Senate
	☐	President

State: District:

Disbursement For:

☐ Primary ☐ General

☐ Other (specify) ▼

Date of Disbursement

M M / D D / Y Y Y Y
10 16 2014

Transaction ID : 1A673566-5EA2-4AD3-9

Amount of Each Disbursement this Period

35277.00

Full Name (Last, First, Middle Initial)

C. C&K Properties

Mailing Address 6350 Cephis Drive

City	State	Zip Code
Clemmons	NC	27012

Purpose of Disbursement
Rent

Candidate Name

Office Sought:	☐	House
	☐	Senate
	☐	President

State: District:

Disbursement For:

☐	Primary	☐	General
☐	Other (specify) ▼		

Date of Disbursement

Transaction ID : 1B4469CD-12E4-4511-9

Amount of Each Disbursement this Period

995.00

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

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

36510.84

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
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(check only one)

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☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

Women Speak Out PAC

Full Name (Last, First, Middle Initial)

A. US Airways

Mailing Address 4333 Amon Carter Blvd

City Fort Worth State TX Zip Code 76155

Purpose of Disbursement
Travel

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President
State: District:

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
10 22 2014
Transaction ID : CADBC814-4C86-49F0-9

Amount of Each Disbursement this Period

25.00

[MEMO ITEM]

Itemization Of Reimbursement

Full Name (Last, First, Middle Initial)

B. Pizza hut

Mailing Address 1990 M St

City Washington State DC Zip Code 20036

Purpose of Disbursement
Meals

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President
State: District:

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
10 22 2014
Transaction ID : 46269389-28BE-447E-A

Amount of Each Disbursement this Period

69.29

[MEMO ITEM]

Itemization Of Reimbursement

Full Name (Last, First, Middle Initial)

C. US Airways

Mailing Address 4333 Amon Carter Blvd

City Fort Worth State TX Zip Code 76155

Purpose of Disbursement
Travel

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President
State: District:

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
10 22 2014
Transaction ID : 158FCCB6-E043-4FE9-B

Amount of Each Disbursement this Period

499.00

[MEMO ITEM]

Itemization Of Reimbursement

SUBTOTAL of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

0.00

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
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(check only one)

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☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

Women Speak Out PAC

Full Name (Last, First, Middle Initial)

A. US Airways

Mailing Address 4333 Amon Carter Blvd

City Fort Worth State TX Zip Code 76155

Purpose of Disbursement
Travel

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President
State: District:

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
10 22 2014
Transaction ID : 490641A9-EAB9-474F-B

Amount of Each Disbursement this Period

25.00

[MEMO ITEM]

Itemization Of Reimbursement

Full Name (Last, First, Middle Initial)

B. Hertz

Mailing Address New Orleans Int'l Airport

City Kenner State LA Zip Code 70062

Purpose of Disbursement
Travel

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President
State: District:

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
10 22 2014
Transaction ID : 7B3A0F0A-D33E-486B-B

Amount of Each Disbursement this Period

291.01

[MEMO ITEM]

Itemization Of Reimbursement

Full Name (Last, First, Middle Initial)

C. Martha C Luke

Mailing Address 345 S Club Ave

City St. Gabriel State LA Zip Code 70776

Purpose of Disbursement
Travel Reimbursement

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President
State: District:

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
10 17 2014
Transaction ID : 1E9EA31B-77D9-4658-A

Amount of Each Disbursement this Period

35.99

SUBTOTAL of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

35.99

☒	21b	☐	22	☐	23	☐	24	☐	25	☐	26
☐	27	☐	28a	☐	28b	☐	28c	☐	29	☐	30b

NAME OF COMMITTEE (In Full)
Women Speak Out PAC

A. Garland Honeycutt

Mailing Address 1081 Fork Mountain

City	State	Zip Code
Bakersville	NC	28705

Purpose of Disbursement

Travel Reimbursement

Candidate Name

Office Sought:	☐	House
	☐	Senate
	☐	President
State:	District:	

Disbursement For:

☐	Primary	☐	General
☐	Other (specify) ▼		

Date of Disbursement

Transaction ID : 1F055D5B-1BF1-4AC0-B

Amount of Each Disbursement this Period

418.18

B. Julie Harris

Full Name (Last, First, Middle Initial)

Mailing Address 3654 Tara Street

City	State	Zip Code
Springdale	AR	72762

Purpose of Disbursement
Travel Reimbursement

Candidate Name

Office Sought:	☐	House
	☐	Senate
	☐	President
State:	District:	

Disbursement For:

☐	Primary	☐	General
☐	Other (specify) ▼		

Date of Disbursement

M M / D D / Y Y Y Y
10 17 2014

Transaction ID : 1FC7FD6B-D19E-4DC6-8

Amount of Each Disbursement this Period

377.22

C. DC Unemployment Services

Full Name (Last, First, Middle Initial)

Mailing Address 501 C St. NW #501

City	State	Zip Code
Washington	DC	20001

Purpose of Disbursement	Taxes

Candidate Name

Office Sought:	☐	House
	☐	Senate
	☐	President
State:	District:	

Disbursement For:

☐ Primary ☐ General

☐ Other (specify) ▼

Date of Disbursement

Transaction ID : 206D27FC-1CC9-41AD-9

Amount of Each Disbursement this Period

5.52

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

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

800.92

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
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NAME OF COMMITTEE (In Full)

Women Speak Out PAC

Full Name (Last, First, Middle Initial)

A. Ms. Ruth Wisher

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
10		31		2014

Mailing Address 515 Gardere Lane
Apt 215

City Baton Rouge State LA Zip Code 70820

Purpose of Disbursement
salary

001

Candidate Name

Category/
Type**Transaction ID : 20F5802D-C243-4D41-9**

Amount of Each Disbursement this Period

2963.19

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Full Name (Last, First, Middle Initial)

B. Entergy Arkansas, Inc.

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
10		17		2014

Mailing Address PO Box 8101

City Baton Rouge State LA Zip Code 70891

Purpose of Disbursement
Utilities

001

Candidate Name

Category/
Type**Transaction ID : 216AAFA0-7F3B-47F7-9**

Amount of Each Disbursement this Period

33.36

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Full Name (Last, First, Middle Initial)

C. Greg Letiecq

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
11		12		2014

Mailing Address 9702 Dublin Drive

City Manassas State VA Zip Code 20109

Purpose of Disbursement
Videography

001

Candidate Name

Category/
Type**Transaction ID : 22576439-2520-45C4-B**

Amount of Each Disbursement this Period

5200.00

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

SUBTOTAL of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

8196.55

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
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NAME OF COMMITTEE (In Full)

Women Speak Out PAC

Full Name (Last, First, Middle Initial)

A. Mary Katherine Collins

Mailing Address 15 1/2 Magnolia Circle

City	State	Zip Code
Searcy	AR	72143

Purpose of Disbursement
Travel Reimbursement

Candidate Name

Office Sought:	☐ House
	☐ Senate
	☐ President

State: District:

Disbursement For:	☐ Primary	☐ General
	☐ Other (specify) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
10		17		2014

Transaction ID : 22EDBD48-5CD9-45D2-B

Amount of Each Disbursement this Period

215.75

Full Name (Last, First, Middle Initial)

B. Shanon Snyder

Mailing Address 2701 Winifred

City	State	Zip Code
Metairie	LA	70003

Purpose of Disbursement
Travel Reimbursement

Candidate Name

Office Sought:	☐ House
	☐ Senate
	☐ President

State: District:

Disbursement For:	☐ Primary	☐ General
	☐ Other (specify) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
10		22		2014

Transaction ID : 23F87157-1A97-4202-B

Amount of Each Disbursement this Period

40.07

Full Name (Last, First, Middle Initial)

C. Tami Fitzgerald

Mailing Address 109 Carpathian Way

City	State	Zip Code
Raleigh	NC	27615

Purpose of Disbursement
salary

Candidate Name

Office Sought:	☐ House
	☐ Senate
	☐ President

State: District:

Disbursement For:	☐ Primary	☐ General
	☐ Other (specify) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
10		31		2014

Transaction ID : 24A822DF-E29B-44CC-9

Amount of Each Disbursement this Period

4621.00

SUBTOTAL of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

4876.82

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
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☒ 21b	☐ 22	☐ 23	☐ 24	☐ 25	☐ 26
☐ 27	☐ 28a	☐ 28b	☐ 28c	☐ 29	☐ 30b

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NAME OF COMMITTEE (In Full)

Women Speak Out PAC

Full Name (Last, First, Middle Initial)

A. Pound Feinstein & AssociatesMailing Address 5614 Connecticut Ave, NW
Suite 270

City Washington State DC Zip Code 20015

Purpose of Disbursement
Wheat Radio Ad-Montana Statewide Race

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
11		06		2014

Transaction ID : 24B8C986-595B-49DA-B

Amount of Each Disbursement this Period

56650.65

Full Name (Last, First, Middle Initial)

B. Tami Fitzgerald

Mailing Address 109 Carpathian Way

City Raleigh State NC Zip Code 27615

Purpose of Disbursement
Travel Reimbursement

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
10		17		2014

Transaction ID : 26DD6EEE-F0D9-4C8D-B

Amount of Each Disbursement this Period

51.83

Full Name (Last, First, Middle Initial)

C. Ms. Ruth WisherMailing Address 515 Gardere Lane
Apt 215

City Baton Rouge State LA Zip Code 70820

Purpose of Disbursement
Travel Reimbursement

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
11		06		2014

Transaction ID : 27911192-243F-4706-A

Amount of Each Disbursement this Period

479.02

SUBTOTAL of Disbursements This Page (optional)..... ►

57181.50

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

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
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☒ 21b	☐ 22	☐ 23	☐ 24	☐ 25	☐ 26
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NAME OF COMMITTEE (In Full)

Women Speak Out PAC

Full Name (Last, First, Middle Initial)

A. Garland Honeycutt

Mailing Address 1081 Fork Mountain

City	State	Zip Code
Bakersville	NC	28705

Purpose of Disbursement
Travel Reimbursement

Candidate Name

Office Sought:	☐ House
	☐ Senate
	☐ President

State: District:

Disbursement For:	☐ Primary	☐ General
	☐ Other (specify) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
10		27		2014

Transaction ID : 2C90CAC8-9549-4AF5-8

Amount of Each Disbursement this Period

392.99

Full Name (Last, First, Middle Initial)

B. Intuit

Mailing Address 2632 Marine Way

City	State	Zip Code
Mountain View	CA	94042

Purpose of Disbursement
Credit Card Processing

Candidate Name

Office Sought:	☐ House
	☐ Senate
	☐ President

State: District:

Disbursement For:	☐ Primary	☐ General
	☐ Other (specify) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
11		03		2014

Transaction ID : 2D0F0299-4A7E-4B01-A

Amount of Each Disbursement this Period

19.60

Full Name (Last, First, Middle Initial)

C. Julie Harris

Mailing Address 3654 Tara Street

City	State	Zip Code
Springdale	AR	72762

Purpose of Disbursement
Travel Reimbursement

Candidate Name

Office Sought:	☐ House
	☐ Senate
	☐ President

State: District:

Disbursement For:	☐ Primary	☐ General
	☐ Other (specify) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
11		12		2014

Transaction ID : 2D68D3C9-5D23-4657-8

Amount of Each Disbursement this Period

391.18

SUBTOTAL of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

803.77

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
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NAME OF COMMITTEE (In Full)

Women Speak Out PAC

Full Name (Last, First, Middle Initial)

A. Garland Honeycutt

Mailing Address 1081 Fork Mountain

City Bakersville State NC Zip Code 28705

Purpose of Disbursement
Salary

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President
State: District:

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
11 / 14 / 2014
Transaction ID : 2EE7A6FA-BE23-471E-B

Amount of Each Disbursement this Period

1175.19

Full Name (Last, First, Middle Initial)

B. Michael B ODonnell

Mailing Address 1309 N High

City Wichita State KS Zip Code 67203

Purpose of Disbursement
Travel Reimbursement

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President
State: District:

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
11 / 12 / 2014
Transaction ID : 2F4EA8FF-FD90-463D-A

Amount of Each Disbursement this Period

25.00

Full Name (Last, First, Middle Initial)

C. Mr. Eric Soderstrom

Mailing Address 148 Berry Mountain Rd

City Cramerton State NC Zip Code 28032

Purpose of Disbursement
Salary

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President
State: District:

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
10 / 31 / 2014
Transaction ID : 2F6A9D36-A4BF-455B-B

Amount of Each Disbursement this Period

2309.81

SUBTOTAL of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

3510.00

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
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NAME OF COMMITTEE (In Full)

Women Speak Out PAC

Full Name (Last, First, Middle Initial)

A. Discount BankcardMailing Address 21215 Burbank Blvd
Suite 300

City Woodland Hills State CA Zip Code 91367

Purpose of Disbursement
Credit Card Processing

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President
State: District:Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Date of Disbursement

M M / D D / Y Y Y Y Y
10 / 23 / 2014

Transaction ID : 2FEA9EA7-FCA2-423D-A

Amount of Each Disbursement this Period

1.43

Full Name (Last, First, Middle Initial)

B. Matt Gleb

Mailing Address 3815 Robin Road

City Ayden State NC Zip Code 28513

Purpose of Disbursement
Travel Reimbursement

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President
State: District:Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Date of Disbursement

M M / D D / Y Y Y Y Y
10 / 17 / 2014

Transaction ID : 312BCA94-8583-4091-B

Amount of Each Disbursement this Period

38.75

Full Name (Last, First, Middle Initial)

C. Garland Honeycutt

Mailing Address 1081 Fork Mountain

City Bakersville State NC Zip Code 28705

Purpose of Disbursement
Travel Reimbursement

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President
State: District:Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Date of Disbursement

M M / D D / Y Y Y Y Y
10 / 17 / 2014

Transaction ID : 33250EDC-1780-4F44-A

Amount of Each Disbursement this Period

308.91

SUBTOTAL of Disbursements This Page (optional)..... ►

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

349.09

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
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NAME OF COMMITTEE (In Full)

Women Speak Out PAC

Full Name (Last, First, Middle Initial)

A. Susan B Anthony List

Mailing Address 1707 L St., NW

City
WashingtonState
DCZip Code
20036Purpose of Disbursement
In Kind Donation of Salaries

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President
State: District:

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
10		31		2014

Transaction ID : 356B5AE5-C1C8-47E6-A

Amount of Each Disbursement this Period

11147.61

Full Name (Last, First, Middle Initial)

B. Julie Harris

Mailing Address 3654 Tara Street

City
SpringdaleState
ARZip Code
72762Purpose of Disbursement
Travel Reimbursement

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President
State: District:

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
10		22		2014

Transaction ID : 3595A5D7-71D3-4C9D-B

Amount of Each Disbursement this Period

345.42

Full Name (Last, First, Middle Initial)

C. Mr. Eric Soderstrom

Mailing Address 148 Berry Mountain Rd

City
CramertonState
NCZip Code
28032Purpose of Disbursement
Salary

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President
State: District:

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
11		14		2014

Transaction ID : 384A93BE-F03D-4A2A-9

Amount of Each Disbursement this Period

1236.56

SUBTOTAL of Disbursements This Page (optional)..... ►

12729.59

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

☒	21b	☐	22	☐	23	☐	24	☐	25	☐	26
☐	27	☐	28a	☐	28b	☐	28c	☐	29	☐	30b

NAME OF COMMITTEE (In Full)
Women Speak Out PAC

A. LA Unemployment

Mailing Address 1001 North 23rd St. P.O. Box 94094

City	State	Zip Code
Baton Rouge	LA	70804

Purpose of Disbursement Taxes

Candidate Name

Office Sought:	☐	House
	☐	Senate
	☐	President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Date of Disbursement

Transaction ID : 3AAEE3EC-C4C3-4B2A-B

Amount of Each Disbursement this Period

572.86

Full Name (Last, First, Middle Initial)

B. Discount Bankcard

Mailing Address 21215 Burbank Blvd
Suite 300

City	State	Zip Code
Woodland Hills	CA	91367

Purpose of Disbursement
Credit Card Processing

Candidate Name	
1	1
2	2
3	3
4	4
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98	98
99	99
100	100

Office Sought:	☐	House
	☐	Senate
	☐	President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Date of Disbursement

MM / DD / YYYY

Transaction ID : 3AB689C7-5F35-4807-9

Amount of Each Disbursement this Period

20.25

Full Name (Last, First, Middle Initial)

C. Jacob A LaTurner

Mailing Address 204 E Euclid St

City	State	Zip Code
Pittsburg	KS	66762

Purpose of Disbursement	Salary

Candidate Name

Office Sought:	☐	House
	☐	Senate
	☐	President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Date of Disbursement

Transaction ID : 3ADE01B6-BB28-4CAE-9

Amount of Each Disbursement this Period

2100.76

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

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

2693.87

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

Women Speak Out PAC

Full Name (Last, First, Middle Initial)

A. Timothy S Powell

Mailing Address 7745 SW El Cerrito

City
TopekaState
KSZip Code
66614Purpose of Disbursement
Salary

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President
State: District:

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
10 31 2014
Transaction ID : 3AF04872-E2E0-4BDD-A

Amount of Each Disbursement this Period

1822.21

Full Name (Last, First, Middle Initial)

B. Chain Bridge Bank

Mailing Address 1445-A Laughlin Avenue

City
McLeanState
VAZip Code
22101Purpose of Disbursement
Bank Fees

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President
State: District:

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
10 16 2014
Transaction ID : 3B0A531C-C7E6-4C73-A

Amount of Each Disbursement this Period

15.00

Full Name (Last, First, Middle Initial)

C. Mr. Grayson Greco

Mailing Address 115 Wyndham Way

City
WilmingtonState
NCZip Code
24811Purpose of Disbursement
Travel Reimbursement

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President
State: District:

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
11 12 2014
Transaction ID : 3B32F63C-FA78-4A86-B

Amount of Each Disbursement this Period

1221.10

SUBTOTAL of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

3058.31

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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☒ 21b	☐ 22	☐ 23	☐ 24	☐ 25	☐ 26
☐ 27	☐ 28a	☐ 28b	☐ 28c	☐ 29	☐ 30b

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NAME OF COMMITTEE (In Full)

Women Speak Out PAC

Full Name (Last, First, Middle Initial)

A. Walmart

Mailing Address 1112 New Pointe Blvd

City	State	Zip Code
Leland	NC	28451

Purpose of Disbursement
Supplies

002

Candidate Name

Category/
Type

Office Sought:	☐ House
	☐ Senate
	☐ President

Disbursement For:	☐ Primary	☐ General
	☐ Other (specify) ▼	

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
11		12		2014

Transaction ID : 0D4EA9CE-6D77-4A37-A

Amount of Each Disbursement this Period

269.94

[MEMO ITEM]

Itemization Of Reimbursement

Full Name (Last, First, Middle Initial)

B. Walmart

Mailing Address 5226 Sigmon Rd

City	State	Zip Code
Wilmington	NC	28403

Purpose of Disbursement
Supplies

002

Candidate Name

Category/
Type

Office Sought:	☐ House
	☐ Senate
	☐ President

Disbursement For:	☐ Primary	☐ General
	☐ Other (specify) ▼	

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
11		12		2014

Transaction ID : 1FD143DA-CA7F-4659-B

Amount of Each Disbursement this Period

40.00

[MEMO ITEM]

Itemization Of Reimbursement

Full Name (Last, First, Middle Initial)

C. Starbucks

Mailing Address 317-1 S College Rd

City	State	Zip Code
Wilmington	NC	28403

Purpose of Disbursement
Supplies

002

Candidate Name

Category/
Type

Office Sought:	☐ House
	☐ Senate
	☐ President

Disbursement For:	☐ Primary	☐ General
	☐ Other (specify) ▼	

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
11		12		2014

Transaction ID : 8B11ED26-1413-4608-8

Amount of Each Disbursement this Period

220.00

[MEMO ITEM]

Itemization Of Reimbursement

SUBTOTAL of Disbursements This Page (optional)..... ►

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

0.00

☒	21b	☐	22	☐	23	☐	24	☐	25	☐	26
☐	27	☐	28a	☐	28b	☐	28c	☐	29	☐	30b

NAME OF COMMITTEE (In Full)
Women Speak Out PAC

A. Walmart

Mailing Address 5226 Sigmon Rd

City	State	Zip Code
Wilmington	NC	28403

Purpose of Disbursement	Supplies

Candidate Name

Office Sought:	☐	House
	☐	Senate
	☐	President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Date of Disbursement

Transaction ID : BC70D319-2DAF-4274-A

Amount of Each Disbursement this Period

259.94

[MEMO ITEM]
Itemization Of Reimbursement

Full Name (Last, First, Middle Initial)

B. Walmart

Mailing Address 5226 Sigmon Rd

City	State	Zip Code
Wilmington	NC	28403

Purpose of Disbursement	Supplies

Candidate Name	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	32	33	34	35	36	37	38	39	40	41	42	43	44	45	46	47	48	49	50	51	52	53	54	55	56	57	58	59	60	61	62	63	64	65	66	67	68	69	70	71	72	73	74	75	76	77	78	79	80	81	82	83	84	85	86	87	88	89	90	91	92	93	94	95	96	97	98	99	100
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	32	33	34	35	36	37	38	39	40	41	42	43	44	45	46	47	48	49	50	51	52	53	54	55	56	57	58	59	60	61	62	63	64	65	66	67	68	69	70	71	72	73	74	75	76	77	78	79	80	81	82	83	84	85	86	87	88	89	90	91	92	93	94	95	96	97	98	99	100	

Office Sought:	☐	House
	☐	Senate
	☐	President

Disbursement For:

☐ Primary ☐ General

☐ Other (specify) ▼

Date of Disbursement

Transaction ID : F1D32222-4797-470E-B

Amount of Each Disbursement this Period

355.00

[MEMO ITEM]
Itemization Of Reimbursement

Full Name (Last, First, Middle Initial)

C. Petrina Williams

Mailing Address 3007 Darden Rd

City	State	Zip Code
Greensboro	NC	27407

Purpose of Disbursement	salary
1. Compensation for services rendered	
2. Fringe benefits	
3. Pension and gratuity	
4. Medical and dental insurance	
5. Housing allowance	
6. Travel and transportation	
7. Education and training	
8. Research and development	
9. Other	

Candidate Name

Office Sought:	☐	House
	☐	Senate
	☐	President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Date of Disbursement

Transaction ID : 3C380280-2E68-4BBB-9

Amount of Each Disbursement this Period

2248.44

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

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

2248.44

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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☒ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

Women Speak Out PAC

Full Name (Last, First, Middle Initial)

A. Marjorie DannenfelserMailing Address 1707 L St, NW
Suite 350

City Washington State DC Zip Code 20036

Purpose of Disbursement
Salary

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President
State: District:Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
10 31 2014**Transaction ID : 3C5A2E50-5488-42C4-8**

Amount of Each Disbursement this Period

1174.52

Full Name (Last, First, Middle Initial)

B. Tami Fitzgerald

Mailing Address 109 Carpathian Way

City Raleigh State NC Zip Code 27615

Purpose of Disbursement
Travel Reimbursement

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President
State: District:Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
11 12 2014**Transaction ID : 3D1D8CAD-4D72-4FFE-B**

Amount of Each Disbursement this Period

584.19

Full Name (Last, First, Middle Initial)

C. Mr. Mick Bransfield

Mailing Address 12720 Builders Rd

City Herndon State VA Zip Code 20170

Purpose of Disbursement
Travel Reimbursement

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President
State: District:Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
11 06 2014**Transaction ID : 3D7E61AF-2EAB-44B9-A**

Amount of Each Disbursement this Period

1419.85

SUBTOTAL of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

3178.56

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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☒ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

Women Speak Out PAC

Full Name (Last, First, Middle Initial)

A. US Airways

Mailing Address 4333 Amon Carter Blvd

City Fort Worth State TX Zip Code 76155

Purpose of Disbursement
Travel

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President
State: District:

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
11 / 06 / 2014
Transaction ID : BCD4935F-713B-4E01-A

Amount of Each Disbursement this Period

221.10

[MEMO ITEM]

Itemization Of Reimbursement

Full Name (Last, First, Middle Initial)

B. Walmart

Mailing Address 14000 Worth Ave

City Woodbridge State VA Zip Code 22192

Purpose of Disbursement
Supplies

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President
State: District:

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
11 / 06 / 2014
Transaction ID : 298AAA92-09F3-4E51-8

Amount of Each Disbursement this Period

503.78

[MEMO ITEM]

Itemization Of Reimbursement

Full Name (Last, First, Middle Initial)

C. Avis

Mailing Address New Orleans Intl Airport

City Kenner State LA Zip Code 70062

Purpose of Disbursement
Travel

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President
State: District:

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
11 / 06 / 2014
Transaction ID : 0EB02789-8A42-46D6-A

Amount of Each Disbursement this Period

567.30

[MEMO ITEM]

Itemization Of Reimbursement

SUBTOTAL of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

0.00

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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☒ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

Women Speak Out PAC

Full Name (Last, First, Middle Initial)

A. Shanon Snyder

Mailing Address 2701 Winifred

City Metairie State LA Zip Code 70003

Purpose of Disbursement
salary

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President
State: District:

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
10 / 31 / 2014
Transaction ID : 3DB2CE86-703C-4893-8

Amount of Each Disbursement this Period

1367.18

Full Name (Last, First, Middle Initial)

B. Taylor Wilson

Mailing Address 6300 terra verde dr

City Raleigh State NC Zip Code 27609

Purpose of Disbursement
salary

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President
State: District:

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
10 / 31 / 2014
Transaction ID : 3DCB8348-439A-4DCA-B

Amount of Each Disbursement this Period

2359.19

Full Name (Last, First, Middle Initial)

C. Garrett T Love

Mailing Address 102 N Quzura

City Montezuma State KS Zip Code 67869

Purpose of Disbursement
Travel Reimbursement

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President
State: District:

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
11 / 06 / 2014
Transaction ID : 3E4749A2-2F98-42FB-8

Amount of Each Disbursement this Period

474.71

SUBTOTAL of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

4201.08

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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☒ 21b	☐ 22	☐ 23	☐ 24	☐ 25	☐ 26
☐ 27	☐ 28a	☐ 28b	☐ 28c	☐ 29	☐ 30b

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NAME OF COMMITTEE (In Full)

Women Speak Out PAC

Full Name (Last, First, Middle Initial)

A. New Orleans RTL Educational Foundation

Mailing Address 7121 Catina St

City	State	Zip Code
New Orleans	LA	70124

Purpose of Disbursement
rent

Candidate Name

001

Category/
Type

Office Sought:	☐ House
	☐ Senate
	☐ President

State: District:

Disbursement For:

☐ Primary	☐ General
☐ Other (specify) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
10		27		2014

Transaction ID : 437F235D-B3B8-4247-A

Amount of Each Disbursement this Period

3250.00

Full Name (Last, First, Middle Initial)

B. NC Department of Revenue

Mailing Address PO Box 25000

City	State	Zip Code
Raleigh	NC	27640

Purpose of Disbursement
Taxes

Candidate Name

001

Category/
Type

Office Sought:	☐ House
	☐ Senate
	☐ President

State: District:

Disbursement For:

☐ Primary	☐ General
☐ Other (specify) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
11		15		2014

Transaction ID : 44815E17-BBDD-4A93-B

Amount of Each Disbursement this Period

333.00

Full Name (Last, First, Middle Initial)

C. LA Unemployment

Mailing Address 1001 North 23rd St, P.O. Box 94094

City	State	Zip Code
Baton Rouge	LA	70804

Purpose of Disbursement
Taxes

Candidate Name

001

Category/
Type

Office Sought:	☐ House
	☐ Senate
	☐ President

State: District:

Disbursement For:

☐ Primary	☐ General
☐ Other (specify) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
10		31		2014

Transaction ID : 45724B17-6600-46A5-8

Amount of Each Disbursement this Period

136.98

SUBTOTAL of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

3719.98

☒	21b	☐	22	☐	23	☐	24	☐	25	☐	26
☐	27	☐	28a	☐	28b	☐	28c	☐	29	☐	30b

NAME OF COMMITTEE (In Full)
Women Speak Out PAC

A. The Carlyle Gregory Company, LLC

Mailing Address 140 Little Falls St.
Suite 104

City	State	Zip Code
Falls Church	VA	22046

Purpose of Disbursement
Political Consulting

Candidate Name

Office Sought:	☐	House
	☐	Senate
	☐	President
State:	District:	

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Date of Disbursement

Three digital displays showing the date 10/17/2014 in MM/DD/YYYY format. The first display shows '10' with 'M' indicators above it. The second display shows '17' with 'D' indicators above it. The third display shows '2014' with 'Y' indicators above it.

Transaction ID : 46C9F6B0-7358-4F79-A

Amount of Each Disbursement this Period

2000.00

Full Name (Last, First, Middle Initial)

B. Intuit

Mailing Address 2632 Marine Way

City	State	Zip Code
Mountain View	CA	94042

Purpose of Disbursement
Credit Card Processing

Candidate Name

Office Sought:	☐	House
	☐	Senate
	☐	President
State:	District:	

Disbursement For:

☐	Primary	☐	General
☐	Other (specify) ▼		

Date of Disbursement

MM / DD / YYYY
10 / 27 / 2014

Transaction ID : 46E55920-9B60-4711-8

Amount of Each Disbursement this Period

4.96

Full Name (Last, First, Middle Initial)

C. LA Unemployment

Mailing Address 1001 North 23rd St, P.O. Box 94094

City	State	Zip Code
Baton Rouge	LA	70804

[illegible]

Candidate Name

Office Sought:	☐	House
	☐	Senate
	☐	President
State:	District:	

Disbursement For:

☐	Primary	☐	General
☐	Other (specify) ▼		

Date of Disbursement

Transaction ID : 47BED721-8755-458E-8

Amount of Each Disbursement this Period

231.34

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

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

2236.30

☒	21b	☐	22	☐	23	☐	24	☐	25	☐	26
☐	27	☐	28a	☐	28b	☐	28c	☐	29	☐	30b

NAME OF COMMITTEE (In Full)
Women Speak Out PAC

A. Jacob A LaTurner

Mailing Address 204 E Euclid St

City	State	Zip Code
Pittsburg	KS	66762

Purpose of Disbursement	Salary

Candidate Name

Office Sought:	☐	House
	☐	Senate
	☐	President
State:	District:	

Disbursement For:

☐ Primary ☐ General

☐ Other (specify) ▼

Date of Disbursement

Transaction ID : 49B128ED-D4FF-4FF0-8

Amount of Each Disbursement this Period

1383.56

Full Name (Last, First, Middle Initial)

B. Ms. Dayna Poppen

Mailing Address 111 Jerold Dr

City	State	Zip Code
West Monroe	LA	71291

Purpose of Disbursement
Travel Reimbursement

Candidate Name

Office Sought:	☐	House
	☐	Senate
	☐	President
State:	District:	

Disbursement For:

☐	Primary	☐	General
☐	Other (specify) ▼		

Date of Disbursement

M M / D D / Y Y Y Y
11 12 2014

Transaction ID : 4A620A27-C0E3-4B74-8

Amount of Each Disbursement this Period

97.97

Full Name (Last, First, Middle Initial)

C. Colonial Properties

Mailing Address 5100 South Thompson St.

City	State	Zip Code
Springfield	AR	72764

Purpose of Disbursement
Rent

Candidate Name

Office Sought:	☐	House
	☐	Senate
	☐	President
State:	District:	

Disbursement For:

☐ Primary ☐ General

☐ Other (specify) ▼

Date of Disbursement

Transaction ID : 4ABDF1F5-0C3D-43F4-A

Amount of Each Disbursement this Period

350.43

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

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

1831.96

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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☒ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

Women Speak Out PAC

Full Name (Last, First, Middle Initial)

A. Tami Fitzgerald

Mailing Address 109 Carpathian Way

City Raleigh State NC Zip Code 27615

Purpose of Disbursement
salary

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
11 / 14 / 2014
Transaction ID : 4B898DFB-662F-4223-9

Amount of Each Disbursement this Period

2474.50

Full Name (Last, First, Middle Initial)

B. Garrett T Love

Mailing Address 102 N Quzura

City Montezuma State KS Zip Code 67869

Purpose of Disbursement
Salary

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
10 / 31 / 2014
Transaction ID : 4BB38FFC-7CA7-4C82-9

Amount of Each Disbursement this Period

2019.68

Full Name (Last, First, Middle Initial)

C. Andrea L Plunkett

Mailing Address 1411 SW 13th St Apt 208

City Topeka State KS Zip Code 66604

Purpose of Disbursement
Salary

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
10 / 31 / 2014
Transaction ID : 4EA60683-99A2-4035-8

Amount of Each Disbursement this Period

2388.44

SUBTOTAL of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

6882.62

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
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Detailed Summary PageFOR LINE NUMBER:
(check only one)

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☒ 21b	☐ 22	☐ 23	☐ 24	☐ 25	☐ 26
☐ 27	☐ 28a	☐ 28b	☐ 28c	☐ 29	☐ 30b

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NAME OF COMMITTEE (In Full)

Women Speak Out PAC

Full Name (Last, First, Middle Initial)

A. Taylor Wilson

Mailing Address 6300 terra verde dr

City	State	Zip Code
Raleigh	NC	27609

Purpose of Disbursement
Travel Reimbursement

Candidate Name

Office Sought:	☐ House ☐ Senate ☐ President
State:	District:

Disbursement For:
☐ Primary ☐ General ☐ Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
10		27		2014

Transaction ID : 4FFE2972-473C-4764-9

Amount of Each Disbursement this Period

189.06

Full Name (Last, First, Middle Initial)

B. PayChex

Mailing Address 911 Panorama Trail S

City	State	Zip Code
Rochester	NY	14625

Purpose of Disbursement
Payroll Processing

Candidate Name

Office Sought:	☐ House ☐ Senate ☐ President
State:	District:

Disbursement For:
☐ Primary ☐ General ☐ Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
10		22		2014

Transaction ID : 50145B51-9985-4DF7-9

Amount of Each Disbursement this Period

38.30

Full Name (Last, First, Middle Initial)

C. Laurie Lee

Mailing Address 11104 Westpoint Court

City	State	Zip Code
Little Rock	AR	72211

Purpose of Disbursement
State Field Rep Management

Candidate Name

Office Sought:	☐ House ☐ Senate ☐ President
State:	District:

Disbursement For:
☐ Primary ☐ General ☐ Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
11		06		2014

Transaction ID : 50A19A78-6417-4F5F-9

Amount of Each Disbursement this Period

3513.80

SUBTOTAL of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

3741.16

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
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(check only one)

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☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

Women Speak Out PAC

Full Name (Last, First, Middle Initial)

A. Tami Fitzgerald

Mailing Address 109 Carpathian Way

City Raleigh State NC Zip Code 27615

Purpose of Disbursement
Travel Reimbursement

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y
10 / 27 / 2014
Transaction ID : 51BB644C-D016-43C4-B

Amount of Each Disbursement this Period

162.07

Full Name (Last, First, Middle Initial)

B. LA Unemployment

Mailing Address 1001 North 23rd St, P.O. Box 94094

City Baton Rouge State LA Zip Code 70804

Purpose of Disbursement
Taxes

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y
10 / 24 / 2014
Transaction ID : 52B0B3F7-F9AD-447E-B

Amount of Each Disbursement this Period

351.54

Full Name (Last, First, Middle Initial)

C. Design 4 Advertising

Mailing Address 106 N Collins St.

City Plant City State FL Zip Code 33563

Purpose of Disbursement
Design Work

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y
10 / 27 / 2014
Transaction ID : 52E258B0-FD5E-4E87-9

Amount of Each Disbursement this Period

844.00

SUBTOTAL of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

1357.61

☒	21b	☐	22	☐	23	☐	24	☐	25	☐	26
☐	27	☐	28a	☐	28b	☐	28c	☐	29	☐	30b

NAME OF COMMITTEE (In Full)
Women Speak Out PAC

Three digital displays are shown, each with a grid of small squares above the digits. The first display shows '11' with two squares above each '1'. The second display shows '15' with two squares above the '1' and two squares above the '5'. The third display shows '2014' with four squares above each digit: two for '2', one for '0', two for '1', and three for '4'.

Category/
Type

State: District:

Category/
Type

State: District:

Category/
Type

State: District:

4450.30

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
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Detailed Summary PageFOR LINE NUMBER:
(check only one)

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☒ 21b	☐ 22	☐ 23	☐ 24	☐ 25	☐ 26
☐ 27	☐ 28a	☐ 28b	☐ 28c	☐ 29	☐ 30b

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NAME OF COMMITTEE (In Full)

Women Speak Out PAC

Full Name (Last, First, Middle Initial)

A. Mary Katherine Collins

Mailing Address 15 1/2 Magnolia Circle

City	State	Zip Code
Searcy	AR	72143

Purpose of Disbursement
Travel Reimbursement

Candidate Name

Office Sought:	☐ House
	☐ Senate
	☐ President

State: District:

Disbursement For:

☐ Primary	☐ General
☐ Other (specify) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
11		06		2014

Transaction ID : 56122702-3D2E-47CA-9

Amount of Each Disbursement this Period

470.00

Full Name (Last, First, Middle Initial)

B. Cleco Power, LLC

Mailing Address PO Box

City	State	Zip Code
Dallas	TX	75266

Purpose of Disbursement
Utilities

Candidate Name

Office Sought:	☐ House
	☐ Senate
	☐ President

State: District:

Disbursement For:

☐ Primary	☐ General
☐ Other (specify) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
10		27		2014

Transaction ID : 566FA9E5-C15D-43B4-A

Amount of Each Disbursement this Period

2.45

Full Name (Last, First, Middle Initial)

C. Christopher Crawford

Mailing Address 18 Fairhaven road

City	State	Zip Code
Nashua	NH	03060

Purpose of Disbursement
Salary

Candidate Name

Office Sought:	☐ House
	☐ Senate
	☐ President

State: District:

Disbursement For:

☐ Primary	☐ General
☐ Other (specify) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
10		31		2014

Transaction ID : 56A1F9BF-064E-493E-A

Amount of Each Disbursement this Period

1100.75

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

1573.20

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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☒ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

Women Speak Out PAC

Full Name (Last, First, Middle Initial)

A. LA Unemployment

Mailing Address 1001 North 23rd St, P.O. Box 94094

City Baton Rouge State LA Zip Code 70804

Purpose of Disbursement
Taxes

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President
State: District:

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
10 24 2014
Transaction ID : 580E4CF4-0E8B-4C65-B

Amount of Each Disbursement this Period

139.10

Full Name (Last, First, Middle Initial)

B. Beene Office Park, LLCMailing Address 2250 Hospital Drive
Suite 220

City Bossier City State LA Zip Code 71111

Purpose of Disbursement
Rent

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President
State: District:

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
10 22 2014
Transaction ID : 5B1FBD4D-85C1-4700-A

Amount of Each Disbursement this Period

911.00

Full Name (Last, First, Middle Initial)

C. Mary Katherine Collins

Mailing Address 15 1/2 Magnolia Circle

City Searcy State AR Zip Code 72143

Purpose of Disbursement
Travel Reimbursement

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President
State: District:

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
10 27 2014
Transaction ID : 5B8056F1-A80A-4950-B

Amount of Each Disbursement this Period

232.06

SUBTOTAL of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

1282.16

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

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

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(check only one)

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☒ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)
Women Speak Out PAC

Full Name (Last, First, Middle Initial)

A. Discount Bankcard

Mailing Address 21215 Burbank Blvd
Suite 300

City Woodland Hills State CA Zip Code 91367

Purpose of Disbursement
Credit Card Processing

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President
State: District:

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Date of Disbursement

M M / D D / Y Y Y Y Y
10 / 20 / 2014

Transaction ID : 5BC91322-67D7-4266-B

Amount of Each Disbursement this Period

22.43

B. Intuit

Full Name (Last, First, Middle Initial)

Mailing Address 2632 Marine Way

City Mountain View State CA Zip Code 94042

Purpose of Disbursement
Credit Card Processing

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President
State: District:

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Date of Disbursement

M M / D D / Y Y Y Y Y
10 / 22 / 2014

Transaction ID : 5F58718C-5BA5-433D-9

Amount of Each Disbursement this Period

1.12

C. Chain Bridge Bank

Full Name (Last, First, Middle Initial)

Mailing Address 1445-A Laughlin Avenue

City McLean State VA Zip Code 22101

Purpose of Disbursement
Bank Fees

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President
State: District:

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Date of Disbursement

M M / D D / Y Y Y Y Y
10 / 22 / 2014

Transaction ID : 60C7954A-ED47-4E44-B

Amount of Each Disbursement this Period

15.00

SUBTOTAL of Disbursements This Page (optional)..... ►

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

38.55

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
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☒ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

Women Speak Out PAC

Full Name (Last, First, Middle Initial)

A. Mr. Mick Bransfield

Mailing Address 12720 Builders Rd

City Herndon State VA Zip Code 20170

Purpose of Disbursement
Travel Reimbursement

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President
State: District:Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
1	0			1	7			2	0	1	4		

Transaction ID : 611F57D1-F353-4F90-9

Amount of Each Disbursement this Period

5	2	1	7	.	7	4													

Full Name (Last, First, Middle Initial)

B. Mr. Mick Bransfield

Mailing Address 12720 Builders Rd

City Herndon State VA Zip Code 20170

Purpose of Disbursement
National Field Management

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President
State: District:Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
1	0			1	7			2	0	1	4		

Transaction ID : CF682441-107D-4766-B

Amount of Each Disbursement this Period

4	0	0	0	.	0	0													

[MEMO ITEM]

Travel Itemization

Full Name (Last, First, Middle Initial)

C. Walmart

Mailing Address 14000 Worth Ave

City Woodbridge State VA Zip Code 22192

Purpose of Disbursement
Supplies

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President
State: District:Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
1	0			1	7			2	0	1	4		

Transaction ID : 962F9CAB-0458-406C-B

Amount of Each Disbursement this Period

5	0	3	.	7	8														

[MEMO ITEM]

Itemization Of Reimbursement

SUBTOTAL of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

5	2	1	7	.	7	4													

5	2	1	7	.	7	4													

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
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NAME OF COMMITTEE (In Full)

Women Speak Out PAC

Full Name (Last, First, Middle Initial)

A. Delta

Mailing Address P.O. Box 20706

City Atlanta State GA Zip Code 30320

Purpose of Disbursement
Travel

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President
State: District:

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
10 / 17 / 2014
Transaction ID : 500EB557-A381-460E-9

Amount of Each Disbursement this Period

328.10

[MEMO ITEM]

Itemization Of Reimbursement

Full Name (Last, First, Middle Initial)

B. Andrea L Plunkett

Mailing Address 1411 SW 13th St Apt 208

City Topeka State KS Zip Code 66604

Purpose of Disbursement
Salary

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President
State: District:

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
11 / 14 / 2014
Transaction ID : 62532EBC-2FDB-40CE-B

Amount of Each Disbursement this Period

1291.14

Full Name (Last, First, Middle Initial)

C. PayChex

Mailing Address 911 Panorama Trail S

City Rochester State NY Zip Code 14625

Purpose of Disbursement
Payroll Processing

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President
State: District:

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
10 / 17 / 2014
Transaction ID : 62EA8CF7-CDA2-4BFD-A

Amount of Each Disbursement this Period

399.19

SUBTOTAL of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

1690.33

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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☒ 21b	☐ 22	☐ 23	☐ 24	☐ 25	☐ 26
☐ 27	☐ 28a	☐ 28b	☐ 28c	☐ 29	☐ 30b

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NAME OF COMMITTEE (In Full)

Women Speak Out PAC

Full Name (Last, First, Middle Initial)

A. Time Warner Cable

Mailing Address PO 70872

City	State	Zip Code
Charlotte	NC	28272

Purpose of Disbursement
Utilities

001

Candidate Name

Category/
Type

Office Sought:	☐ House
	☐ Senate
	☐ President

Disbursement For:	☐ Primary	☐ General
	☐ Other (specify) ▼	

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
11		04		2014

Transaction ID : 6364D882-A839-448E-8

Amount of Each Disbursement this Period

337.42

Full Name (Last, First, Middle Initial)

B. Chain Bridge Bank

Mailing Address 1445-A Laughlin Avenue

City	State	Zip Code
McLean	VA	22101

Purpose of Disbursement
Bank Fees

001

Candidate Name

Category/
Type

Office Sought:	☐ House
	☐ Senate
	☐ President

Disbursement For:	☐ Primary	☐ General
	☐ Other (specify) ▼	

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
11		05		2014

Transaction ID : 64030DA3-AA49-4919-A

Amount of Each Disbursement this Period

15.00

Full Name (Last, First, Middle Initial)

C. Julie Harris

Mailing Address 3654 Tara Street

City	State	Zip Code
Springdale	AR	72762

Purpose of Disbursement
Travel Reimbursement

002

Candidate Name

Category/
Type

Office Sought:	☐ House
	☐ Senate
	☐ President

Disbursement For:	☐ Primary	☐ General
	☐ Other (specify) ▼	

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
11		06		2014

Transaction ID : 665050C4-A792-42F0-8

Amount of Each Disbursement this Period

160.29

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

512.71

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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☒ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

Women Speak Out PAC

Full Name (Last, First, Middle Initial)

A. IRS

Mailing Address IRS

City Cincinnati State OH Zip Code 45999

Purpose of Disbursement
Taxes

001

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
10 / 24 / 2014

Transaction ID : 673AB344-6898-4E2C-B

Amount of Each Disbursement this Period

16207.37

B. Discount BankcardMailing Address 21215 Burbank Blvd
Suite 300

City Woodland Hills State CA Zip Code 91367

Purpose of Disbursement
Credit Card Processing

001

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
11 / 04 / 2014

Transaction ID : 67C50D4A-C3C4-490A-B

Amount of Each Disbursement this Period

9.60

C. LA Department of Taxation

Mailing Address PO Box 201

City Baton Rouge State LA Zip Code 70802

Purpose of Disbursement
Taxes

001

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
10 / 24 / 2014

Transaction ID : 6815E633-E919-4160-B

Amount of Each Disbursement this Period

446.00

SUBTOTAL of Disbursements This Page (optional)..... ►

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

16662.97

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

Women Speak Out PAC

Full Name (Last, First, Middle Initial)

A. Arkansas Dept of Workforce Services

Mailing Address PO Box 8007

City Little Rock State AR Zip Code 72203

Purpose of Disbursement
Taxes

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
10 22 2014
Transaction ID : 6901768F-D097-4D0F-9

Amount of Each Disbursement this Period

1174.92

Full Name (Last, First, Middle Initial)

B. DC Unemployment Services

Mailing Address 501 C St. NW #501

City Washington State DC Zip Code 20001

Purpose of Disbursement
Taxes

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
10 24 2014
Transaction ID : 69133EC8-E7AB-487A-8

Amount of Each Disbursement this Period

265.22

Full Name (Last, First, Middle Initial)

C. Arkansas Dept of Workforce Services

Mailing Address PO Box 8007

City Little Rock State AR Zip Code 72203

Purpose of Disbursement
Taxes

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
10 31 2014
Transaction ID : 6A3F24C9-9AC6-42F5-A

Amount of Each Disbursement this Period

529.96

SUBTOTAL of Disbursements This Page (optional)..... ►

1970.10

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

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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☒ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

Women Speak Out PAC

Full Name (Last, First, Middle Initial)

A. Jennifer Gross

Mailing Address 1707 L St, NW

City Washington State DC Zip Code 20036

Purpose of Disbursement
Salary

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President
State: District:

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
10 31 2014
Transaction ID : 6AAC1E04-3C54-487F-B

Amount of Each Disbursement this Period

1717.42

Full Name (Last, First, Middle Initial)

B. David Hostetler

Mailing Address 215 N Main St

City Belmont State NC Zip Code 28012

Purpose of Disbursement
REnt

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President
State: District:

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
10 22 2014
Transaction ID : 6BE7AEC2-405B-4E20-8

Amount of Each Disbursement this Period

900.00

Full Name (Last, First, Middle Initial)

C. NC Unemployment

Mailing Address 1101 Mail Service Center

City Raleigh State NC Zip Code 27699

Purpose of Disbursement
Taxes

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President
State: District:

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
11 15 2014
Transaction ID : 6D75A359-7412-4D0E-A

Amount of Each Disbursement this Period

126.00

SUBTOTAL of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

2743.42

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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☒ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

Women Speak Out PAC

Full Name (Last, First, Middle Initial)

A. Chain Bridge Bank

Mailing Address 1445-A Laughlin Avenue

City McLean State VA Zip Code 22101

Purpose of Disbursement
Bank Fees

001

Candidate Name

Category/
Type
Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
10 23 2014
Transaction ID : 6E274EE0-B4BD-439A-8

Amount of Each Disbursement this Period

15.00

Full Name (Last, First, Middle Initial)

B. Discount BankcardMailing Address 21215 Burbank Blvd
Suite 300

City Woodland Hills State CA Zip Code 91367

Purpose of Disbursement
Credit Card Processing

001

Candidate Name

Category/
Type
Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
11 04 2014
Transaction ID : 6EC65BA3-5E1F-4F64-A

Amount of Each Disbursement this Period

5.61

Full Name (Last, First, Middle Initial)

C. Julie Harris

Mailing Address 3654 Tara Street

City Springdale State AR Zip Code 72762

Purpose of Disbursement
Salary

001

Candidate Name

Category/
Type
Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
11 14 2014
Transaction ID : 70A2345F-039B-4110-8

Amount of Each Disbursement this Period

1260.67

SUBTOTAL of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

1281.28

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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☒ 21b	☐ 22	☐ 23	☐ 24	☐ 25	☐ 26
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NAME OF COMMITTEE (In Full)

Women Speak Out PAC

Full Name (Last, First, Middle Initial)

A. PayChex

Mailing Address 911 Panorama Trail S

City	State	Zip Code
Rochester	NY	14625

Purpose of Disbursement
Payroll Processing

Candidate Name

Office Sought:	☐ House ☐ Senate ☐ President
State:	District:

Disbursement For:	☐ Primary ☐ General
	☐ Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
10		27		2014

Transaction ID : 71E6FD4F-AE1A-4834-A

Amount of Each Disbursement this Period

91.17

Full Name (Last, First, Middle Initial)

B. Christopher Crawford

Mailing Address 18 Fairhaven road

City	State	Zip Code
Nashua	NH	03060

Purpose of Disbursement
Salary

Candidate Name

Office Sought:	☐ House ☐ Senate ☐ President
State:	District:

Disbursement For:	☐ Primary ☐ General
	☐ Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
10		31		2014

Transaction ID : 72A8CDE2-C5D2-4EF4-9

Amount of Each Disbursement this Period

1100.75

Full Name (Last, First, Middle Initial)

C. Discount BankcardMailing Address 21215 Burbank Blvd
Suite 300

City	State	Zip Code
Woodland Hills	CA	91367

Purpose of Disbursement
Credit Card Processing

Candidate Name

Office Sought:	☐ House ☐ Senate ☐ President
State:	District:

Disbursement For:	☐ Primary ☐ General
	☐ Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
10		28		2014

Transaction ID : 72ED7168-ACA2-4052-B

Amount of Each Disbursement this Period

17.88

SUBTOTAL of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

1209.80

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
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☒ 21b	☐ 22	☐ 23	☐ 24	☐ 25	☐ 26
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NAME OF COMMITTEE (In Full)

Women Speak Out PAC

Full Name (Last, First, Middle Initial)

A. Garland Honeycutt

Mailing Address 1081 Fork Mountain

City	State	Zip Code
Bakersville	NC	28705

Purpose of Disbursement
Travel Reimbursement

Candidate Name

Office Sought:	☐ House
	☐ Senate
	☐ President

State: District:

Disbursement For:	☐ Primary	☐ General
	☐ Other (specify) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
11	/	06	/	2014

Transaction ID : 741857BA-7FCB-46C2-A

Amount of Each Disbursement this Period

636.04

Full Name (Last, First, Middle Initial)

B. Homeschool Legal Defense Association

Mailing Address 1 Patrick Henry Circle

City	State	Zip Code
1 Patrick Henry Circle	VA	20132

Purpose of Disbursement
Contribution

Candidate Name

Office Sought:	☐ House
	☐ Senate
	☐ President

State: District:

Disbursement For:	☐ Primary	☐ General
	☐ Other (specify) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
11	/	12	/	2014

Transaction ID : 7569B85A-DF09-403E-9

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

C. Bamberger, Foreman, Oswald & Hahn, LLP

Mailing Address PO Box 657

City	State	Zip Code
Evansville	IN	47704

Purpose of Disbursement
Legal Consulting

Candidate Name

Office Sought:	☐ House
	☐ Senate
	☐ President

State: District:

Disbursement For:	☐ Primary	☐ General
	☐ Other (specify) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
10	/	17	/	2014

Transaction ID : 75F9CC80-B317-4F87-8

Amount of Each Disbursement this Period

324.00

SUBTOTAL of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

3460.04

☒	21b	☐	22	☐	23	☐	24	☐	25	☐	26
☐	27	☐	28a	☐	28b	☐	28c	☐	29	☐	30b

NAME OF COMMITTEE (In Full)
Women Speak Out PAC

A. Entergy Arkansas, Inc.

Mailing Address PO Box 8101

City	State	Zip Code
Baton Rouge	LA	70891

Purpose of Disbursement
Utilities

Candidate Name

Office Sought:	☐	House
	☐	Senate
	☐	President

State: District:

Disbursement For:

☐ Primary ☐ General

☐ Other (specify) ▼

Date of Disbursement

The image shows three digital displays. The first display shows '11' with 'M' indicators above it. The second display shows '12' with 'D' indicators above it. The third display shows '2014' with 'Y' indicators above it.

Transaction ID : 77DC8C13-D137-4482-9

Amount of Each Disbursement this Period

32.64

Full Name (Last, First, Middle Initial)

B. Frank Cannon

Mailing Address 6217 Lee Highway

City	State	Zip Code
Arlington	VA	22205

Purpose of Disbursement
Political Consulting

Candidate Name

Office Sought:	☐	House
	☐	Senate
	☐	President

State: District:

Disbursement For:

☐ Primary ☐ General

☐ Other (specify) ▼

Date of Disbursement

M M / D D / Y Y Y Y
11 06 2014

Transaction ID : 784B6BDE-26BD-4C28-9

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

C. Christopher Crawford

Mailing Address 18 Fairhaven road

City	State	Zip Code
Nashua	NH	03060

Purpose of Disbursement	Reimbursement

Candidate Name

Office Sought:	☐	House
	☐	Senate
	☐	President

State: District:

Disbursement For:

☐ Primary ☐ General

☐ Other (specify) ▼

Date of Disbursement



Transaction ID : 789B91BB-D663-412F-A

Amount of Each Disbursement this Period

844.33

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

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

1976.97

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
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NAME OF COMMITTEE (In Full)

Women Speak Out PAC

Full Name (Last, First, Middle Initial)

A. US Airways

Mailing Address 4333 Amon Carter Blvd

City Fort Worth State TX Zip Code 76155

Purpose of Disbursement
Travel

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President
State: District:

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
11 / 06 / 2014
Transaction ID : 432E2681-4D2E-475A-A

Amount of Each Disbursement this Period

25.00

[MEMO ITEM]

Itemization Of Reimbursement

Full Name (Last, First, Middle Initial)

B. Hampton Inn

Mailing Address 3800 W Kellogg Dr

City Wichita State KS Zip Code 67213

Purpose of Disbursement
Travel

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President
State: District:

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
11 / 06 / 2014
Transaction ID : 916F333F-F740-44B8-9

Amount of Each Disbursement this Period

269.30

[MEMO ITEM]

Itemization Of Reimbursement

Full Name (Last, First, Middle Initial)

C. US Airways

Mailing Address 4333 Amon Carter Blvd

City Fort Worth State TX Zip Code 76155

Purpose of Disbursement
Travel

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President
State: District:

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
11 / 06 / 2014
Transaction ID : 15028F95-399E-427D-9

Amount of Each Disbursement this Period

265.00

[MEMO ITEM]

Itemization Of Reimbursement

SUBTOTAL of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

0.00

☒	21b	☐	22	☐	23	☐	24	☐	25	☐	26
☐	27	☐	28a	☐	28b	☐	28c	☐	29	☐	30b

NAME OF COMMITTEE (In Full)
Women Speak Out PAC

A. Andresen Blom

Date of Disbursement

Transaction ID : 7BEACBC5-07D7-4BC2-8

001

Category/
Type

Amount of Each Disbursement this Period

5000.00

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

B. Ms. Dayna Poppen

Date of Disbursement

Transaction ID : 7D982787-BD9C-431B-B

001

Category/
Type

Amount of Each Disbursement this Period

1195.19

Disbursement For:

☐ Primary ☐ General

☐ Other (specify) ▼

State: District:

C. Douglas Young

Date of Disbursement

Transaction ID : 7EB9F587-4DB8-48E2-9

001

Category/
Type

Amount of Each Disbursement this Period

Disbursement For:

☐	Primary	☐	General
☐	Other (specify) ▼		

State: District:

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

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

6545.19

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
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NAME OF COMMITTEE (In Full)

Women Speak Out PAC

Full Name (Last, First, Middle Initial)

A. Mr. Robert Clapper

Mailing Address 924 French St.

City New Orleans State LA Zip Code 70124

Purpose of Disbursement
Salary

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
10 / 17 / 2014
Transaction ID : 80358EC1-F80F-4C96-8

Amount of Each Disbursement this Period

1233.42

Full Name (Last, First, Middle Initial)

B. Majority Connections

Mailing Address 10 Pinnacle Rd

City Durham State NC Zip Code 27705

Purpose of Disbursement
Media Management

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
11 / 06 / 2014
Transaction ID : 806C139C-DACC-49C3-9

Amount of Each Disbursement this Period

1118.00

Full Name (Last, First, Middle Initial)

C. Chain Bridge Bank

Mailing Address 1445-A Laughlin Avenue

City McLean State VA Zip Code 22101

Purpose of Disbursement
Bank Fees

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
11 / 03 / 2014
Transaction ID : 82D594AB-BC80-46F3-8

Amount of Each Disbursement this Period

15.00

SUBTOTAL of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

2366.42

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
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(check only one)

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☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

Women Speak Out PAC

Full Name (Last, First, Middle Initial)

A. Garland Honeycutt

Mailing Address 1081 Fork Mountain

City Bakersville State NC Zip Code 28705

Purpose of Disbursement
Salary

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President
State: District:

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
10 31 2014
Transaction ID : 8320658E-C1CE-410C-8

Amount of Each Disbursement this Period

2248.44

Full Name (Last, First, Middle Initial)

B. AT&T

Mailing Address PO Box 657

City Evansville State IN Zip Code 47704

Purpose of Disbursement
Phones

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President
State: District:

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
10 17 2014
Transaction ID : 841B2AA5-29E1-4EA8-8

Amount of Each Disbursement this Period

3945.44

Full Name (Last, First, Middle Initial)

C. Garrett T Love

Mailing Address 102 N Quzura

City Montezuma State KS Zip Code 67869

Purpose of Disbursement
Travel Reimbursement

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President
State: District:

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
11 12 2014
Transaction ID : 84AE4763-18AB-4597-A

Amount of Each Disbursement this Period

578.12

SUBTOTAL of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

6772.00

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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☒ 21b	☐ 22	☐ 23	☐ 24	☐ 25	☐ 26
☐ 27	☐ 28a	☐ 28b	☐ 28c	☐ 29	☐ 30b

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NAME OF COMMITTEE (In Full)

Women Speak Out PAC

Full Name (Last, First, Middle Initial)

A. Ogletree Deakins

Mailing Address P.O. Box 89

City	State	Zip Code
Columbia	DC	29202

Purpose of Disbursement
Legal Consulting

Candidate Name

Office Sought:	☐ House ☐ Senate ☐ President
State:	District:

Disbursement For:	☐ Primary ☐ General
	☐ Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
11		06		2014

Transaction ID : 87245915-72AD-4D41-9

Amount of Each Disbursement this Period

521.00

Full Name (Last, First, Middle Initial)

B. NC Unemployment

Mailing Address 1101 Mail Service Center

City	State	Zip Code
Raleigh	NC	27699

Purpose of Disbursement
Taxes

Candidate Name

Office Sought:	☐ House ☐ Senate ☐ President
State:	District:

Disbursement For:	☐ Primary ☐ General
	☐ Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
10		31		2014

Transaction ID : 875397DE-4A8C-453D-B

Amount of Each Disbursement this Period

196.97

Full Name (Last, First, Middle Initial)

C. PayChex

Mailing Address 911 Panorama Trail S

City	State	Zip Code
Rochester	NY	14625

Purpose of Disbursement
Payroll Processing

Candidate Name

Office Sought:	☐ House ☐ Senate ☐ President
State:	District:

Disbursement For:	☐ Primary ☐ General
	☐ Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
11		07		2014

Transaction ID : 8969288C-0D37-418B-9

Amount of Each Disbursement this Period

472.18

SUBTOTAL of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

1190.15

☒	21b	☐	22	☐	23	☐	24	☐	25	☐	26
☐	27	☐	28a	☐	28b	☐	28c	☐	29	☐	30b

NAME OF COMMITTEE (In Full)
Women Speak Out PAC

A. AR Department of Revenue

Mailing Address 1509 W. 7th Street

City	State	Zip Code
Little Rock	AR	72201

Purpose of Disbursement	Taxes

Candidate Name

Office Sought:	☐	House
	☐	Senate
	☐	President

State: District:

Disbursement For:

☐ Primary ☐ General

☐ Other (specify) ▼

Date of Disbursement

Three digital displays are shown, each with a grid of small squares above the digits. The first display shows '11' with two squares above each '1'. The second display shows '15' with two squares above the '1' and two squares above the '5'. The third display shows '2014' with one square above each '2', '0', '1', and '4'.

Transaction ID : 8D550F39-B2DF-4734-A

Amount of Each Disbursement this Period

131.66

Full Name (Last, First, Middle Initial)

B. Mr. Mick Bransfield

Mailing Address 12720 Builders Rd

City	State	Zip Code
Herndon	VA	20170

Purpose of Disbursement
Travel Reimbursement

Candidate Name

Office Sought:	☐	House
	☐	Senate
	☐	President

State: District:

Disbursement For:

☐ Primary ☐ General

☐ Other (specify) ▼

Date of Disbursement

M M / D D / Y Y Y Y
10 22 2014

Transaction ID : 905D889C-2126-4DCD-A

Amount of Each Disbursement this Period

956.69

Full Name (Last, First, Middle Initial)

C. Matt Gleb

Mailing Address 3815 Robin Road

City	State	Zip Code
Ayden	NC	28513

Purpose of Disbursement
Travel Reimbursement

Candidate Name

Office Sought:	☐	House
	☐	Senate
	☐	President

State: District:

Disbursement For:

☐ Primary ☐ General

☐ Other (specify) ▼

Date of Disbursement

Three digital displays are shown, each with a number and small squares above it. The first display shows '10' with two squares above it. The second display shows '27' with two squares above it. The third display shows '2014' with four squares above it.

Transaction ID : 90FC1552-B931-467F-A

Amount of Each Disbursement this Period

Age Group	Percentage
18-24	40.53
25-34	35.21
35-44	28.76
45-54	22.14
55-64	18.95
65-74	15.32
75-84	12.67
85+	10.43

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

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

1128.88

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
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(check only one)

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☐ 27	☐ 28a	☐ 28b	☐ 28c	☐ 29	☐ 30b

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NAME OF COMMITTEE (In Full)

Women Speak Out PAC

Full Name (Last, First, Middle Initial)

A. Chain Bridge Bank

Mailing Address 1445-A Laughlin Avenue

City McLean	State VA	Zip Code 22101

Purpose of Disbursement
Bank Fees

Candidate Name

Office Sought:	☐ House ☐ Senate ☐ President
State:	District:

Disbursement For:	☐ Primary ☐ General
	☐ Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
10		27		2014

Transaction ID : 9104D647-E8D5-44AC-9

Amount of Each Disbursement this Period

15.00

Full Name (Last, First, Middle Initial)

B. Duke Energy

Mailing Address PO Box 70516

City Charlotte	State NC	Zip Code 28272

Purpose of Disbursement
Utilities

Candidate Name

Office Sought:	☐ House ☐ Senate ☐ President
State:	District:

Disbursement For:	☐ Primary ☐ General
	☐ Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
11		10		2014

Transaction ID : 9216AC00-9FC0-42F8-9

Amount of Each Disbursement this Period

80.77

Full Name (Last, First, Middle Initial)

C. Webster, Chamberlain & Bean

Mailing Address 1747 Pennsylvania Ave, NW

City Washington	State DC	Zip Code 20006

Purpose of Disbursement
Legal Consulting

Candidate Name

Office Sought:	☐ House ☐ Senate ☐ President
State:	District:

Disbursement For:	☐ Primary ☐ General
	☐ Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
10		27		2014

Transaction ID : 9337E031-49DE-4EF6-8

Amount of Each Disbursement this Period

488.10

SUBTOTAL of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

583.87

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
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(check only one)

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☒ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

Women Speak Out PAC

Full Name (Last, First, Middle Initial)

A. Intuit

Mailing Address 2632 Marine Way

City Mountain View State CA Zip Code 94042

Purpose of Disbursement
Credit Card Processing

001

Candidate Name

Category/
Type
Office Sought: ☐ House
 ☐ Senate
 ☐ President

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
11 03 2014
Transaction ID : 937058E6-73C6-4405-B

Amount of Each Disbursement this Period

60.37

Full Name (Last, First, Middle Initial)

B. Tracey A Fraser

Mailing Address 2120 Nolan Trace St

City Lessville State LA Zip Code 71446

Purpose of Disbursement
Wages

001

Candidate Name

Category/
Type
Office Sought: ☐ House
 ☐ Senate
 ☐ President

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
10 27 2014
Transaction ID : 93989EFA-DF85-4452-B

Amount of Each Disbursement this Period

285.89

Full Name (Last, First, Middle Initial)

C. PayChex

Mailing Address 911 Panorama Trail S

City Rochester State NY Zip Code 14625

Purpose of Disbursement
Payroll Processing

001

Candidate Name

Category/
Type
Office Sought: ☐ House
 ☐ Senate
 ☐ President

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
10 28 2014
Transaction ID : 96E7E481-3D03-419B-B

Amount of Each Disbursement this Period

38.30

SUBTOTAL of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

384.56

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
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☒ 21b	☐ 22	☐ 23	☐ 24	☐ 25	☐ 26
☐ 27	☐ 28a	☐ 28b	☐ 28c	☐ 29	☐ 30b

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NAME OF COMMITTEE (In Full)

Women Speak Out PAC

Full Name (Last, First, Middle Initial)

A. NC Department of Revenue

Mailing Address PO Box 25000

City	State	Zip Code
Raleigh	NC	27640

Purpose of Disbursement
Taxes

001

Candidate Name

Category/
Type

Office Sought:	☐ House
	☐ Senate
	☐ President

Disbursement For:	☐ Primary	☐ General
	☐ Other (specify) ▼	

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
10		16		2014

Transaction ID : 971CAB8D-A83B-45CD-A

Amount of Each Disbursement this Period

395.54

Full Name (Last, First, Middle Initial)

B. KS Unemployment

Mailing Address PO Box 66601

City	State	Zip Code
Topeka	KS	66601

Purpose of Disbursement
Taxes

001

Candidate Name

Category/
Type

Office Sought:	☐ House
	☐ Senate
	☐ President

Disbursement For:	☐ Primary	☐ General
	☐ Other (specify) ▼	

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
11		15		2014

Transaction ID : 99C58FFE-2548-47F7-A

Amount of Each Disbursement this Period

140.09

Full Name (Last, First, Middle Initial)

C. Emily BuchananMailing Address 1707 L St, NW
Suite 550

City	State	Zip Code
Washington	DC	20036

Purpose of Disbursement
Salary

001

Candidate Name

Category/
Type

Office Sought:	☐ House
	☐ Senate
	☐ President

Disbursement For:	☐ Primary	☐ General
	☐ Other (specify) ▼	

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
10		31		2014

Transaction ID : 99E0D7BD-213C-44D3-B

Amount of Each Disbursement this Period

1268.16

SUBTOTAL of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

1803.79

☒	21b	☐	22	☐	23	☐	24	☐	25	☐	26
☐	27	☐	28a	☐	28b	☐	28c	☐	29	☐	30b

NAME OF COMMITTEE (In Full)
Women Speak Out PAC

A. IRS

Mailing Address IRS

City	State	Zip Code
Cincinnati	OH	45999

Purpose of Disbursement	Taxes

Candidate Name _____

Office Sought:	☐	House
	☐	Senate
	☐	President

State:

Disbursement For:

☐ Primary ☐ General

☐ Other (specify) ▼

Date of Disbursement

Transaction ID : 9ACF5DF1-DE15-475B-9

Amount of Each Disbursement this Period

Age Group	Percentage
18-24	~12%
25-34	~18%
35-44	~22%
45-54	~28%
55-64	5662.47
65-74	~15%
75-84	~8%
85+	~5%

Full Name (Last, First, Middle Initial)

B. Discount Bankcard

Mailing Address 21215 Burbank Blvd
Suite 300

City	State	Zip Code
Woodland Hills	CA	91367

Purpose of Disbursement	Credit Card Processing

Candidate Name

Office Sought:	☐	House
	☐	Senate
	☐	President

State:

Disbursement For:

☐	Primary	☐	General
☐	Other (specify) ▼		

Date of Disbursement

M M / D D / Y Y Y Y
10 16 2014

Transaction ID : 9C04A4D3-95DC-4D7E-8

Amount of Each Disbursement this Period

17.03

Full Name (Last, First, Middle Initial)

C. Discount Bankcard

Mailing Address 21215 Burbank Blvd
Suite 300

City	State	Zip Code
Woodland Hills	CA	91367

Purpose of Disbursement	Credit Card Processing

Candidate Name

Office Sought:	☐	House
	☐	Senate
	☐	President

State:

Disbursement For:

☐	Primary	☐	General
☐	Other (specify) ▼		

Date of Disbursement

Transaction ID : 9D649DD0-F295-451D-A

Amount of Each Disbursement this Period

54.23

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

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

5733.73

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
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NAME OF COMMITTEE (In Full)

Women Speak Out PAC

Full Name (Last, First, Middle Initial)

A. NC Unemployment

Mailing Address 1101 Mail Service Center

City Raleigh State NC Zip Code 27699

Purpose of Disbursement
Taxes

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President
State: District:

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
10 / 17 / 2014
Transaction ID : 9DB7B9E1-ACB6-4529-8

Amount of Each Disbursement this Period

178.47

Full Name (Last, First, Middle Initial)

B. Joanne Filiatreau

Mailing Address 3 Putter Cove

City Sherwood State AR Zip Code 72120

Purpose of Disbursement
Travel Reimbursement

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President
State: District:

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
11 / 06 / 2014
Transaction ID : 9FF39854-5D2F-4B09-B

Amount of Each Disbursement this Period

889.62

Full Name (Last, First, Middle Initial)

C. Chick-Fil-A

Mailing Address 3929 McCain Blvd FSU

City N Little Rock State AR Zip Code 72116

Purpose of Disbursement
Meals

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President
State: District:

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
10 / 27 / 2014
Transaction ID : F00ADF8B-AD75-4DED-8

Amount of Each Disbursement this Period

200.00

[MEMO ITEM]

Itemization Of Reimbursement

SUBTOTAL of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

1068.09

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
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☒ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26
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NAME OF COMMITTEE (In Full)

Women Speak Out PAC

Full Name (Last, First, Middle Initial)

A. Sams Club

Mailing Address 900 S Bowman Rd

City Little Rock State AR Zip Code 72223

Purpose of Disbursement
Office Supplies

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President
State: District:

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
10 / 27 / 2014
Transaction ID : EB559724-B160-44EA-9

Amount of Each Disbursement this Period

131.73

[MEMO ITEM]

Itemization Of Reimbursement

Full Name (Last, First, Middle Initial)

B. Sams Club

Mailing Address 900 S Bowman Rd

City Little Rock State AR Zip Code 72223

Purpose of Disbursement
Office Supplies

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President
State: District:

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
10 / 27 / 2014
Transaction ID : 67E040B9-1AB0-46B4-B

Amount of Each Disbursement this Period

203.90

[MEMO ITEM]

Itemization Of Reimbursement

Full Name (Last, First, Middle Initial)

C. Garrett T Love

Mailing Address 102 N Quzura

City Montezuma State KS Zip Code 67869

Purpose of Disbursement
Salary

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President
State: District:

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
11 / 14 / 2014
Transaction ID : A13334C6-2852-49AB-B

Amount of Each Disbursement this Period

1363.31

SUBTOTAL of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

1363.31

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
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NAME OF COMMITTEE (In Full)

Women Speak Out PAC

Full Name (Last, First, Middle Initial)

A. Intuit

Mailing Address 2632 Marine Way

City Mountain View State CA Zip Code 94042

Purpose of Disbursement
Credit Card Processing

001

Candidate Name

Category/
Type
Office Sought: ☐ House
 ☐ Senate
 ☐ President

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
10 29 2014
Transaction ID : A2836179-A3EA-4855-B

Amount of Each Disbursement this Period

19.60

Full Name (Last, First, Middle Initial)

B. Petrina Williams

Mailing Address 3007 Darden Rd

City Greensboro State NC Zip Code 27407

Purpose of Disbursement
salary

001

Candidate Name

Category/
Type
Office Sought: ☐ House
 ☐ Senate
 ☐ President

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
11 14 2014
Transaction ID : A3608439-BBB7-4289-A

Amount of Each Disbursement this Period

1175.19

Full Name (Last, First, Middle Initial)

C. Mr. Grayson Greco

Mailing Address 115 Wyndham Way

City Wilmington State NC Zip Code 24811

Purpose of Disbursement
Travel Reimbursement

002

Candidate Name

Category/
Type
Office Sought: ☐ House
 ☐ Senate
 ☐ President

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
11 06 2014
Transaction ID : A3C56627-A7D3-4143-9

Amount of Each Disbursement this Period

488.78

SUBTOTAL of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

1683.57

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
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☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

Women Speak Out PAC

Full Name (Last, First, Middle Initial)

A. Mary Katherine Collins

Mailing Address 15 1/2 Magnoila Circle

City Searcy State AR Zip Code 72143

Purpose of Disbursement
Travel Reimbursement

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President
State: District:

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
10 30 2014
Transaction ID : A612E261-74E7-4BFF-8

Amount of Each Disbursement this Period

236.06

Full Name (Last, First, Middle Initial)

B. Mr. Mick Bransfield

Mailing Address 12720 Builders Rd

City Herndon State VA Zip Code 20170

Purpose of Disbursement
National Field Management

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President
State: District:

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
11 12 2014
Transaction ID : A6D219CB-57AE-4FFE-A

Amount of Each Disbursement this Period

4000.00

Full Name (Last, First, Middle Initial)

C. Discount BankcardMailing Address 21215 Burbank Blvd
Suite 300

City Woodland Hills State CA Zip Code 91367

Purpose of Disbursement
Credit Card Processing

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President
State: District:

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
10 27 2014
Transaction ID : A7B7C9D1-8D1E-4066-9

Amount of Each Disbursement this Period

95.15

SUBTOTAL of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

4331.21

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
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☒ 21b	☐ 22	☐ 23	☐ 24	☐ 25	☐ 26
☐ 27	☐ 28a	☐ 28b	☐ 28c	☐ 29	☐ 30b

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NAME OF COMMITTEE (In Full)

Women Speak Out PAC

Full Name (Last, First, Middle Initial)

A. Mallory Quigley

Mailing Address 2061 Hopewood Dr

City	State	Zip Code
Falls Church	VA	22043

Purpose of Disbursement
Travel Reimbursement

Candidate Name

Office Sought:	☐ House ☐ Senate ☐ President
State:	District:

Disbursement For:	☐ Primary ☐ General
	☐ Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
10		27		2014

Transaction ID : A7CA577F-843E-4632-A

Amount of Each Disbursement this Period

210.06

Full Name (Last, First, Middle Initial)

B. Orleans Place, LLC

Mailing Address PO Box 52592

City	State	Zip Code
Lafayette	LA	70505

Purpose of Disbursement
Rent

Candidate Name

Office Sought:	☐ House ☐ Senate ☐ President
State:	District:

Disbursement For:	☐ Primary ☐ General
	☐ Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
10		22		2014

Transaction ID : A835A50B-2B82-43C6-B

Amount of Each Disbursement this Period

450.00

Full Name (Last, First, Middle Initial)

C. Mr. Grayson Greco

Mailing Address 115 Wyndham Way

City	State	Zip Code
Wilmington	NC	24811

Purpose of Disbursement
Travel Reimbursement

Candidate Name

Office Sought:	☐ House ☐ Senate ☐ President
State:	District:

Disbursement For:	☐ Primary ☐ General
	☐ Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
10		27		2014

Transaction ID : A86FF124-C7DC-49AF-A

Amount of Each Disbursement this Period

359.72

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

1019.78

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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☒ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

Women Speak Out PAC

Full Name (Last, First, Middle Initial)

A. Taylor Wilson

Mailing Address 6300 terra verde dr

City Raleigh State NC Zip Code 27609

Purpose of Disbursement
Travel Reimbursement

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
11 / 06 / 2014
Transaction ID : A9F97580-D677-4BDC-8

Amount of Each Disbursement this Period

170.93

Full Name (Last, First, Middle Initial)

B. Tami Fitzgerald

Mailing Address 109 Carpathian Way

City Raleigh State NC Zip Code 27615

Purpose of Disbursement
Travel Reimbursement

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
11 / 06 / 2014
Transaction ID : AA340253-9FD5-4905-A

Amount of Each Disbursement this Period

702.08

Full Name (Last, First, Middle Initial)

C. Switzerland Inn

Mailing Address 86 High Ridge Rd

City Little Switzerland State NC Zip Code 28749

Purpose of Disbursement
Travel

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
11 / 06 / 2014
Transaction ID : 2274BB42-A799-4565-A

Amount of Each Disbursement this Period

220.39

[MEMO ITEM]

Itemization Of Reimbursement

SUBTOTAL of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

873.01

☒	21b	☐	22	☐	23	☐	24	☐	25	☐	26
☐	27	☐	28a	☐	28b	☐	28c	☐	29	☐	30b

NAME OF COMMITTEE (In Full)
Women Speak Out PAC

Category/
Type

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

363.64

M M / D D / Y Y Y Y
10 22 2014

Category/
Type

Disbursement For:

☐	Primary	☐	General
☐	Other (specify) ▼		

22.24

MM / DD / YYYY

Category/
Type

Disbursement For:

☐	Primary	☐	General
☐	Other (specify) ▼		

439.23

825.11

825.11

7 7 1

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
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☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

Women Speak Out PAC

Full Name (Last, First, Middle Initial)

A. PayChex

Mailing Address 911 Panorama Trail S

City Rochester State NY Zip Code 14625

Purpose of Disbursement
Payroll Processing

001

Candidate Name

Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y Y
11 / 14 / 2014

Transaction ID : B075DCE0-9E55-415A-9

Amount of Each Disbursement this Period

67.13

Full Name (Last, First, Middle Initial)

B. Discount BankcardMailing Address 21215 Burbank Blvd
Suite 300

City Woodland Hills State CA Zip Code 91367

Purpose of Disbursement
Credit Card Processing

001

Candidate Name

Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y Y
11 / 05 / 2014

Transaction ID : B2ED5207-8F97-4D70-9

Amount of Each Disbursement this Period

12.74

Full Name (Last, First, Middle Initial)

C. KS Unemployment

Mailing Address PO Box 66601

City Topeka State KS Zip Code 66601

Purpose of Disbursement
Taxes

001

Candidate Name

Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y Y
11 / 15 / 2014

Transaction ID : B3DDD92A-DFA0-40EC-8

Amount of Each Disbursement this Period

202.50

SUBTOTAL of Disbursements This Page (optional)..... ►

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

282.37

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
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☒ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

Women Speak Out PAC

Full Name (Last, First, Middle Initial)

A. Timothy S Powell

Mailing Address 7745 SW El Cerrito

City Topeka State KS Zip Code 66614

Purpose of Disbursement
Salary

Candidate Name

Office Sought: ☐ House
 ☐ Senate
 ☐ President

State: District:

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
11 / 14 / 2014
Transaction ID : B41D5EA8-11F0-45DD-9

Amount of Each Disbursement this Period

1241.81

Full Name (Last, First, Middle Initial)

B. Colonial Properties

Mailing Address 5100 South Thompson St.

City Springfield State AR Zip Code 72764

Purpose of Disbursement
Rent

Candidate Name

Office Sought: ☐ House
 ☐ Senate
 ☐ President

State: District:

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
11 / 12 / 2014
Transaction ID : B42AA00A-8EAE-4CDD-B

Amount of Each Disbursement this Period

39.00

Full Name (Last, First, Middle Initial)

C. Intuit

Mailing Address 2632 Marine Way

City Mountain View State CA Zip Code 94042

Purpose of Disbursement
Credit Card Processing

Candidate Name

Office Sought: ☐ House
 ☐ Senate
 ☐ President

State: District:

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
11 / 07 / 2014
Transaction ID : B4A648ED-B7A1-4AD8-A

Amount of Each Disbursement this Period

1.70

SUBTOTAL of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

1282.51

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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☒ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

Women Speak Out PAC

Full Name (Last, First, Middle Initial)

A. Michelle Rickert

Mailing Address 710 St. Martins Lane

City Bossier City State LA Zip Code 71111

Purpose of Disbursement
salary

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
10 / 31 / 2014
Transaction ID : B9B67C67-3234-4F2F-A

Amount of Each Disbursement this Period

2506.50

Full Name (Last, First, Middle Initial)

B. Discount BankcardMailing Address 21215 Burbank Blvd
Suite 300

City Woodland Hills State CA Zip Code 91367

Purpose of Disbursement
Credit Card Processing

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
10 / 30 / 2014
Transaction ID : BAD69A1D-60D5-43D2-9

Amount of Each Disbursement this Period

6.94

Full Name (Last, First, Middle Initial)

C. Dick Wadhams

Mailing Address 6388 South Chase Court

City Littleton State CO Zip Code 80123

Purpose of Disbursement
State Political Management

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
10 / 17 / 2014
Transaction ID : BC324E95-0F51-4EB5-8

Amount of Each Disbursement this Period

5000.00

SUBTOTAL of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

7513.44

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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☒ 21b	☐ 22	☐ 23	☐ 24	☐ 25	☐ 26
☐ 27	☐ 28a	☐ 28b	☐ 28c	☐ 29	☐ 30b

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NAME OF COMMITTEE (In Full)

Women Speak Out PAC

Full Name (Last, First, Middle Initial)

A. Discount BankcardMailing Address 21215 Burbank Blvd
Suite 300

City Woodland Hills State CA Zip Code 91367

Purpose of Disbursement
Credit Card Processing

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President
State: District:Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
10		27		2014

Transaction ID : BCA07208-41AA-446A-B

Amount of Each Disbursement this Period

71.05

Full Name (Last, First, Middle Initial)

B. Taylor Wilson

Mailing Address 6300 terra verde dr

City Raleigh State NC Zip Code 27609

Purpose of Disbursement
Travel Reimbursement

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President
State: District:Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
10		17		2014

Transaction ID : BDB1C2E0-55CB-4820-9

Amount of Each Disbursement this Period

126.46

Full Name (Last, First, Middle Initial)

C. Tracey A Fraser

Mailing Address 2120 Nolan Trace St

City Lessville State LA Zip Code 71446

Purpose of Disbursement
Travel Reimbursement

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President
State: District:Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
10		28		2014

Transaction ID : BE0A5C0F-F698-4533-8

Amount of Each Disbursement this Period

423.18

SUBTOTAL of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

620.69

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
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☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

Women Speak Out PAC

Full Name (Last, First, Middle Initial)

A. NC Unemployment

Mailing Address 1101 Mail Service Center

City Raleigh State NC Zip Code 27699

Purpose of Disbursement
Taxes

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President
State: District:

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
11 / 07 / 2014
Transaction ID : C04A9779-0FBC-4AF4-B

Amount of Each Disbursement this Period

278.39

Full Name (Last, First, Middle Initial)

B. Arkansas Dept of Workforce Services

Mailing Address PO Box 8007

City Little Rock State AR Zip Code 72203

Purpose of Disbursement
Taxes

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President
State: District:

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
11 / 15 / 2014
Transaction ID : C23FEC0C-DC26-43A9-A

Amount of Each Disbursement this Period

443.54

Full Name (Last, First, Middle Initial)

C. LA Unemployment

Mailing Address 1001 North 23rd St, P.O. Box 94094

City Baton Rouge State LA Zip Code 70804

Purpose of Disbursement
Taxes

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President
State: District:

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
11 / 07 / 2014
Transaction ID : C34E0FF1-5EED-4C8A-8

Amount of Each Disbursement this Period

252.27

SUBTOTAL of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

974.20

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
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☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

Women Speak Out PAC

Full Name (Last, First, Middle Initial)

A. NC Unemployment

Mailing Address 1101 Mail Service Center

City Raleigh State NC Zip Code 27699

Purpose of Disbursement
Taxes

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
10 24 2014
Transaction ID : C363A30B-651C-4C1E-9

Amount of Each Disbursement this Period

252.00

Full Name (Last, First, Middle Initial)

B. Centrex PropertiesMailing Address 4040 Ed Drive
Suite 210

City Raleigh State NC Zip Code 27607

Purpose of Disbursement
Rent

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
10 22 2014
Transaction ID : C6A4CC4D-AED2-4123-A

Amount of Each Disbursement this Period

1200.00

Full Name (Last, First, Middle Initial)

C. Michelle Rickert

Mailing Address 710 St. Martins Lane

City Bossier City State LA Zip Code 71111

Purpose of Disbursement
Travel Reimbursement

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
10 27 2014
Transaction ID : C6E672E3-14FE-4C63-9

Amount of Each Disbursement this Period

645.43

SUBTOTAL of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

2097.43

☒	21b	☐	22	☐	23	☐	24	☐	25	☐	26
☐	27	☐	28a	☐	28b	☐	28c	☐	29	☐	30b

NAME OF COMMITTEE (In Full)
Women Speak Out PAC

A. Timothy S Powell

Mailing Address 7745 SW El Cerrito

City	State	Zip Code
Topeka	KS	66614

Purpose of Disbursement
Travel Reimbursement

Candidate Name

Office Sought:	☐	House
	☐	Senate
	☐	President

State: District:

Disbursement For:

☐	Primary	☐	General
☐	Other (specify) ▼		

Date of Disbursement

Transaction ID : C918CC72-75A2-413B-A

Amount of Each Disbursement this Period

235.80

Full Name (Last, First, Middle Initial)

B. Mary Katherine Collins

Mailing Address 15 1/2 Magnolia Circle

City	State	Zip Code
Searcy	AR	72143

Purpose of Disbursement	salary
1	2
3	4
5	6
7	8
9	10
11	12
13	14
15	16
17	18
19	20
21	22
23	24
25	26
27	28
29	30
31	32
33	34
35	36
37	38
39	40
41	42
43	44
45	46
47	48
49	50
51	52
53	54
55	56
57	58
59	60
61	62
63	64
65	66
67	68
69	70
71	72
73	74
75	76
77	78
79	80
81	82
83	84
85	86
87	88
89	90
91	92
93	94
95	96
97	98
99	100

Candidate Name

Office Sought:	☐	House
	☐	Senate
	☐	President

State: District:

Disbursement For:

☐ Primary ☐ General

☐ Other (specify) ▼

Date of Disbursement

M M / D D / Y Y Y Y
11 14 2014

Transaction ID : C9D94EFE-0DAC-4BE8-8

Amount of Each Disbursement this Period

1182.86

Full Name (Last, First, Middle Initial)

C. Mary Katherine Collins

Mailing Address 15 1/2 Magnolia Circle

City	State	Zip Code
Searcy	AR	72143

Purpose of Disbursement	salary
1	2
3	4
5	6
7	8
9	10
11	12
13	14
15	16
17	18
19	20
21	22
23	24
25	26
27	28
29	30
31	32
33	34
35	36
37	38
39	40
41	42
43	44
45	46
47	48
49	50
51	52
53	54
55	56
57	58
59	60
61	62
63	64
65	66
67	68
69	70
71	72
73	74
75	76
77	78
79	80
81	82
83	84
85	86
87	88
89	90
91	92
93	94
95	96
97	98
99	100

Candidate Name

Office Sought:	☐	House
	☐	Senate
	☐	President

State: District:

Disbursement For:

☐	Primary	☐	General
☐	Other (specify) ▼		

Date of Disbursement

Transaction ID : CA8EA90C-8F61-4ADE-8

Amount of Each Disbursement this Period

2245.61

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

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

3664.27

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
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☐ 27	☐ 28a	☐ 28b	☐ 28c	☐ 29	☐ 30b

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NAME OF COMMITTEE (In Full)

Women Speak Out PAC

Full Name (Last, First, Middle Initial)

A. Trace Strategies, LLC

Mailing Address 11104 Westpoint Court

City	State	Zip Code
Little Rock	AR	72211

Purpose of Disbursement
State Field Rep Management

Candidate Name

Office Sought:	☐ House
	☐ Senate
	☐ President

State: District:

Disbursement For:	☐ Primary	☐ General
	☐ Other (specify) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
10		17		2014

Transaction ID : CC30EE2F-CA8B-4E0B-A

Amount of Each Disbursement this Period

17014.46

Full Name (Last, First, Middle Initial)

B. Joanne Filiatreau

Mailing Address 3 Putter Cove

City	State	Zip Code
Sherwood	AR	72120

Purpose of Disbursement
Travel Reimbursement

Candidate Name

Office Sought:	☐ House
	☐ Senate
	☐ President

State: District:

Disbursement For:	☐ Primary	☐ General
	☐ Other (specify) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
10		22		2014

Transaction ID : D06BF43B-A11E-4C6C-9

Amount of Each Disbursement this Period

198.94

Full Name (Last, First, Middle Initial)

C. Intuit

Mailing Address 2632 Marine Way

City	State	Zip Code
Mountain View	CA	94042

Purpose of Disbursement
Credit Card Processing

Candidate Name

Office Sought:	☐ House
	☐ Senate
	☐ President

State: District:

Disbursement For:	☐ Primary	☐ General
	☐ Other (specify) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
11		14		2014

Transaction ID : D0B1D736-1451-419D-9

Amount of Each Disbursement this Period

29.25

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

17242.65

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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☒ 21b	☐ 22	☐ 23	☐ 24	☐ 25	☐ 26
☐ 27	☐ 28a	☐ 28b	☐ 28c	☐ 29	☐ 30b

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NAME OF COMMITTEE (In Full)

Women Speak Out PAC

Full Name (Last, First, Middle Initial)

A. Joanne Filiatreau

Mailing Address 3 Putter Cove

City	State	Zip Code
Sherwood	AR	72120

Purpose of Disbursement
Salary

Candidate Name

Office Sought:	☐ House ☐ Senate ☐ President
State:	District:

Disbursement For:	☐ Primary ☐ General ☐ Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
11		14		2014

Transaction ID : D0CF7707-A788-4927-9

Amount of Each Disbursement this Period

1295.25

Full Name (Last, First, Middle Initial)

B. Mr. Grayson Greco

Mailing Address 115 Wyndham Way

City	State	Zip Code
Wilmington	NC	24811

Purpose of Disbursement
Travel Reimbursement

Candidate Name

Office Sought:	☐ House ☐ Senate ☐ President
State:	District:

Disbursement For:	☐ Primary ☐ General ☐ Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
10		22		2014

Transaction ID : D2DC76F8-2B0B-4518-A

Amount of Each Disbursement this Period

284.52

Full Name (Last, First, Middle Initial)

C. Discount BankcardMailing Address 21215 Burbank Blvd
Suite 300

City	State	Zip Code
Woodland Hills	CA	91367

Purpose of Disbursement
Credit Card Processing

Candidate Name

Office Sought:	☐ House ☐ Senate ☐ President
State:	District:

Disbursement For:	☐ Primary ☐ General ☐ Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
10		28		2014

Transaction ID : D4CE1393-865B-40C9-8

Amount of Each Disbursement this Period

63.22

SUBTOTAL of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

1642.99

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
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(check only one)

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NAME OF COMMITTEE (In Full)

Women Speak Out PAC

Full Name (Last, First, Middle Initial)

A. Chain Bridge Bank

Mailing Address 1445-A Laughlin Avenue

City	State	Zip Code
McLean	VA	22101

Purpose of Disbursement
Bank Fees

Candidate Name

Office Sought:	☐ House ☐ Senate ☐ President
State:	District:

Disbursement For:	☐ Primary ☐ General
	☐ Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
10		16		2014

Transaction ID : D64C7B30-F843-4F9A-B

Amount of Each Disbursement this Period

15.00

Full Name (Last, First, Middle Initial)

B. Chain Bridge Bank

Mailing Address 1445-A Laughlin Avenue

City	State	Zip Code
McLean	VA	22101

Purpose of Disbursement
Bank Fees

Candidate Name

Office Sought:	☐ House ☐ Senate ☐ President
State:	District:

Disbursement For:	☐ Primary ☐ General
	☐ Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
11		12		2014

Transaction ID : DCA25CBA-92AD-4D1D-B

Amount of Each Disbursement this Period

15.00

Full Name (Last, First, Middle Initial)

C. NC Unemployment

Mailing Address 1101 Mail Service Center

City	State	Zip Code
Raleigh	NC	27699

Purpose of Disbursement
Taxes

Candidate Name

Office Sought:	☐ House ☐ Senate ☐ President
State:	District:

Disbursement For:	☐ Primary ☐ General
	☐ Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
10		24		2014

Transaction ID : DCA4640F-93FF-4FD2-B

Amount of Each Disbursement this Period

185.16

SUBTOTAL of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

215.16

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
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NAME OF COMMITTEE (In Full)

Women Speak Out PAC

Full Name (Last, First, Middle Initial)

A. Michael B ODonnell

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
1	1	1		1	4			2	0	1	4		

Mailing Address 1309 N High

Transaction ID : DD47725E-886F-4C6C-A

City	State	Zip Code
Wichita	KS	67203

Amount of Each Disbursement this Period

Purpose of Disbursement
salary

001

1	1	9	2	.	4	4

Candidate Name

Category/
Type

Office Sought:	☐ House
	☐ Senate
	☐ President

Disbursement For:

☐ Primary	☐ General
☐ Other (specify) ▼	

State: District:

Full Name (Last, First, Middle Initial)

B. Discount Bankcard

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
1	0			2	0			2	0	1	4		

Mailing Address 21215 Burbank Blvd
Suite 300**Transaction ID : DDF92970-F03D-4B9E-9**

Amount of Each Disbursement this Period

City	State	Zip Code
Woodland Hills	CA	91367

Purpose of Disbursement
Credit Card Processing

001

3	4	.	4	0

Candidate Name

Category/
Type

Office Sought:	☐ House
	☐ Senate
	☐ President

Disbursement For:

☐ Primary	☐ General
☐ Other (specify) ▼	

State: District:

Full Name (Last, First, Middle Initial)

C. NC Department of Revenue

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
1	0			2	4			2	0	1	4		

Mailing Address PO Box 25000

Transaction ID : DE0C4FD7-9D7C-4237-A

Amount of Each Disbursement this Period

City	State	Zip Code
Raleigh	NC	27640

Purpose of Disbursement
Taxes

001

9	4	2	.	0	0

Candidate Name

Category/
Type

Office Sought:	☐ House
	☐ Senate
	☐ President

Disbursement For:

☐ Primary	☐ General
☐ Other (specify) ▼	

State: District:

SUBTOTAL of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

2168.84

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
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NAME OF COMMITTEE (In Full)

Women Speak Out PAC

Full Name (Last, First, Middle Initial)

A. AT&T

Mailing Address PO Box 657

City	State	Zip Code
Evansville	IN	47704

Purpose of Disbursement
Phones

Candidate Name

Office Sought:	☐ House
	☐ Senate
	☐ President

State: District:

Disbursement For:

☐ Primary	☐ General
☐ Other (specify) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
11		10		2014

Transaction ID : DE29B46E-F920-4171-9

Amount of Each Disbursement this Period

3952.24

Full Name (Last, First, Middle Initial)

B. Petrina Williams

Mailing Address 3007 Darden Rd

City	State	Zip Code
Greensboro	NC	27407

Purpose of Disbursement
Travel Reimbursement

Candidate Name

Office Sought:	☐ House
	☐ Senate
	☐ President

State: District:

Disbursement For:

☐ Primary	☐ General
☐ Other (specify) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
10		27		2014

Transaction ID : DE711671-E9D9-4E06-A

Amount of Each Disbursement this Period

390.40

Full Name (Last, First, Middle Initial)

C. Arkansas Dept of Workforce Services

Mailing Address PO Box 8007

City	State	Zip Code
Little Rock	AR	72203

Purpose of Disbursement
Taxes

Candidate Name

Office Sought:	☐ House
	☐ Senate
	☐ President

State: District:

Disbursement For:

☐ Primary	☐ General
☐ Other (specify) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
10		24		2014

Transaction ID : DF0ECC22-2D81-4A9A-9

Amount of Each Disbursement this Period

337.98

SUBTOTAL of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

4680.62

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
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☐ 27	☐ 28a	☐ 28b	☐ 28c	☐ 29	☐ 30b

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NAME OF COMMITTEE (In Full)

Women Speak Out PAC

Full Name (Last, First, Middle Initial)

A. Majority Connections

Mailing Address 10 Pinnacle Rd

City	State	Zip Code
Durham	NC	27705

Purpose of Disbursement
Media Management

Candidate Name

Office Sought:	☐ House
	☐ Senate
	☐ President

State: District:

Disbursement For:	☐ Primary	☐ General
	☐ Other (specify) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
10		17		2014

Transaction ID : DFA06238-6AC1-4F52-9

Amount of Each Disbursement this Period

2000.00

Full Name (Last, First, Middle Initial)

B. AR Department of Revenue

Mailing Address 1509 W. 7th Street

City	State	Zip Code
Little Rock	AR	72201

Purpose of Disbursement
Taxes

Candidate Name

Office Sought:	☐ House
	☐ Senate
	☐ President

State: District:

Disbursement For:	☐ Primary	☐ General
	☐ Other (specify) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
10		24		2014

Transaction ID : E09D94E0-9730-4A2C-A

Amount of Each Disbursement this Period

424.16

Full Name (Last, First, Middle Initial)

C. Susan B Anthony List

Mailing Address 1707 L St., NW

City	State	Zip Code
Washington	DC	20036

Purpose of Disbursement
In-Kind Donation of Office Expense

Candidate Name

Office Sought:	☐ House
	☐ Senate
	☐ President

State: District:

Disbursement For:	☐ Primary	☐ General
	☐ Other (specify) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
10		31		2014

Transaction ID : E17C0957-9329-4DC9-A

Amount of Each Disbursement this Period

3797.05

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

6221.21

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
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☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

Women Speak Out PAC

Full Name (Last, First, Middle Initial)

A. Digital Print & Imaging of LR, Inc.

Mailing Address 902 Cumberland St

City Little Rock State AR Zip Code 72202

Purpose of Disbursement
Printing

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President
State: District:

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Date of Disbursement

M M / D D / Y Y Y Y Y
11 / 12 / 2014
Transaction ID : 1845E1F9-2A8D-4FEC-B

Amount of Each Disbursement this Period

348.99

[MEMO ITEM]

Itemization Of Reimbursement

Full Name (Last, First, Middle Initial)

B. Larry's Pizza

Mailing Address 12911 Cantrell Rd, Ste 21

City Little Rock State AR Zip Code 72223

Purpose of Disbursement
Meals

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President
State: District:

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Date of Disbursement

M M / D D / Y Y Y Y Y
11 / 12 / 2014
Transaction ID : 573725AF-5FC9-45DA-8

Amount of Each Disbursement this Period

47.96

[MEMO ITEM]

Itemization Of Reimbursement

Full Name (Last, First, Middle Initial)

C. Larry's Pizza

Mailing Address 12911 Cantrell Rd, Ste 21

City Little Rock State AR Zip Code 72223

Purpose of Disbursement
Meals

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President
State: District:

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Date of Disbursement

M M / D D / Y Y Y Y Y
11 / 12 / 2014
Transaction ID : BCE8D47E-2E81-4822-B

Amount of Each Disbursement this Period

437.50

[MEMO ITEM]

Itemization Of Reimbursement

SUBTOTAL of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

0.00

☒	21b	☐	22	☐	23	☐	24	☐	25	☐	26
☐	27	☐	28a	☐	28b	☐	28c	☐	29	☐	30b

NAME OF COMMITTEE (In Full)
Women Speak Out PAC

Three digital displays showing the date 10/17/2014 in MM/DD/YYYY format. The first display shows '10' for the month, the second shows '17' for the day, and the third shows '2014' for the year. Each display has a small 'M' or 'D' or 'Y' indicator above the digits.

Category/
Type

219.70

Amount of Each Disbursement this Period

Category/
Type

1200.50

Amount of Each Disbursement this Period

Category/
Type

1531.63

2951.83

FEC Schedule B (Form 3X) Rev. 02/2003

☒	21b	☐	22	☐	23	☐	24	☐	25	☐	26
☐	27	☐	28a	☐	28b	☐	28c	☐	29	☐	30b

NAME OF COMMITTEE (In Full)
Women Speak Out PAC

Category/
Type

550.00

Category/
TypeCategory/
Type

1280.83

1975.83

1975.83

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
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NAME OF COMMITTEE (In Full)

Women Speak Out PAC

Full Name (Last, First, Middle Initial)

A. Arkansas Dept of Workforce Services

Mailing Address PO Box 8007

City Little Rock State AR Zip Code 72203

Purpose of Disbursement
Taxes

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President
State: District:

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
11 / 07 / 2014
Transaction ID : EC8030BA-5263-4DAA-A

Amount of Each Disbursement this Period

784.34

Full Name (Last, First, Middle Initial)

B. MTOT Disc BankcardMailing Address 21215 Burbank Blvd
Suite 300

City Woodland Hills State CA Zip Code 91367

Purpose of Disbursement
Credit Card Processing

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President
State: District:

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
11 / 03 / 2014
Transaction ID : ECC4BDC4-D80D-4087-B

Amount of Each Disbursement this Period

1477.28

Full Name (Last, First, Middle Initial)

C. Petrina Williams

Mailing Address 3007 Darden Rd

City Greensboro State NC Zip Code 27407

Purpose of Disbursement
salary

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President
State: District:

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
10 / 17 / 2014
Transaction ID : ECD4F9B2-80AB-42E7-9

Amount of Each Disbursement this Period

754.41

SUBTOTAL of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

3016.03

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
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NAME OF COMMITTEE (In Full)

Women Speak Out PAC

Full Name (Last, First, Middle Initial)

A. Julie Harris

Mailing Address 3654 Tara Street

City	State	Zip Code
Springdale	AR	72762

Purpose of Disbursement
Salary

Candidate Name

Office Sought:	☐ House ☐ Senate ☐ President
State:	District:

Disbursement For:
☐ Primary ☐ General ☐ Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
10		31		2014

Transaction ID : ECE28D4C-4FDD-45E8-8

Amount of Each Disbursement this Period

2359.25

Full Name (Last, First, Middle Initial)

B. Shanon Snyder

Mailing Address 2701 Winifred

City	State	Zip Code
Metairie	LA	70003

Purpose of Disbursement
Travel Reimbursement

Candidate Name

Office Sought:	☐ House ☐ Senate ☐ President
State:	District:

Disbursement For:
☐ Primary ☐ General ☐ Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
11		12		2014

Transaction ID : ED36EFF2-21C9-44BD-8

Amount of Each Disbursement this Period

157.07

Full Name (Last, First, Middle Initial)

C. Duke Energy

Mailing Address PO Box 70516

City	State	Zip Code
Charlotte	NC	28272

Purpose of Disbursement
Utilities

Candidate Name

Office Sought:	☐ House ☐ Senate ☐ President
State:	District:

Disbursement For:
☐ Primary ☐ General ☐ Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
10		17		2014

Transaction ID : F15357F3-9C1F-4018-A

Amount of Each Disbursement this Period

136.44

SUBTOTAL of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

2652.76

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
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☐ 27	☐ 28a	☐ 28b	☐ 28c	☐ 29	☐ 30b

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NAME OF COMMITTEE (In Full)

Women Speak Out PAC

Full Name (Last, First, Middle Initial)

A. TravelersMailing Address P.O. Box 660333
Dept. 98476

City Dallas State TX Zip Code 75266

Purpose of Disbursement
Insurance

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President
State: District:Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
10		27		2014

Transaction ID : F1687824-4DB3-4C72-A

Amount of Each Disbursement this Period

3324.33

Full Name (Last, First, Middle Initial)

B. Shanon Snyder

Mailing Address 2701 Winifred

City Metairie State LA Zip Code 70003

Purpose of Disbursement
Travel Reimbursement

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President
State: District:Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
10		30		2014

Transaction ID : F1C17353-2A22-4D32-B

Amount of Each Disbursement this Period

31.32

Full Name (Last, First, Middle Initial)

C. Discount BankcardMailing Address 21215 Burbank Blvd
Suite 300

City Woodland Hills State CA Zip Code 91367

Purpose of Disbursement
Credit Card Processing

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President
State: District:Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
11		07		2014

Transaction ID : F27D9AC5-949D-4A3E-B

Amount of Each Disbursement this Period

10.17

SUBTOTAL of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

3365.82

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
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☐ 27	☐ 28a	☐ 28b	☐ 28c	☐ 29	☐ 30b

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NAME OF COMMITTEE (In Full)

Women Speak Out PAC

Full Name (Last, First, Middle Initial)

A. Mr. Grayson Greco

Mailing Address 115 Wyndham Way

City
WilmingtonState
NCZip Code
24811Purpose of Disbursement
Travel Reimbursement

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President
State: District:

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
10		17		2014

Transaction ID : F2C2C8D9-747E-4757-B

Amount of Each Disbursement this Period

260.68

Full Name (Last, First, Middle Initial)

B. Andrea L Plunkett

Mailing Address 1411 SW 13th St Apt 208

City
TopekaState
KSZip Code
66604Purpose of Disbursement
Travel Reimbursement

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President
State: District:

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
11		12		2014

Transaction ID : F4FAA81D-63EA-4499-A

Amount of Each Disbursement this Period

236.00

Full Name (Last, First, Middle Initial)

C. Highway 10 Office Park, LLCMailing Address 1 Allied Drive
Suite 1500City
Little RockState
ARZip Code
72202Purpose of Disbursement
Rent

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President
State: District:

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
10		22		2014

Transaction ID : F5C7900B-69EA-459E-8

Amount of Each Disbursement this Period

396.62

SUBTOTAL of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

893.30

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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☒ 21b	☐ 22	☐ 23	☐ 24	☐ 25	☐ 26
☐ 27	☐ 28a	☐ 28b	☐ 28c	☐ 29	☐ 30b

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Women Speak Out PAC

Full Name (Last, First, Middle Initial)

A. Julie Harris

Mailing Address 3654 Tara Street

City	State	Zip Code
Springdale	AR	72762

Purpose of Disbursement
Travel Reimbursement

Candidate Name

Office Sought:	☐ House
	☐ Senate
	☐ President

State: District:

Disbursement For:	☐ Primary	☐ General
	☐ Other (specify) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
10		27		2014

Transaction ID : F635E220-A56D-4DA1-A

Amount of Each Disbursement this Period

235.32

Full Name (Last, First, Middle Initial)

B. Arkansas Dept of Workforce Services

Mailing Address PO Box 8007

City	State	Zip Code
Little Rock	AR	72203

Purpose of Disbursement
Taxes

Candidate Name

Office Sought:	☐ House
	☐ Senate
	☐ President

State: District:

Disbursement For:	☐ Primary	☐ General
	☐ Other (specify) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
10		24		2014

Transaction ID : F8D689F7-07D7-4FD5-9

Amount of Each Disbursement this Period

360.00

Full Name (Last, First, Middle Initial)

C. Ursula Anderson

Mailing Address 210 Cooper Drive

City	State	Zip Code
Lafayette	LA	70501

Purpose of Disbursement
salary

Candidate Name

Office Sought:	☐ House
	☐ Senate
	☐ President

State: District:

Disbursement For:	☐ Primary	☐ General
	☐ Other (specify) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
10		24		2014

Transaction ID : FA070001-8E3A-4108-B

Amount of Each Disbursement this Period

1356.25

SUBTOTAL of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

1951.57

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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☒ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)
Women Speak Out PAC

Full Name (Last, First, Middle Initial)

A. Martha C Luke

Mailing Address 345 S Club Ave

City State Zip Code
St. Gabriel LA 70776Purpose of Disbursement
Travel Reimbursement

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President
State: District:Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Date of Disbursement

M M / D D / Y Y Y Y Y
10 27 2014

Transaction ID : FAF2D0CE-769B-4CDD-9

Amount of Each Disbursement this Period

73.12

B. Discount Bankcard

Full Name (Last, First, Middle Initial)

Mailing Address 21215 Burbank Blvd
Suite 300City State Zip Code
Woodland Hills CA 91367Purpose of Disbursement
Credit Card Processing

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President
State: District:Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Date of Disbursement

M M / D D / Y Y Y Y Y
11 03 2014

Transaction ID : FB5E56CF-BD79-4BC0-9

Amount of Each Disbursement this Period

6.56

C. Intuit

Full Name (Last, First, Middle Initial)

Mailing Address 2632 Marine Way

City State Zip Code
Mountain View CA 94042Purpose of Disbursement
Credit Card Processing

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President
State: District:Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Date of Disbursement

M M / D D / Y Y Y Y Y
10 17 2014

Transaction ID : FBF32EEF-2037-4CCE-8

Amount of Each Disbursement this Period

25.65

SUBTOTAL of Disbursements This Page (optional)..... ►

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

105.33

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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☒ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)
Women Speak Out PAC

Full Name (Last, First, Middle Initial)

A. Charles B Schmitz

Mailing Address 213 South Haynes St

City State Zip Code
Poplarville MS 39470Purpose of Disbursement
Reimbursement

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President
State: District:Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Date of Disbursement

M M / D D / Y Y Y Y Y
10 16 2014

Transaction ID : FC4BA90B-FAC8-4FC3-8

Amount of Each Disbursement this Period

228.09

Full Name (Last, First, Middle Initial)

B. PayChex

Mailing Address 911 Panorama Trail S

City State Zip Code
Rochester NY 14625Purpose of Disbursement
Payroll Processing

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President
State: District:Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Date of Disbursement

M M / D D / Y Y Y Y Y
11 12 2014

Transaction ID : FCA3B76C-4614-4EC0-9

Amount of Each Disbursement this Period

101.68

Full Name (Last, First, Middle Initial)

C. Mary Katherine Collins

Mailing Address 15 1/2 Magnolia Circle

City State Zip Code
Searcy AR 72143Purpose of Disbursement
Travel Reimbursement

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President
State: District:Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Date of Disbursement

M M / D D / Y Y Y Y Y
11 12 2014

Transaction ID : FE1D988D-2481-49B5-B

Amount of Each Disbursement this Period

1040.00

SUBTOTAL of Disbursements This Page (optional)..... ►

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

1369.77

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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☒ 21b	☐ 22	☐ 23	☐ 24	☐ 25	☐ 26
☐ 27	☐ 28a	☐ 28b	☐ 28c	☐ 29	☐ 30b

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Women Speak Out PAC

Full Name (Last, First, Middle Initial)

A. Sonic

Mailing Address 2301 East Race St

City	State	Zip Code
Searcy	AR	72142

Purpose of Disbursement
Meals

002

Candidate Name

Category/
Type

Office Sought:	☐ House
	☐ Senate
	☐ President

Disbursement For:	☐ Primary	☐ General
	☐ Other (specify) ▼	

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
11		12		2014

Transaction ID : 8055529F-01DF-4290-8

Amount of Each Disbursement this Period

380.00

[MEMO ITEM]

Itemization Of Reimbursement

Full Name (Last, First, Middle Initial)

B. Chick-Fil-A3683 E Race Ave

Mailing Address 3683 E Race Ave

City	State	Zip Code
Searcy	AR	72142

Purpose of Disbursement
Meals

002

Candidate Name

Category/
Type

Office Sought:	☐ House
	☐ Senate
	☐ President

Disbursement For:	☐ Primary	☐ General
	☐ Other (specify) ▼	

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
11		12		2014

Transaction ID : 06172478-5502-4033-B

Amount of Each Disbursement this Period

660.00

[MEMO ITEM]

Itemization Of Reimbursement

Full Name (Last, First, Middle Initial)

C. Mr. Robert Clapper

Mailing Address 924 French St.

City	State	Zip Code
New Orleans	LA	70124

Purpose of Disbursement
Salary

001

Candidate Name

Category/
Type

Office Sought:	☐ House
	☐ Senate
	☐ President

Disbursement For:	☐ Primary	☐ General
	☐ Other (specify) ▼	

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
10		24		2014

Transaction ID : FEDEA745-691B-4483-8

Amount of Each Disbursement this Period

2270.75

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

2270.75

☒	21b	☐	22	☐	23	☐	24	☐	25	☐	26
☐	27	☐	28a	☐	28b	☐	28c	☐	29	☐	30b

363254.79

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 129 OF 3250
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC		FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M M / D D D / Y Y Y Y Y Y			
Full Name of Payee Cynthia J Christmas		Date of Public Distribution/Dissemination 10 / 16 / 2014	
Mailing Address 1731 Frenchmen St		Amount 50.00	
City New Orleans	State LA	Zip Code 70116	Transaction ID : 610a363f-1529-4843-a
Purpose of Expenditure Salary	Category/Type 001	Date of Disbursement or Obligation 10 / 16 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☐ House District: <u>00</u> ☒ Oppose ☐ President ☒ Senate State: <u>LA</u>	
Calendar Year-To-Date Per Election for Office Sought 554635.78		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶ _____	
Full Name of Payee Cynthia J Christmas		Date of Public Distribution/Dissemination 10 / 16 / 2014	
Mailing Address 1731 Frenchmen St		Amount 0.30	
City New Orleans	State LA	Zip Code 70116	Transaction ID : c749eb9b-33d8-48e4-b
Purpose of Expenditure Mileage	Category/Type 002	Date of Disbursement or Obligation 10 / 16 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☐ House District: <u>00</u> ☒ Oppose ☐ President ☒ Senate State: <u>LA</u>	
Calendar Year-To-Date Per Election for Office Sought 554635.78		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶ _____	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶		50.30	
(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]	
Signature		Date 05 / 18 / 2015	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 130 OF 3250
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M / D D / Y Y Y Y Y Y					
Full Name of Payee Sharon t Craig			Date of Public Distribution/Dissemination 10 / 16 / 2014		
Mailing Address 1410 Bushville Dr			Amount 20.00		
City Lenoir		State NC	Zip Code 28645		Transaction ID : ae4a1eb0-69d8-4cbe-b Date of Disbursement or Obligation 10 / 16 / 2014
Purpose of Expenditure Salary		Category/ Type 001			
Name of Federal Candidate Ms. Kay Hagan			☐ Support ☒ Oppose		Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: NC
Calendar Year-To-Date Per Election for Office Sought 1095959.94			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
Full Name of Payee Sharon t Craig			Date of Public Distribution/Dissemination 10 / 16 / 2014		
Mailing Address 1410 Bushville Dr			Amount 6.60		
City Lenoir		State NC	Zip Code 28645		Transaction ID : 8a541cf8-2451-410e-a Date of Disbursement or Obligation 10 / 16 / 2014
Purpose of Expenditure Mileage		Category/ Type 002			
Name of Federal Candidate Ms. Kay Hagan			☐ Support ☒ Oppose		Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: NC
Calendar Year-To-Date Per Election for Office Sought 1095959.94			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			26.60		
(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.					
Signature Ms. Emily Buchanan			Date 05 / 18 / 2015		
			[Electronically Filed]		

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 132 OF 3250
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC		FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on		M M M / D D D / Y Y Y Y Y Y	
Full Name of Payee James Kindstedt		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 10 / 16 / 2014	
Mailing Address 5510 Dogwood Dr		Amount 20.00	
City Winston Salem	State NC	Zip Code 27105	Transaction ID : 2e15f74c-51d2-4e2a-8
Purpose of Expenditure Salary		Category/Type 001	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 10 / 16 / 2014
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: NC
Calendar Year-To-Date Per Election for Office Sought 1095959.94		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee James Kindstedt		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 10 / 16 / 2014	
Mailing Address 5510 Dogwood Dr		Amount 7.11	
City Winston Salem	State NC	Zip Code 27105	Transaction ID : fa047353-04bd-474d-9
Purpose of Expenditure Mileage		Category/Type 002	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 10 / 16 / 2014
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: NC
Calendar Year-To-Date Per Election for Office Sought 1095959.94		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶		27.11	
(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.			
Signature Ms. Emily Buchanan		Date M M M / D D D / Y Y Y Y Y Y 05 / 18 / 2015	
		[Electronically Filed]	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 133 OF 3250
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M M / D D D / Y Y Y Y Y Y					
Full Name of Payee Joanna Kindstedt			Date of Public Distribution/Dissemination 10 / 16 / 2014		
Mailing Address 2134 Tobaccoville Rd			Amount 20.00		
City Rural Hall		State NC	Zip Code 27045		Transaction ID : ca84d1fa-c82c-4dbb-9
Purpose of Expenditure Salary		Category/ Type	Date of Disbursement or Obligation 10 / 16 / 2014		
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>NC</u>		
Calendar Year-To-Date Per Election for Office Sought		1095959.94		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Danielle McCoy			Date of Public Distribution/Dissemination 10 / 16 / 2014		
Mailing Address 1025 Cayley Ct			Amount 35.00		
City High Point		State NC	Zip Code 27260		Transaction ID : e45176a7-b390-4697-b
Purpose of Expenditure Salary		Category/ Type	Date of Disbursement or Obligation 10 / 16 / 2014		
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>NC</u>		
Calendar Year-To-Date Per Election for Office Sought		1095959.94		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures.....▶			55.00		
(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.					
Signature Ms. Emily Buchanan		[Electronically Filed]		Date 05 / 18 / 2015	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 134 OF 3250
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M / D D / Y Y Y Y				
Full Name of Payee Danielle McCoy			Date of Public Distribution/Dissemination 10 / 16 / 2014	
Mailing Address 1025 Cayley Ct			Amount 12.30	
City High Point	State NC	Zip Code 27260	Transaction ID : 73d4dbc2-7f4d-4a5e-9	
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement or Obligation 10 / 16 / 2014	
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>NC</u>	
Calendar Year-To-Date Per Election for Office Sought		1095959.94	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Helen Celestine			Date of Public Distribution/Dissemination 10 / 16 / 2014	
Mailing Address 38346 Quinn Rd			Amount 34.50	
City Pearl River	State LA	Zip Code 70452	Transaction ID : 248d3dbd-8baf-4257-b	
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation 10 / 16 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>LA</u>	
Calendar Year-To-Date Per Election for Office Sought		554635.78	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			46.80	
(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.				
Signature Ms. Emily Buchanan		[Electronically Filed]		Date 05 / 18 / 2015

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 135 OF 3250
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC		FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on		M M M / D D D / Y Y Y Y Y Y	
Full Name of Payee Helen Celestine		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 10 / 16 / 2014	
Mailing Address 38346 Quinn Rd		Amount 7.59	
City Pearl River	State LA	Zip Code 70452	Transaction ID : af1bda81-e5cb-481c-9
Purpose of Expenditure Mileage	Category/ Type	002	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 10 / 16 / 2014
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: LA
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Toni A Persinger-Buckler		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 10 / 16 / 2014	
Mailing Address 5330 Nestleway Dr		Amount 22.50	
City Clemmons	State NC	Zip Code 27012	Transaction ID : aeb9107b-4e62-4561-8
Purpose of Expenditure Salary	Category/ Type	001	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 10 / 16 / 2014
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: NC
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶		30.09	
(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]	
Signature		Date M M M / D D D / Y Y Y Y Y Y 05 / 18 / 2015	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 136 OF 3250
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M / D D / Y Y Y Y Y Y					
Full Name of Payee Toni A Persinger-Buckler			Date of Public Distribution/Dissemination 10 / 16 / 2014		
Mailing Address 5330 Nestleway Dr			Amount 3.45		
City Clemmons		State NC	Zip Code 27012		Transaction ID : d6962f3f-1170-45c2-b
Purpose of Expenditure Mileage		Category/ Type 002		Date of Disbursement or Obligation 10 / 16 / 2014	
Name of Federal Candidate Ms. Kay Hagan			☐ Support ☒ Oppose Office Sought: ☐ House ☒ Senate District: 00 ☐ President State: NC		
Calendar Year-To-Date Per Election for Office Sought			1095959.94 Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
Full Name of Payee Anthony Buchanan			Date of Public Distribution/Dissemination 10 / 16 / 2014		
Mailing Address 1090 McHone Rd			Amount 70.00		
City Spruce Pine		State NC	Zip Code 28777		Transaction ID : c0a4c0b7-9031-48e1-b
Purpose of Expenditure Salary		Category/ Type 001		Date of Disbursement or Obligation 10 / 16 / 2014	
Name of Federal Candidate Ms. Kay Hagan			☐ Support ☒ Oppose Office Sought: ☐ House ☒ Senate District: 00 ☐ President State: NC		
Calendar Year-To-Date Per Election for Office Sought			1095959.94 Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			73.45		
(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.					
Signature Ms. Emily Buchanan			[Electronically Filed] Date 05 / 18 / 2015		

Full Name of Payee Jodi Fountain		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 16 / 2014	
Mailing Address 1010 S Dogwood Drive		Amount 12.00	
City Bogalusa	State LA	Zip Code 70427	Transaction ID : e38eaa8d-fb9a-42b5-8 Date of Disbursement or Obligation MM / DD / YYYY 10 / 16 / 2014
Purpose of Expenditure Mileage		Category/ Type 002	
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: LA
Calendar Year-To-Date Per Election for Office Sought		554635.78	Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	62.00
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

Signature

Full Name of Payee Lorri Anderson			Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 16 / 2014		
Mailing Address 7214 Duchamp Dr			Amount 7.80		
City Charlotte	State NC	Zip Code 23215	Transaction ID : e7c9e2f2-804c-4aa0-8 Date of Disbursement or Obligation MM / DD / YYYY 10 / 16 / 2014		
Purpose of Expenditure Mileage		Category/ Type 002			
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: NC		
Calendar Year-To-Date Per Election for Office Sought		1095959.94	Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ►		

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	62.80
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

Signature

Full Name of Payee Casey Stockton		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 16 / 2014	
Mailing Address 105 South Dale St		Amount Amount 21.60	
City Spruce Pine	State NC	Zip Code 28777	Transaction ID : 6838a87f-3929-40eb-a Date of Disbursement or Obligation MM / DD / YYYY 10 / 16 / 2014
Purpose of Expenditure Mileage		Category/ Type 002	
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: NC
Calendar Year-To-Date Per Election for Office Sought		Amount 1095959.94	Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶		101.60
(b) SUBTOTAL of Unitemized Independent Expenditures	▶		
(c) TOTAL Independent Expenditures.....	▶		

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 140 OF 3250
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC		FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on		M M M / D D D / Y Y Y Y Y Y	
Full Name of Payee Mary Johnson		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 10 / 16 / 2014	
Mailing Address 105 South Dale St		Amount 80.00	
City Spruce Pine	State NC	Zip Code 28777	Transaction ID : 927c4129-3e8f-456b-8
Purpose of Expenditure Salary	Category/Type 001	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 10 / 16 / 2014	
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	
Office Sought: ☐ President ☒ Senate		District: 00 State: NC	
Calendar Year-To-Date Per Election for Office Sought 1095959.94		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Adam L Clark		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 10 / 16 / 2014	
Mailing Address 1851 S Laura St		Amount 40.00	
City Wichita	State KS	Zip Code 67211	Transaction ID : 2a9710a8-4717-428d-8
Purpose of Expenditure Salary	Category/Type 001	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 10 / 16 / 2014	
Name of Federal Candidate Mr. Greg Orman		☐ Support ☒ Oppose	
Office Sought: ☐ President ☒ Senate		District: 00 State: KS	
Calendar Year-To-Date Per Election for Office Sought 261541.03		Disbursement For: ☐ Primary ☒ 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.			
Signature Ms. Emily Buchanan		Date M M M / D D D / Y Y Y Y Y Y 05 / 18 / 2015	
		[Electronically Filed]	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 141 OF 3250
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC		FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on / /			
Full Name of Payee Cayenne C Corbin Originally reported as against Kay Hagan, corrected withfiling		Date of Public Distribution/Dissemination 10 / 16 / 2014	
Mailing Address 1851 S Laura St		Amount 40.00	
City Wichita	State KS	Zip Code 67211	Transaction ID : 21b2eab5-4e86-4982-8 Date of Disbursement or Obligation 10 / 16 / 2014
Purpose of Expenditure Salary		Category/ Type 001	
Name of Federal Candidate Mr. Greg Orman		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>KS</u>
Calendar Year-To-Date Per Election for Office Sought		261541.03	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶ _____
Full Name of Payee Cayenne C Corbin Originally reported as against Kay Hagan, corrected withfiling		Date of Public Distribution/Dissemination 10 / 16 / 2014	
Mailing Address 1851 S Laura St		Amount 6.00	
City Wichita	State KS	Zip Code 67211	Transaction ID : 7f80fd84-83ab-403a-9 Date of Disbursement or Obligation 10 / 16 / 2014
Purpose of Expenditure Mileage		Category/ Type 002	
Name of Federal Candidate Mr. Greg Orman		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>KS</u>
Calendar Year-To-Date Per Election for Office Sought		261541.03	Disbursement For: ☐ Primary ☒ 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.			
Signature <i>Ms. Emily Buchanan</i>		Date 05 / 18 / 2015	
[Electronically Filed]			

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 142 OF 3250
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC		FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on		M M M / D D D / Y Y Y Y Y Y	
Full Name of Payee Misty A Ledford		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 10 / 16 / 2014	
Mailing Address 44 Bell St		Amount 50.00	
City Spruce Pine	State NC	Zip Code 28777	Transaction ID : af8eb53c-bdc8-4c70-b
Purpose of Expenditure Salary	Category/Type 001	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 10 / 16 / 2014	
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: NC	
Calendar Year-To-Date Per Election for Office Sought 1095959.94		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Misty A Ledford		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 10 / 16 / 2014	
Mailing Address 44 Bell St		Amount 22.20	
City Spruce Pine	State NC	Zip Code 28777	Transaction ID : 7bf0b3c5-0445-453e-a
Purpose of Expenditure Mileage	Category/Type 002	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 10 / 16 / 2014	
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: NC	
Calendar Year-To-Date Per Election for Office Sought 1095959.94		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶		72.20	
(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 Signature		[Electronically Filed] Date M M M / D D D / Y Y Y Y Y Y 05 / 18 / 2015	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 143 OF 3250
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on MM / DD / YYYY					
Full Name of Payee Alice K Salazar			Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 16 / 2014		
Mailing Address 605 W Houston St			Amount 50.00		
City Marshall	State TX	Zip Code 75633	Transaction ID : 3cde5f5e-f15e-4f7a-9		
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation MM / DD / YYYY 10 / 16 / 2014		
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>LA</u>		
Calendar Year-To-Date Per Election for Office Sought		554635.78	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
Full Name of Payee Alice K Salazar			Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 16 / 2014		
Mailing Address 605 W Houston St			Amount 41.70		
City Marshall	State TX	Zip Code 75633	Transaction ID : 6b184722-1e01-481a-a		
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement or Obligation MM / DD / YYYY 10 / 16 / 2014		
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>LA</u>		
Calendar Year-To-Date Per Election for Office Sought		554635.78	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			91.70		
(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.					
Signature Ms. Emily Buchanan		[Electronically Filed]		Date MM / DD / YYYY 05 / 18 / 2015	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 144 OF 3250
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC	FEC IDENTIFICATION NUMBER ▼ C C00530766
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M M / D D D / Y Y Y Y Y Y	

Full Name of Payee Jacob T Craig		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 10 / 16 / 2014	
Mailing Address 1410 Bushville Dr		Amount 65.00	
City Lenoir	State NC	Zip Code 28645	Transaction ID : ddb86c5c-2d5e-4f1b-b Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 10 / 16 / 2014
Purpose of Expenditure Salary		Category/ Type	001
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>NC</u>
Calendar Year-To-Date Per Election for Office Sought		1095959.94	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ►

Full Name of Payee Heather C York-Pray		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 10 / 16 / 2014	
Mailing Address 6786 Candlewood Dr		Amount 20.00	
City Fayetteville	State NC	Zip Code 28314	Transaction ID : fd458eb8-152c-4d62-9 Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 10 / 16 / 2014
Purpose of Expenditure Salary		Category/ Type	001
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>NC</u>
Calendar Year-To-Date Per Election for Office Sought		1095959.94	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ►

(a) SUBTOTAL of Itemized Independent Expenditures.....	85.00
(b) SUBTOTAL of Unitemized Independent Expenditures	0.00
(c) TOTAL Independent Expenditures.....	85.00

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

M M M / D D D / Y Y Y Y Y Y
 05 / 18 / 2015

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 145 OF 3250
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on / /					
Full Name of Payee Heather C York-Pray			Date of Public Distribution/Dissemination / / 10 / 16 / 2014		
Mailing Address 6786 Candlewood Dr			Amount 3.90		
City Fayetteville		State NC	Zip Code 28314		Transaction ID : 9091d0d3-9a0f-460f-8
Purpose of Expenditure Mileage		Category/ Type 002		Date of Disbursement or Obligation / / 10 / 16 / 2014	
Name of Federal Candidate Ms. Kay Hagan			☐ Support ☒ Oppose		Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>NC</u>
Calendar Year-To-Date Per Election for Office Sought 1095959.94			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶ _____		
Full Name of Payee Zachary R McCleese			Date of Public Distribution/Dissemination / / 10 / 16 / 2014		
Mailing Address 323 Rolling Pines Dr			Amount 40.00		
City Spring Lake		State NC	Zip Code 28390		Transaction ID : 3bca3e2e-0b2c-4fe5-b
Purpose of Expenditure Salary		Category/ Type 001		Date of Disbursement or Obligation / / 10 / 16 / 2014	
Name of Federal Candidate Mr. Mark L Pryor			☐ Support ☒ Oppose		Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>AR</u>
Calendar Year-To-Date Per Election for Office Sought 292370.62			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶ _____		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			 43.90		
(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.					
Signature <i>Ms. Emily Buchanan</i>			[Electronically Filed]		Date / / 05 / 18 / 2015

Full Name of Payee Gregory Green		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 16 / 2014	
Mailing Address 2506 Bolch Street		Amount 80.00	
City Shreveport	State LA	Zip Code 71104	Transaction ID : 5c9e7051-2ac1-43f2-a Date of Disbursement or Obligation MM / DD / YYYY 10 / 16 / 2014
Purpose of Expenditure Salary	Category/ Type 001		
Name of Federal Candidate Ms. Mary L Landrieu	☐ Support ☒ Oppose	Office Sought: ☐ President ☒ Senate	District: 00 State: LA
Calendar Year-To-Date Per Election for Office Sought	554635.78	Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures..... ➤

(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.

Date _____

Signature

Three digital displays are shown, each with a 4-digit display area. The first display shows '05' with 'M' above the first two digits. The second display shows '18' with 'D' above the first two digits. The third display shows '2015' with 'Y' above each of the four digits. The displays are separated by slashes.

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 147 OF 3250
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC		FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on		M M M / D D D / Y Y Y Y Y Y	
Full Name of Payee Gregory Green		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 10 / 16 / 2014	
Mailing Address 2506 Bolch Street		Amount 34.80	
City Shreveport	State LA	Zip Code 71104	Transaction ID : ce5d6ebc-133e-4028-8
Purpose of Expenditure Mileage	Category/ Type	002	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 10 / 16 / 2014
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: LA
Calendar Year-To-Date Per Election for Office Sought		554635.78	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶
Full Name of Payee Lilly Green		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 10 / 16 / 2014	
Mailing Address 205 Medallion Circle		Amount 80.00	
City Shreveport	State LA	Zip Code 71119	Transaction ID : 4fd9940d-057f-4ed1-a
Purpose of Expenditure Salary	Category/ Type	001	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 10 / 16 / 2014
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: LA
Calendar Year-To-Date Per Election for Office Sought		554635.78	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures.....		114.80	
(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]	
Signature		Date 05 / 18 / 2015	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

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 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M / D D / Y Y Y Y					
Full Name of Payee Lilly Green			Date of Public Distribution/Dissemination 10 / 16 / 2014		
Mailing Address 205 Medallion Circle			Amount 65.70		
City Shreveport	State LA	Zip Code 71119	Transaction ID : 93b95492-b819-4916-b Date of Disbursement or Obligation 10 / 16 / 2014		
Purpose of Expenditure Mileage		Category/ Type 002			
Name of Federal Candidate Ms. Mary L Landrieu			☐ Support ☒ Oppose Office Sought: ☐ House ☒ Senate District: <u>00</u> ☐ President State: <u>LA</u>		
Calendar Year-To-Date Per Election for Office Sought 554635.78			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶ _____		
Full Name of Payee Eric Wilson			Date of Public Distribution/Dissemination 10 / 16 / 2014		
Mailing Address 907 Randall Drive			Amount 25.00		
City Searcy	State AR	Zip Code 72149	Transaction ID : 4896c12b-2058-4399-b Date of Disbursement or Obligation 10 / 16 / 2014		
Purpose of Expenditure Salary		Category/ Type 001			
Name of Federal Candidate Mr. Mark L Pryor			☐ Support ☒ Oppose Office Sought: ☐ House ☒ Senate District: <u>00</u> ☐ President State: <u>AR</u>		
Calendar Year-To-Date Per Election for Office Sought 292370.62			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶ _____		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			90.70		
(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.					
Signature <u>Ms. Emily Buchanan</u> [Electronically Filed]			Date 05 / 18 / 2015		

Full Name of Payee Michael A Stieben			Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 16 / 2014		
Mailing Address 16864 Stillwell			Amount 60.00		
City Bonner Springs	State KS	Zip Code 66012	Transaction ID : 677631b7-1b62-4e81-a Date of Disbursement or Obligation MM / DD / YYYY 10 / 16 / 2014		
Purpose of Expenditure Salary		Category/ Type 001			
Name of Federal Candidate Mr. Greg Orman		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: KS		
Calendar Year-To-Date Per Election for Office Sought		261541.03	Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ►		

(a) SUBTOTAL of Itemized Independent Expenditures.....	72.00
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures.....	

05 / 18 / 2015

FEC Schedule E (Form 3X) Rev. 09/2013

Full Name of Payee Julia Perry		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 16 / 2014	
Mailing Address 2046 Perrin St Apt C		Amount Amount 60.00	
City Shreveport	State LA	Zip Code 71101	Transaction ID : 9914d2e7-f826-4d86-a Date of Disbursement or Obligation MM / DD / YYYY 10 / 16 / 2014
Purpose of Expenditure Salary		Category/ Type 001	
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House ☒ Senate ☐ President ☒ Other (specify) _____
Calendar Year-To-Date Per Election for Office Sought		Amount 554635.78	Disbursement For: ☐ Primary ☒ General ☐ Other (specify) _____

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	81.00
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

Ms. Emily Buchanan

[Electronically Filed]

Date 05 / 18 / 2015

Signature _____

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 152 OF 3250
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M M / D D D / Y Y Y Y Y Y					
Full Name of Payee Christopher L Gilbert			Date of Public Distribution/Dissemination 10 / 16 / 2014		
Mailing Address 55 Lovell Johnson Rd			Amount 50.00		
City Picayune		State MS	Zip Code 39466		Transaction ID : 74abd701-88e5-4f04-9
Purpose of Expenditure Salary		Category/ Type 001		Date of Disbursement or Obligation 10 / 16 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu			Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: LA		
Calendar Year-To-Date Per Election for Office Sought 554635.78			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
Full Name of Payee Christopher L Gilbert			Date of Public Distribution/Dissemination 10 / 16 / 2014		
Mailing Address 55 Lovell Johnson Rd			Amount 25.20		
City Picayune		State MS	Zip Code 39466		Transaction ID : 0cd67b93-ae66-40f1-8
Purpose of Expenditure Mileage		Category/ Type 002		Date of Disbursement or Obligation 10 / 16 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu			Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: LA		
Calendar Year-To-Date Per Election for Office Sought 554635.78			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			75.20		
(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.					
Signature Ms. Emily Buchanan			Date 05 / 18 / 2015		
[Electronically Filed]					

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 153 OF 3250
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M M / D D D / Y Y Y Y Y Y					
Full Name of Payee Benjamin L Heitman			Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 10 / 16 / 2014		
Mailing Address 2520 Helmstetler Rd			Amount 20.00		
City Lexington		State NC	Zip Code 27295		Transaction ID : 36f302d0-64d1-48a3-8
Purpose of Expenditure Salary		Category/ Type 001		Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 10 / 16 / 2014	
Name of Federal Candidate Ms. Kay Hagan			☐ Support ☒ Oppose		Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: NC
Calendar Year-To-Date Per Election for Office Sought			1095959.94 Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
Full Name of Payee Benjamin L Heitman			Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 10 / 16 / 2014		
Mailing Address 2520 Helmstetler Rd			Amount 5.10		
City Lexington		State NC	Zip Code 27295		Transaction ID : 7e794aeb-8df6-4559-9
Purpose of Expenditure Mileage		Category/ Type 002		Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 10 / 16 / 2014	
Name of Federal Candidate Ms. Kay Hagan			☐ Support ☒ Oppose		Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: NC
Calendar Year-To-Date Per Election for Office Sought			1095959.94 Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			25.10		
(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.					
Signature Ms. Emily Buchanan			[Electronically Filed]		Date M M M / D D D / Y Y Y Y Y Y 05 / 18 / 2015

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

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 FOR LINE 24 OF FORM 3X

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

Full Name of Payee Monique Guillory		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 16 / 2014	
Mailing Address 409 LaSalle Drive		Amount 50.00	
City Little Rock	State AR	Zip Code 72211	Transaction ID : 5c61d6a5-d08d-4c59-9
Purpose of Expenditure Salary		Category/Type 001	Date of Disbursement or Obligation MM / DD / YYYY 10 / 16 / 2014
Name of Federal Candidate Mr. Mark L Pryor		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: AR
Calendar Year-To-Date Per Election for Office Sought 292370.62		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	

Full Name of Payee Monique Guillory		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 16 / 2014	
Mailing Address 409 LaSalle Drive		Amount 42.00	
City Little Rock	State AR	Zip Code 72211	Transaction ID : d5424cb4-4716-43b8-b
Purpose of Expenditure Mileage		Category/Type 002	Date of Disbursement or Obligation MM / DD / YYYY 10 / 16 / 2014
Name of Federal Candidate Mr. Mark L Pryor		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: AR
Calendar Year-To-Date Per Election for Office Sought 292370.62		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	92.00
(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

MM / DD / YYYY
05 / 18 / 2015

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 155 OF 3250
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M / D D / Y Y Y Y Y Y					
Full Name of Payee Antoinette Franklin			Date of Public Distribution/Dissemination 10 / 16 / 2014		
Mailing Address 8822 Apple St			Amount 60.00		
City New Orleans		State LA	Zip Code 70188		Transaction ID : 5c674531-d7a8-44a9-b Date of Disbursement or Obligation 10 / 16 / 2014
Purpose of Expenditure Salary		Category/ Type 001			
Name of Federal Candidate Ms. Mary L Landrieu			☐ Support ☒ Oppose Office Sought: ☐ House ☒ Senate District: 00 ☐ President State: LA		
Calendar Year-To-Date Per Election for Office Sought 554635.78			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
Full Name of Payee Antoinette Franklin			Date of Public Distribution/Dissemination 10 / 16 / 2014		
Mailing Address 8822 Apple St			Amount 60.00		
City New Orleans		State LA	Zip Code 70188		Transaction ID : 7abfac84-9566-4253-a Date of Disbursement or Obligation 10 / 16 / 2014
Purpose of Expenditure Salary		Category/ Type 001			
Name of Federal Candidate Ms. Mary L Landrieu			☐ Support ☒ Oppose Office Sought: ☐ House ☒ Senate District: 00 ☐ President State: LA		
Calendar Year-To-Date Per Election for Office Sought 554635.78			Disbursement For: ☐ Primary ☒ 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.					
Signature Ms. Emily Buchanan			Date 05 / 18 / 2015		
			[Electronically Filed]		

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 156 OF 3250
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC		FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on		M M M / D D D / Y Y Y Y Y Y	
Full Name of Payee Antoinette Franklin		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 10 / 16 / 2014	
Mailing Address 8822 Apple St		Amount 12.00	
City New Orleans	State LA	Zip Code 70188	Transaction ID : 60d6723f-1310-448c-b
Purpose of Expenditure Mileage	Category/ Type 002	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 10 / 16 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	
Office Sought: ☐ President ☒ Senate		District: 00 State: LA	
Calendar Year-To-Date Per Election for Office Sought 554635.78		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Antoinette Franklin		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 10 / 16 / 2014	
Mailing Address 8822 Apple St		Amount 12.00	
City New Orleans	State LA	Zip Code 70188	Transaction ID : acddc380-80da-4e7b-b
Purpose of Expenditure Mileage	Category/ Type 002	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 10 / 16 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	
Office Sought: ☐ President ☒ Senate		District: 00 State: LA	
Calendar Year-To-Date Per Election for Office Sought 554635.78		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶		24.00	
(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.			
Signature Ms. Emily Buchanan		Date M M M / D D D / Y Y Y Y Y Y 05 / 18 / 2015	
		[Electronically Filed]	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 157 OF 3250
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC		FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on		M M M / D D D / Y Y Y Y Y Y	
Full Name of Payee Virginia M Stevens		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 10 / 16 / 2014	
Mailing Address 1691 Fork Mtn Rd		Amount 40.00	
City Bakersville	State NC	Zip Code 28705	Transaction ID : c43ac8b5-24c8-416b-8
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 10 / 16 / 2014
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: NC
Calendar Year-To-Date Per Election for Office Sought 1095959.94		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Virginia M Stevens		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 10 / 16 / 2014	
Mailing Address 1691 Fork Mtn Rd		Amount 15.60	
City Bakersville	State NC	Zip Code 28705	Transaction ID : bc1f73eb-16f4-433f-9
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 10 / 16 / 2014
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: NC
Calendar Year-To-Date Per Election for Office Sought 1095959.94		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶		55.60	
(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]	
Signature		Date M M M / D D D / Y Y Y Y Y Y 05 / 18 / 2015	

Full Name of Payee Tammy Williams		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 16 / 2014	
Mailing Address 924 N. Prieur St		Amount 15.00	
City New Orleans	State LA	Zip Code 70116	Transaction ID : 730f3921-23fd-4878-8 Date of Disbursement or Obligation MM / DD / YYYY 10 / 16 / 2014
Purpose of Expenditure Mileage	Category/ Type	002	
Name of Federal Candidate Ms. Mary L Landrieu	☐ Support ☒ Oppose	Office Sought: ☐ President ☒ Senate	District: 00 State: LA
Calendar Year-To-Date Per Election for Office Sought	554635.78	Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	95.00
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

Signature

Full Name of Payee Kevin L Battle		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 16 / 2014	
Mailing Address 3300 Asher Ave		Amount 70.00	
City Little Rock	State AR	Zip Code 72204	Transaction ID : 82918fa8-03bc-4fd6-b
Purpose of Expenditure Salary	Category/ Type	001	Date of Disbursement or Obligation MM / DD / YYYY 10 / 16 / 2014
Name of Federal Candidate Mr. Mark L Pryor	☐ Support ☒ Oppose	Office Sought: ☐ President ☒ Senate	District: 00 State: AR
Calendar Year-To-Date Per Election for Office Sought	292370.62	Disbursement For: 2014 ☐ Other (specify) ▶	☐ Primary ☒ General

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.

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 160 OF 3250
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC		FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on		M M M / D D D / Y Y Y Y Y Y	
Full Name of Payee Kevin L Battle		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 10 / 16 / 2014	
Mailing Address 3300 Asher Ave		Amount 33.00	
City Little Rock	State AR	Zip Code 72204	Transaction ID : b8964a48-4e3d-4eff-9
Purpose of Expenditure Mileage	Category/Type 002	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 10 / 16 / 2014	
Name of Federal Candidate Mr. Mark L Pryor		☐ Support ☒ Oppose	
Office Sought: ☐ President ☒ Senate		District: 00 State: AR	
Calendar Year-To-Date Per Election for Office Sought 292370.62		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee David Ford		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 10 / 16 / 2014	
Mailing Address 106 Hillside St		Amount 92.50	
City Spindale	State NC	Zip Code 28160	Transaction ID : fd29a562-44bf-40d7-a
Purpose of Expenditure Salary	Category/Type 001	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 10 / 16 / 2014	
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	
Office Sought: ☐ President ☒ Senate		District: 00 State: NC	
Calendar Year-To-Date Per Election for Office Sought 1095959.94		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶		125.50	
(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.			
Signature Ms. Emily Buchanan		Date M M M / D D D / Y Y Y Y Y Y 05 / 18 / 2015	
[Electronically Filed]			

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

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 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M M / D D D / Y Y Y Y Y Y					
Full Name of Payee David Ford			Date of Public Distribution/Dissemination 10 / 16 / 2014		
Mailing Address 106 Hillside St			Amount 41.88		
City Spindale		State NC	Zip Code 28160		Transaction ID : 994d7efc-b0b4-416f-8
Purpose of Expenditure Mileage		Category/ Type 002		Date of Disbursement or Obligation 10 / 16 / 2014	
Name of Federal Candidate Ms. Kay Hagan			☐ Support ☒ Oppose Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: NC		
Calendar Year-To-Date Per Election for Office Sought 1095959.94			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
Full Name of Payee Philip Elkins			Date of Public Distribution/Dissemination 10 / 16 / 2014		
Mailing Address 227 Lincoln Dr			Amount 40.00		
City Bossier City		State LA	Zip Code 71111		Transaction ID : 1f5867b2-4219-47f5-8
Purpose of Expenditure Salary		Category/ Type 001		Date of Disbursement or Obligation 10 / 16 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu			☐ Support ☒ Oppose Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: LA		
Calendar Year-To-Date Per Election for Office Sought 554635.78			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			81.88		
(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.					
Signature <u>Ms. Emily Buchanan</u> [Electronically Filed]			Date 05 / 18 / 2015		

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 162 OF 3250
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on / /					
Full Name of Payee Philip Elkins			Date of Public Distribution/Dissemination / / 10 / 16 / 2014		
Mailing Address 227 Lincoln Dr			Amount 7.53		
City Bossier City	State LA	Zip Code 71111	Transaction ID : f9b86128-2ad6-45b5-8 Date of Disbursement or Obligation / / 10 / 16 / 2014		
Purpose of Expenditure Mileage		Category/ Type 002			
Name of Federal Candidate Ms. Mary L Landrieu			Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>LA</u>		
Calendar Year-To-Date Per Election for Office Sought 554635.78			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶ _____		
Full Name of Payee Krystal A Wilson			Date of Public Distribution/Dissemination / / 10 / 16 / 2014		
Mailing Address 448 Judson Dr			Amount 40.00		
City Wake Forest	State NC	Zip Code 27587	Transaction ID : 44825a8b-9d20-4a03-b Date of Disbursement or Obligation / / 10 / 16 / 2014		
Purpose of Expenditure Salary		Category/ Type 001			
Name of Federal Candidate Ms. Kay Hagan			Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>NC</u>		
Calendar Year-To-Date Per Election for Office Sought 1095959.94			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶ _____		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			 47.53		
(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.					
Signature <u>Ms. Emily Buchanan</u>			Date / / 05 / 18 / 2015		
[Electronically Filed]					

Full Name of Payee Sheri J Peace		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 16 / 2014	
Mailing Address 9685 Paula St		Amount Amount 65.00	
City Keithville	State LA	Zip Code 71047	Transaction ID : 1c9a9ef2-1cf0-439b-b Date of Disbursement or Obligation MM / DD / YYYY 10 / 16 / 2014
Purpose of Expenditure Salary	Category/ Type	001	
Name of Federal Candidate Ms. Mary L Landrieu	☐ Support ☒ Oppose	Office Sought: ☐ President ☒ Senate	District: <u>00</u> State: <u>LA</u>
Calendar Year-To-Date Per Election for Office Sought	Amount 554635.78		Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ▶ _____

(a) SUBTOTAL of Itemized Independent Expenditures.....		140.30
(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.

Signature

Three digital displays are shown side-by-side, separated by slashes. The first display shows '05' under 'MM' labels. The second display shows '18' under 'DD' labels. The third display shows '2015' under 'YYYY' labels.

Full Name of Payee Sheri J Peace		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 16 / 2014	
Mailing Address 9685 Paula St		Amount 18.00	
City Keithville	State LA	Zip Code 71047	Transaction ID : 6889a267-3a09-495d-8
Purpose of Expenditure Mileage	Category/ Type	002	Date of Disbursement or Obligation MM / DD / YYYY 10 / 16 / 2014
Name of Federal Candidate Ms. Mary L Landrieu	☐ Support ☒ Oppose	Office Sought: ☐ President ☒ Senate	District: 00 State: LA
Calendar Year-To-Date Per Election for Office Sought	554635.78		Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ▶

Full Name of Payee Gabriela P Sosa		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 16 / 2014	
Mailing Address 2530 Brook Stone Dr		Amount 75.30	
City Clemmons	State NC	Zip Code 27012	Transaction ID : 99013969-dd48-4435-9
Purpose of Expenditure Salary	Category/ Type	001	Date of Disbursement or Obligation MM / DD / YYYY 10 / 16 / 2014
Name of Federal Candidate Ms. Kay Hagan	☐ Support ☒ Oppose	Office Sought: ☐ House ☒ Senate	District: 00 State: NC
Calendar Year-To-Date Per Election for Office Sought	1095959.94	Disbursement For: ☐ Primary ☒ General	2014 ☐ Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	93.30
(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.

Date _____

Signature

Full Name of Payee Tristan Hightower		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 16 / 2014	
Mailing Address 2490 W Cornerstone Pl		Amount 30.00	
City Fayetteville	State AR	Zip Code 72703	Transaction ID : ebe7780c-fb96-404e-a Date of Disbursement or Obligation MM / DD / YYYY 10 / 16 / 2014
Purpose of Expenditure Salary	Category/ Type 001		
Name of Federal Candidate Mr. Mark L Pryor	☐ Support ☒ Oppose	Office Sought: ☐ President ☒ Senate	District: 00 State: AR
Calendar Year-To-Date Per Election for Office Sought	292370.62	Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	44.70
(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.

Date _____

Signature

Full Name of Payee Tristan Hightower			Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 16 / 2014		
Mailing Address 2490 W Cornerstone PI			Amount 4.80		
City Fayetteville	State AR	Zip Code 72703	Transaction ID : 30c816fd-d13f-4053-9		
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement or Obligation MM / DD / YYYY 10 / 16 / 2014		
Name of Federal Candidate Mr. Mark L Pryor		☐ Support ☒ Oppose	Office Sought: ☐ House ☒ Senate ☐ President District: 00 State: AR		
Calendar Year-To-Date Per Election for Office Sought		292370.62	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		

Full Name of Payee William T Horn			Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 16 / 2014		
Mailing Address 5 Bergerac St			Amount 20.00		
City Little Rock	State AR	Zip Code 72211	Transaction ID : f175be94-7c18-4fc3-8 Date of Disbursement or Obligation MM / DD / YYYY 10 / 16 / 2014		
Purpose of Expenditure Salary		Category/ Type 001			
Name of Federal Candidate Mr. Mark L Pryor		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: AR		
Calendar Year-To-Date Per Election for Office Sought		292370.62	Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ▶		

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	24.80
(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.

Date _____

Signature

Full Name of Payee William T Horn		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 16 / 2014	
Mailing Address 5 Bergerac St		Amount 5.40	
City Little Rock	State AR	Zip Code 72211	Transaction ID : 957cf48e-517a-4aec-8 Date of Disbursement or Obligation MM / DD / YYYY 10 / 16 / 2014
Purpose of Expenditure Mileage	Category/ Type	002	
Name of Federal Candidate Mr. Mark L Pryor	☐ Support ☒ Oppose	Office Sought: ☐ President ☒ Senate	District: 00 State: AR
Calendar Year-To-Date Per Election for Office Sought	292370.62	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	

Full Name of Payee Nicholas O Wilcox		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 16 / 2014	
Mailing Address 1981 Cherokee St		Amount 54.00	
City Baton Rouge	State LA	Zip Code 70806	Transaction ID : a801bc2d-7c25-48f1-b Date of Disbursement or Obligation MM / DD / YYYY 10 / 16 / 2014
Purpose of Expenditure Salary	Category/ Type	001	
Name of Federal Candidate Ms. Mary L Landrieu	☐ Support ☒ Oppose	Office Sought: ☐ President ☒ Senate	House District: 00 State: LA
Calendar Year-To-Date Per Election for Office Sought	554635.78	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	59.40
(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.

Date _____

Signature

Full Name of Payee Barbara A Williams		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 16 / 2014	
Mailing Address 3002 Darden Rd Apt A		Amount 40.00	
City Greensboro	State NC	Zip Code 27407	Transaction ID : bf59da05-cd51-49d0-9 Date of Disbursement or Obligation MM / DD / YYYY 10 / 16 / 2014
Purpose of Expenditure Salary		Category/ Type 001	
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: NC
Calendar Year-To-Date Per Election for Office Sought		1095959.94	Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ►

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	61.90
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

FEC Schedule E (Form 3X) Rev. 09/2013

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 169 OF 3250
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M / D D / Y Y Y Y Y Y					
Full Name of Payee Dylan J Sparks			Date of Public Distribution/Dissemination 10 / 16 / 2014		
Mailing Address 915 East Market Ave			Amount 60.00		
City Searcy	State AR	Zip Code 72149	Transaction ID : 39661185-5fc0-42c4-b		
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation 10 / 16 / 2014		
Name of Federal Candidate Mr. Mark L Pryor		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: AR		
Calendar Year-To-Date Per Election for Office Sought		292370.62	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
Full Name of Payee Dylan J Sparks			Date of Public Distribution/Dissemination 10 / 16 / 2014		
Mailing Address 915 East Market Ave			Amount 42.90		
City Searcy	State AR	Zip Code 72149	Transaction ID : a98d831c-d465-4e69-9		
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement or Obligation 10 / 16 / 2014		
Name of Federal Candidate Mr. Mark L Pryor		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: AR		
Calendar Year-To-Date Per Election for Office Sought		292370.62	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			102.90		
(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.					
Signature Ms. Emily Buchanan		[Electronically Filed]		Date 05 / 18 / 2015	

Full Name of Payee Logan B Piper		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 16 / 2014	
Mailing Address 3205 Pebble Beach Rd		Amount 14.82	
City Conway	State AR	Zip Code 72034	Transaction ID : 3bdd39b2-fbf3-473b-9
Purpose of Expenditure Mileage	Category/ Type	002	Date of Disbursement or Obligation MM / DD / YYYY 10 / 16 / 2014
Name of Federal Candidate Mr. Mark L Pryor	☐ Support ☒ Oppose	Office Sought: ☐ President ☒ Senate	District: 00 State: AR
Calendar Year-To-Date Per Election for Office Sought	292370.62	Disbursement For: ☐ Primary ☒ General	☐ Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	76.82
(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.

Date _____

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 171 OF 3250
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC		FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on		M M M / D D D / Y Y Y Y Y Y	
Full Name of Payee Avery Rodriguez		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 10 / 16 / 2014	
Mailing Address 11 Cooper Lane		Amount 120.00	
City Conway	State AR	Zip Code 72034	Transaction ID : 4f6a9483-b95d-4a74-b
Purpose of Expenditure Salary		Category/Type 001	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 10 / 16 / 2014
Name of Federal Candidate Mr. Mark L Pryor		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: AR
Calendar Year-To-Date Per Election for Office Sought 292370.62		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Avery Rodriguez		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 10 / 16 / 2014	
Mailing Address 11 Cooper Lane		Amount 10.23	
City Conway	State AR	Zip Code 72034	Transaction ID : 178633dc-4879-4b24-8
Purpose of Expenditure Mileage		Category/Type 002	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 10 / 16 / 2014
Name of Federal Candidate Mr. Mark L Pryor		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: AR
Calendar Year-To-Date Per Election for Office Sought 292370.62		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶		130.23	
(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.			
Signature Ms. Emily Buchanan		Date M M M / D D D / Y Y Y Y Y Y 05 / 18 / 2015	
		[Electronically Filed]	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 172 OF 3250
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC		FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on / /			
Full Name of Payee Theresa a Youngblood		Date of Public Distribution/Dissemination / / 10 / 16 / 2014	
Mailing Address 102 S Main Street Apt A2		Amount 75.00	
City Berryville	State VA	Zip Code 22611	Transaction ID : 29e4e1a1-8c43-4fef-9 Date of Disbursement or Obligation / / 10 / 16 / 2014
Purpose of Expenditure Salary		Category/ Type 001	
Name of Federal Candidate Mr. Greg Orman		Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>KS</u>	
Calendar Year-To-Date Per Election for Office Sought 261541.03		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶ _____	
Full Name of Payee Edmond D Rea		Date of Public Distribution/Dissemination / / 10 / 16 / 2014	
Mailing Address 416 Vine Dr		Amount 70.00	
City Lawrence	State KS	Zip Code 66049	Transaction ID : 97cbd1c9-4e02-4884-8 Date of Disbursement or Obligation / / 10 / 16 / 2014
Purpose of Expenditure Salary		Category/ Type 001	
Name of Federal Candidate Ms. Kay Hagan		Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>NC</u>	
Calendar Year-To-Date Per Election for Office Sought 1095959.94		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶ _____	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶		 145.00	
(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.			
Signature <i>Ms. Emily Buchanan</i>		Date / / 05 / 18 / 2015	
[Electronically Filed]			

Full Name of Payee James Tatro		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 16 / 2014	
Mailing Address 1208 Braeburn Rd		Amount 80.00	
City Charlotte	State NC	Zip Code 28211	Transaction ID : 133e880b-8b1b-4112-8
Purpose of Expenditure Salary	Category/ Type	001	Date of Disbursement or Obligation MM / DD / YYYY 10 / 16 / 2014
Name of Federal Candidate Ms. Kay Hagan	☐ Support ☒ Oppose	Office Sought: ☐ President ☒ Senate	District: 00 State: NC
Calendar Year-To-Date Per Election for Office Sought	1095959.94	Disbursement For: ☐ Primary ☒ General	☐ Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....		88.58
(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.

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 174 OF 3250
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC		FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on		M M M / D D D / Y Y Y Y Y Y	
Full Name of Payee James Tatro		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 10 / 16 / 2014	
Mailing Address 1208 Braeburn Rd		Amount 7.80	
City Charlotte	State NC	Zip Code 28211	Transaction ID : bb078ed8-6c11-4aa9-8
Purpose of Expenditure Mileage	Category/Type 002	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 10 / 16 / 2014	
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	
Office Sought: ☐ President ☒ Senate		District: 00 State: NC	
Calendar Year-To-Date Per Election for Office Sought 1095959.94		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Amanda Boley		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 10 / 16 / 2014	
Mailing Address Split Oak Drive		Amount 40.00	
City charlotte	State NC	Zip Code 28227	Transaction ID : 1258859f-35d5-421e-9
Purpose of Expenditure Salary	Category/Type 001	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 10 / 16 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	
Office Sought: ☐ President ☒ Senate		District: 00 State: LA	
Calendar Year-To-Date Per Election for Office Sought 554635.78		Disbursement For: ☐ Primary ☒ 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.			
Signature Ms. Emily Buchanan		Date M M M / D D D / Y Y Y Y Y Y 05 / 18 / 2015	
[Electronically Filed]			

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 175 OF 3250
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC		FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on		MM / DD / YYYY	
Full Name of Payee Amanda Boley		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 16 / 2014	
Mailing Address Split Oak Drive		Amount 15.69	
City charlotte	State NC	Zip Code 28227	Transaction ID : c8cfe0da-ab8a-4df9-b
Purpose of Expenditure Mileage	Category/ Type	002	Date of Disbursement or Obligation MM / DD / YYYY 10 / 16 / 2014
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: LA
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Carla K Pilgreen		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 16 / 2014	
Mailing Address 212 Stonecliff Dr		Amount 37.50	
City West Monro	State LA	Zip Code 71291	Transaction ID : d9bcf4b5-c2f0-4d75-a
Purpose of Expenditure Salary	Category/ Type	001	Date of Disbursement or Obligation MM / DD / YYYY 10 / 16 / 2014
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: LA
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶		53.19	
(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]	
Signature		Date MM / DD / YYYY 05 / 18 / 2015	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 176 OF 3250
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC		FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on		M M M / D D D / Y Y Y Y Y Y	
Full Name of Payee Carla K Pilgreen		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 10 / 16 / 2014	
Mailing Address 212 Stonecliff Dr		Amount 9.81	
City West Monro	State LA	Zip Code 71291	Transaction ID : 3c1078cb-d0b0-418a-a
Purpose of Expenditure Mileage	Category/Type 002	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 10 / 16 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu		Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: LA	
Calendar Year-To-Date Per Election for Office Sought 554635.78		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Gary W Fuhrmann		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 10 / 16 / 2014	
Mailing Address 9425 Jessica Drive		Amount 62.50	
City Shreveport	State LA	Zip Code 71106	Transaction ID : dfb8f5fa-fbe5-4c71-a
Purpose of Expenditure Salary	Category/Type 001	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 10 / 16 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu		Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: LA	
Calendar Year-To-Date Per Election for Office Sought 554635.78		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶		72.31	
(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.			
Signature Ms. Emily Buchanan		Date M M M / D D D / Y Y Y Y Y Y 05 / 18 / 2015	
		[Electronically Filed]	

Full Name of Payee Patricia F Arnold		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 16 / 2014	
Mailing Address 1117 Clipper Dr		Amount 13.00	
City Slidell	State LA	Zip Code 70458	Transaction ID : d48e7740-2f4c-4a5e-9
Purpose of Expenditure Salary	Category/ Type	001	Date of Disbursement or Obligation MM / DD / YYYY 10 / 16 / 2014
Name of Federal Candidate Ms. Mary L Landrieu	☐ Support ☒ Oppose	Office Sought: ☐ President ☒ Senate	District: 00 State: LA
Calendar Year-To-Date Per Election for Office Sought	554635.78		Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	30.10
(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.

Date _____

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 178 OF 3250
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M / D D / Y Y Y Y Y Y					
Full Name of Payee Patricia F Arnold			Date of Public Distribution/Dissemination 10 / 16 / 2014		
Mailing Address 1117 Clipper Dr			Amount 1.77		
City Slidell		State LA	Zip Code 70458		Transaction ID : 773e707c-b984-4fc1-8
Purpose of Expenditure Mileage		Category/ Type 002		Date of Disbursement or Obligation 10 / 16 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu			Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: LA		
Calendar Year-To-Date Per Election for Office Sought 554635.78			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
Full Name of Payee Adena V Smith			Date of Public Distribution/Dissemination 10 / 16 / 2014		
Mailing Address 450 Judson Dr			Amount 40.00		
City Wake Forest		State NC	Zip Code 27587		Transaction ID : 6f520010-e621-408e-b
Purpose of Expenditure Salary		Category/ Type 001		Date of Disbursement or Obligation 10 / 16 / 2014	
Name of Federal Candidate Ms. Kay Hagan			Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: NC		
Calendar Year-To-Date Per Election for Office Sought 1095959.94			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶					41.77
(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.					
Signature Ms. Emily Buchanan			Date 05 / 18 / 2015		
[Electronically Filed]					

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 179 OF 3250
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC		FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on		M M M / D D D / Y Y Y Y Y Y	
Full Name of Payee Adena V Smith		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 10 / 16 / 2014	
Mailing Address 450 Judson Dr		Amount 3.90	
City Wake Forest	State NC	Zip Code 27587	Transaction ID : 5e520811-ef5b-4454-b
Purpose of Expenditure Mileage	Category/ Type 002	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 10 / 16 / 2014	
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose ☐ President ☒ Senate	
Office Sought: ☐ House ☒ Senate		District: 00 State: NC	
Calendar Year-To-Date Per Election for Office Sought 1095959.94		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Danielle E Grindstaff		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 10 / 16 / 2014	
Mailing Address 147 Possum Trot Rd		Amount 70.00	
City Bakersville	State NC	Zip Code 28705	Transaction ID : 4fdf3293-e673-4369-8
Purpose of Expenditure Salary	Category/ Type 001	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 10 / 16 / 2014	
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose ☐ President ☒ Senate	
Office Sought: ☐ House ☒ Senate		District: 00 State: NC	
Calendar Year-To-Date Per Election for Office Sought 1095959.94		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶		73.90	
(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.			
Signature Ms. Emily Buchanan		Date M M M / D D D / Y Y Y Y Y Y 05 / 18 / 2015	
		[Electronically Filed]	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 180 OF 3250
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC		FEC IDENTIFICATION NUMBER ▼ C C00530766
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M / D D / Y Y Y Y Y Y		

Full Name of Payee Kathryn M Wolfe		Date of Public Distribution/Dissemination 10 / 16 / 2014
Mailing Address 204 W 9th St		Amount 15.00
City Pittsburg	State KS	Zip Code 66762
Purpose of Expenditure Salary	Category/ Type 001	Transaction ID : d163bdd7-0c42-4b3b-8 Date of Disbursement or Obligation 10 / 16 / 2014
Name of Federal Candidate Mr. Greg Orman		Office Sought: ☐ House District: 00 ☒ Senate State: KS
Calendar Year-To-Date Per Election for Office Sought 261541.03		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶

Full Name of Payee Kathryn M Wolfe		Date of Public Distribution/Dissemination 10 / 16 / 2014
Mailing Address 204 W 9th St		Amount 2.70
City Pittsburg	State KS	Zip Code 66762
Purpose of Expenditure Mileage	Category/ Type 002	Transaction ID : 2ce95f03-eb28-4eb3-a Date of Disbursement or Obligation 10 / 16 / 2014
Name of Federal Candidate Mr. Greg Orman		Office Sought: ☐ House District: 00 ☒ Senate State: KS
Calendar Year-To-Date Per Election for Office Sought 261541.03		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	17.70
(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]

Signature

Date

05 / 18 / 2015

Full Name of Payee Ralph Smith		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 16 / 2014	
Mailing Address 2090 Fancy Gap Rd		Amount 19.44	
City Mt. Airy	State NC	Zip Code 27030	Transaction ID : d5c70f1f-c375-4142-a Date of Disbursement or Obligation MM / DD / YYYY 10 / 16 / 2014
Purpose of Expenditure Mileage	Category/ Type 002		
Name of Federal Candidate Ms. Kay Hagan	☐ Support ☒ Oppose	Office Sought: ☐ President ☒ Senate	District: 00 State: NC
Calendar Year-To-Date Per Election for Office Sought	1095959.94	Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	109.44
(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.

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 182 OF 3250
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC		FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on		MM / DD / YYYY	
Full Name of Payee Christopher Marquess		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 16 / 2014	
Mailing Address 110 W Pecan St		Amount 50.00	
City Ville Platte	State LA	Zip Code 70586	Transaction ID : d979e74c-5f7d-454f-b
Purpose of Expenditure Salary	Category/Type 001	Date of Disbursement or Obligation MM / DD / YYYY 10 / 16 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu		Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: LA	
Calendar Year-To-Date Per Election for Office Sought 554635.78		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Christopher Marquess		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 16 / 2014	
Mailing Address 110 W Pecan St		Amount 33.60	
City Ville Platte	State LA	Zip Code 70586	Transaction ID : 9aead413-732c-4c0b-a
Purpose of Expenditure Mileage	Category/Type 002	Date of Disbursement or Obligation MM / DD / YYYY 10 / 16 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu		Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: LA	
Calendar Year-To-Date Per Election for Office Sought 554635.78		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶		83.60	
(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 Signature		[Electronically Filed] Date MM / DD / YYYY 05 / 18 / 2015	

Full Name of Payee Stuart T Haley		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 16 / 2014	
Mailing Address 600 W Vine Ave		Amount MM / DD / YYYY 30.00	
City	State	Zip Code	Transaction ID : d4daad56-d7c7-45fb-8 Date of Disbursement or Obligation MM / DD / YYYY 10 / 16 / 2014
Searcy	AR	72143	
Purpose of Expenditure Mileage		Category/ Type	002
Name of Federal Candidate Mr. Mark L Pryor		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: AR
Calendar Year-To-Date Per Election for Office Sought		MM / DD / YYYY 292370.62	
		Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ▶	

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

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 184 OF 3250
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC		FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on		M M M / D D D / Y Y Y Y Y Y	
Full Name of Payee Glenda McKinney		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 10 / 16 / 2014	
Mailing Address 308 West Main Street		Amount 60.00	
City Plot Mountain	State NC	Zip Code 27041	Transaction ID : 0a4503c7-13d3-4517-b
Purpose of Expenditure Salary	Category/Type 001	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 10 / 16 / 2014	
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	
Office Sought: ☐ President ☒ Senate		District: 00 State: NC	
Calendar Year-To-Date Per Election for Office Sought 1095959.94		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Glenda McKinney		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 10 / 16 / 2014	
Mailing Address 308 West Main Street		Amount 7.80	
City Plot Mountain	State NC	Zip Code 27041	Transaction ID : ff3359a9-7314-4e3d-8
Purpose of Expenditure Mileage	Category/Type 002	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 10 / 16 / 2014	
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	
Office Sought: ☐ President ☒ Senate		District: 00 State: NC	
Calendar Year-To-Date Per Election for Office Sought 1095959.94		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶		67.80	
(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.			
Signature Ms. Emily Buchanan		Date M M M / D D D / Y Y Y Y Y Y 05 / 18 / 2015	
[Electronically Filed]			

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

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 FOR LINE 24 OF FORM 3X

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

Full Name of Payee Kenny Wallis		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 16 / 2014	
Mailing Address 6412 Osage Dr		Amount 20.00	
City North Little rock	State AR	Zip Code 72116	Transaction ID : a2e7543c-c0c9-412e-a
Purpose of Expenditure Salary	Category/Type 001	Date of Disbursement or Obligation MM / DD / YYYY 10 / 16 / 2014	
Name of Federal Candidate Mr. Mark L Pryor		☐ Support ☒ Oppose Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: AR	
Calendar Year-To-Date Per Election for Office Sought 292370.62		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	

Full Name of Payee Kenny Wallis		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 16 / 2014	
Mailing Address 6412 Osage Dr		Amount 1.53	
City North Little rock	State AR	Zip Code 72116	Transaction ID : 8aee4d90-788f-4f2b-9
Purpose of Expenditure Mileage	Category/Type 002	Date of Disbursement or Obligation MM / DD / YYYY 10 / 16 / 2014	
Name of Federal Candidate Mr. Mark L Pryor		☐ Support ☒ Oppose Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: AR	
Calendar Year-To-Date Per Election for Office Sought 292370.62		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	21.53
(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

MM / DD / YYYY
05 / 18 / 2015

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 186 OF 3250
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M M / D D D / Y Y Y Y Y Y				
Full Name of Payee Maria A Britt			Date of Public Distribution/Dissemination 10 / 16 / 2014	
Mailing Address 4894 Thunder Bolt			Amount 95.00	
City Concord	State NC	Zip Code 28205	Transaction ID : b6d62ade-05e3-4f03-b Date of Disbursement or Obligation 10 / 16 / 2014	
Purpose of Expenditure Salary		Category/ Type 001		
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>NC</u>	
Calendar Year-To-Date Per Election for Office Sought		1095959.94	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Maria A Britt			Date of Public Distribution/Dissemination 10 / 16 / 2014	
Mailing Address 4894 Thunder Bolt			Amount 16.80	
City Concord	State NC	Zip Code 28205	Transaction ID : 070b2350-526e-48d5-8 Date of Disbursement or Obligation 10 / 16 / 2014	
Purpose of Expenditure Mileage		Category/ Type 002		
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>NC</u>	
Calendar Year-To-Date Per Election for Office Sought		1095959.94	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			111.80	
(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.				
Signature Ms. Emily Buchanan		[Electronically Filed]		Date 05 / 18 / 2015

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 187 OF 3250
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC		FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on		M M M / D D D / Y Y Y Y Y Y	
Full Name of Payee Mr. Roger McKinney		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 10 / 16 / 2014	
Mailing Address 308 West Main Street		Amount 60.00	
City Pilot Mountain	State NC	Zip Code 27041	Transaction ID : 0b4631b0-2691-4367-a
Purpose of Expenditure Salary		Category/Type 001	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 10 / 16 / 2014
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: NC
Calendar Year-To-Date Per Election for Office Sought 1095959.94		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Mr. Roger McKinney		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 10 / 16 / 2014	
Mailing Address 308 West Main Street		Amount 23.79	
City Pilot Mountain	State NC	Zip Code 27041	Transaction ID : 6f20f926-6ba3-486c-b
Purpose of Expenditure Mileage		Category/Type 002	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 10 / 16 / 2014
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: NC
Calendar Year-To-Date Per Election for Office Sought 1095959.94		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶		83.79	
(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]	
Signature		Date M M M / D D D / Y Y Y Y Y Y 05 / 18 / 2015	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 188 OF 3250
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M / D D / Y Y Y Y Y Y				
Full Name of Payee OLynda Walker			Date of Public Distribution/Dissemination 10 / 16 / 2014	
Mailing Address 10000 Mount Pleasant Rd			Amount 95.00	
City Midland	State NC	Zip Code 28107	Transaction ID : 290e1e71-2d74-4386-8	
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation 10 / 16 / 2014	
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: NC	
Calendar Year-To-Date Per Election for Office Sought		1095959.94	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee OLynda Walker			Date of Public Distribution/Dissemination 10 / 16 / 2014	
Mailing Address 10000 Mount Pleasant Rd			Amount 16.80	
City Midland	State NC	Zip Code 28107	Transaction ID : 730c1174-2332-4551-a	
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement or Obligation 10 / 16 / 2014	
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: NC	
Calendar Year-To-Date Per Election for Office Sought		1095959.94	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures.....▶			111.80	
(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.				
Signature Ms. Emily Buchanan		[Electronically Filed]		Date 05 / 18 / 2015

Full Name of Payee Jeremy Hollar		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 16 / 2014	
Mailing Address 121 Meadowview Drive		Amount 5.10	
City Boone	State NC	Zip Code 28607	Transaction ID : 67dd3363-7bba-4565-8 Date of Disbursement or Obligation MM / DD / YYYY 10 / 16 / 2014
Purpose of Expenditure Mileage		Category/ Type 002	
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: NC
Calendar Year-To-Date Per Election for Office Sought		1095959.94	Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....	15.10
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures.....	

Signature

Full Name of Payee Corban L Barnett		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 16 / 2014	
Mailing Address 1001 N Prospect		Amount 30.00	
City Liberal	State KS	Zip Code 67901	Transaction ID : dbfc4d32-cefb-4764-9 Date of Disbursement or Obligation MM / DD / YYYY 10 / 16 / 2014
Purpose of Expenditure Salary		Category/ Type 001	
Name of Federal Candidate Mr. Greg Orman		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: KS
Calendar Year-To-Date Per Election for Office Sought 261541.03		Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ►	

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	130.00
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

FEC Schedule E (Form 3X) Rev. 09/2013

Full Name of Payee Corban L Barnett		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 16 / 2014	
Mailing Address 1001 N Prospect		Amount 30.00	
City Liberal	State KS	Zip Code 67901	Transaction ID : 57f0ec25-c4ec-4a6f-9
Purpose of Expenditure Salary	Category/ Type	001	Date of Disbursement or Obligation MM / DD / YYYY 10 / 16 / 2014
Name of Federal Candidate Mr. Greg Orman	☐ Support ☒ Oppose	Office Sought: ☐ President ☒ Senate	District: 00 State: KS
Calendar Year-To-Date Per Election for Office Sought	261541.03	Disbursement For: 2014 ☐ Primary ☒ General ☐ Other (specify) ▶	

Full Name of Payee Zachary Vidrine			Date of Public Distribution/Dissemination M M / D D / Y Y Y Y 10 / 16 / 2014		
Mailing Address 202 Rue Des Cajun			Amount 40.00		
City Ville Platte	State LA	Zip Code 70586	Transaction ID : 2fd316e1-c1a3-4871-9 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 10 / 16 / 2014		
Purpose of Expenditure Salary		Category/ Type 001			
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House ☒ Senate ☐ President ☐ Other (specify) _____		
Calendar Year-To-Date Per Election for Office Sought		554635.78	Disbursement For: ☐ Primary ☒ General ☐ 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.

Date _____

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 192 OF 3250
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M / D D / Y Y Y Y Y Y					
Full Name of Payee Zachary Vidrine			Date of Public Distribution/Dissemination 10 / 16 / 2014		
Mailing Address 202 Rue Des Cajun			Amount 19.20		
City Ville Platte	State LA	Zip Code 70586	Transaction ID : b133f065-caff-4b2f-8		
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement or Obligation 10 / 16 / 2014		
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>LA</u>		
Calendar Year-To-Date Per Election for Office Sought		554635.78	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶ _____		
Full Name of Payee Randy G Lookabill			Date of Public Distribution/Dissemination 10 / 16 / 2014		
Mailing Address 200 Carawood Lane			Amount 40.00		
City Lexington	State NC	Zip Code 27295	Transaction ID : 7d21773a-fbae-4cf6-9		
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation 10 / 16 / 2014		
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>NC</u>		
Calendar Year-To-Date Per Election for Office Sought		1095959.94	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶ _____		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			59.20		
(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.					
Signature Ms. Emily Buchanan		[Electronically Filed]		Date 05 / 18 / 2015	

Full Name of Payee Ashley n Thompson		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 16 / 2014	
Mailing Address 272 Westgate Ct Apt 6		Amount 15.00	
City Lexington	State NC	Zip Code 27295	Transaction ID : 55e9c856-58fe-48ef-9 Date of Disbursement or Obligation MM / DD / YYYY 10 / 16 / 2014
Purpose of Expenditure Salary	Category/ Type	001	
Name of Federal Candidate Ms. Kay Hagan	☐ Support ☒ Oppose	Office Sought: ☐ President ☒ Senate	District: 00 State: NC
Calendar Year-To-Date Per Election for Office Sought	1095959.94	Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....	29.70
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures.....	

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 194 OF 3250
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC		FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on		MM / DD / YYYY	
Full Name of Payee Ashley n Thompson		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 16 / 2014	
Mailing Address 272 Westgate Ct Apt 6		Amount 3.00	
City Lexington	State NC	Zip Code 27295	Transaction ID : 6c435732-38ea-4c5e-9
Purpose of Expenditure Mileage	Category/Type 002	Date of Disbursement or Obligation MM / DD / YYYY 10 / 16 / 2014	
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	
Office Sought: ☐ President ☒ Senate		District: 00 State: NC	
Calendar Year-To-Date Per Election for Office Sought 1095959.94		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Natalie M Foutch		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 16 / 2014	
Mailing Address 1057 Waldron Road		Amount 23.00	
City LaVergne	State TN	Zip Code 37086	Transaction ID : 7d1f0cb8-0c3b-472a-a
Purpose of Expenditure Salary	Category/Type 001	Date of Disbursement or Obligation MM / DD / YYYY 10 / 16 / 2014	
Name of Federal Candidate Mr. Mark L Pryor		☐ Support ☒ Oppose	
Office Sought: ☐ President ☒ Senate		District: 00 State: AR	
Calendar Year-To-Date Per Election for Office Sought 292370.62		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶		26.00	
(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.			
Signature Ms. Emily Buchanan		Date MM / DD / YYYY 05 / 18 / 2015	
		[Electronically Filed]	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 195 OF 3250
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC		FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on		M M M / D D D / Y Y Y Y Y Y	
Full Name of Payee Kinsey E Beck		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 10 / 16 / 2014	
Mailing Address 103 Glenhaven Ct		Amount 20.00	
City Harvest	State AL	Zip Code 35749	Transaction ID : 783b0ec2-6792-42c4-b
Purpose of Expenditure Salary		Category/Type 001	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 10 / 16 / 2014
Name of Federal Candidate Mr. Mark L Pryor		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: AR
Calendar Year-To-Date Per Election for Office Sought 292370.62		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Kinsey E Beck		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 10 / 16 / 2014	
Mailing Address 103 Glenhaven Ct		Amount 4.20	
City Harvest	State AL	Zip Code 35749	Transaction ID : 7928a76d-9013-4181-b
Purpose of Expenditure Mileage		Category/Type 002	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 10 / 16 / 2014
Name of Federal Candidate Mr. Mark L Pryor		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: AR
Calendar Year-To-Date Per Election for Office Sought 292370.62		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶		24.20	
(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.			
Signature Ms. Emily Buchanan		Date M M M / D D D / Y Y Y Y Y Y 05 / 18 / 2015	
		[Electronically Filed]	

Full Name of Payee Brenda L McCune		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 16 / 2014	
Mailing Address 1254 Fleming St Apt 6		Amount 150.00	
City Conway	State AR	Zip Code 72032	Transaction ID : ba1079e9-1668-4ef3-a Date of Disbursement or Obligation MM / DD / YYYY 10 / 16 / 2014
Purpose of Expenditure Salary	Category/ Type 001		
Name of Federal Candidate Mr. Mark L Pryor	☐ Support ☒ Oppose	Office Sought: ☐ President ☒ Senate ☐ Other (specify) ▶	District: 00 State: AR ☐ Primary ☒ General
Calendar Year-To-Date Per Election for Office Sought	292370.62		

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	170.00
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

Ms. Emily Buchanan

[Electronically Filed]

Date 05 / 18 / 2015

Signature _____

Full Name of Payee Sarah Bassil			Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 16 / 2014		
Mailing Address 7650 Fallswood Way			Amount 40.00		
City Lorton	State VA	Zip Code 22079	Transaction ID : 1b2f1246-329a-417b-b Date of Disbursement or Obligation MM / DD / YYYY 10 / 16 / 2014		
Purpose of Expenditure Salary		Category/ Type 001			
Name of Federal Candidate Mr. Greg Orman		☐ Support ☒ Oppose	Office Sought: ☐ House ☒ Senate ☐ President ☐ Other (specify) _____		
Calendar Year-To-Date Per Election for Office Sought		261541.03	Disbursement For: ☐ Primary ☒ General ☐ Other (specify) _____		

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	59.50
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

05 / 18 / 2015

FEC Schedule E (Form 3X) Rev. 09/2013

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 198 OF 3250
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC		FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on		M M M / D D D / Y Y Y Y Y Y	
Full Name of Payee Hannah J Landry		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 10 / 16 / 2014	
Mailing Address 1110 N Coolidge		Amount 105.00	
City Gonzales	State LA	Zip Code 70737	Transaction ID : f6c15929-4c0d-43f6-8
Purpose of Expenditure Salary	Category/Type 001	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 10 / 16 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	
Office Sought: ☐ President ☒ Senate		District: 00 State: LA	
Calendar Year-To-Date Per Election for Office Sought 554635.78		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Hannah J Landry		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 10 / 16 / 2014	
Mailing Address 1110 N Coolidge		Amount 13.89	
City Gonzales	State LA	Zip Code 70737	Transaction ID : e42268bc-d73f-4fdc-b
Purpose of Expenditure Mileage	Category/Type 002	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 10 / 16 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	
Office Sought: ☐ President ☒ Senate		District: 00 State: LA	
Calendar Year-To-Date Per Election for Office Sought 554635.78		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶		118.89	
(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.			
Signature Ms. Emily Buchanan		Date M M M / D D D / Y Y Y Y Y Y 05 / 18 / 2015	
[Electronically Filed]			

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

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 FOR LINE 24 OF FORM 3X

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

Full Name of Payee Mary C Lee		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 16 / 2014	
Mailing Address 1030 N Coolidge Ave		Amount 105.00	
City Gonzales	State LA	Zip Code 70737	Transaction ID : 7795de76-c1ec-4f62-8
Purpose of Expenditure Salary	Category/Type 001	Date of Disbursement or Obligation MM / DD / YYYY 10 / 16 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: LA	
Calendar Year-To-Date Per Election for Office Sought 554635.78		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	

Full Name of Payee Mary C Lee		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 16 / 2014	
Mailing Address 1030 N Coolidge Ave		Amount 13.89	
City Gonzales	State LA	Zip Code 70737	Transaction ID : 68efb8a7-8b72-4fd2-8
Purpose of Expenditure Mileage	Category/Type 002	Date of Disbursement or Obligation MM / DD / YYYY 10 / 16 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: LA	
Calendar Year-To-Date Per Election for Office Sought 554635.78		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	118.89
(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

MM / DD / YYYY
05 / 18 / 2015

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 200 OF 3250
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC		FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on		MM / DD / YYYY	
Full Name of Payee Peggy A Sides		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 16 / 2014	
Mailing Address 2183 Spokane Rd		Amount 60.00	
City Fayetteville	State NC	Zip Code 28304	Transaction ID : f55fe5df-9ea2-447e-b
Purpose of Expenditure Salary	Category/Type 001	Date of Disbursement or Obligation MM / DD / YYYY 10 / 16 / 2014	
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose Office Sought: ☐ House ☒ Senate District: 00 ☐ President State: NC	
Calendar Year-To-Date Per Election for Office Sought 1095959.94		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Peggy A Sides		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 16 / 2014	
Mailing Address 2183 Spokane Rd		Amount 7.50	
City Fayetteville	State NC	Zip Code 28304	Transaction ID : 5475c53e-4973-459d-a
Purpose of Expenditure Mileage	Category/Type 002	Date of Disbursement or Obligation MM / DD / YYYY 10 / 16 / 2014	
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose Office Sought: ☐ House ☒ Senate District: 00 ☐ President State: NC	
Calendar Year-To-Date Per Election for Office Sought 1095959.94		Disbursement For: ☐ Primary ☒ 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.			
Signature Ms. Emily Buchanan		Date MM / DD / YYYY 05 / 18 / 2015	
		[Electronically Filed]	

Full Name of Payee Michael Chinchar			Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 16 / 2014		
Mailing Address 2730 Dave Ward Dr			Amount 18.00		
City Conway	State AR	Zip Code 72034	Transaction ID : 9caf1d29-5f37-4cab-b Date of Disbursement or Obligation MM / DD / YYYY 10 / 16 / 2014		
Purpose of Expenditure Mileage		Category/ Type 002			
Name of Federal Candidate Mr. Mark L Pryor		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: AR		
Calendar Year-To-Date Per Election for Office Sought		292370.62	Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ►		

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	98.00
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 202 OF 3250
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC		FEC IDENTIFICATION NUMBER ▼ C C00530766
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on		MM / DD / YYYY

Full Name of Payee Michael A Toomey		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 16 / 2014
Mailing Address 4120 Bon Aire Dr Apt 6307		Amount 50.00
City Monroe	State LA	Zip Code 71212
Purpose of Expenditure Salary	Category/Type 001	Transaction ID : f0072be0-917b-46da-9 Date of Disbursement or Obligation MM / DD / YYYY 10 / 16 / 2014
Name of Federal Candidate Ms. Mary L Landrieu		Office Sought: ☐ House District: 00 ☒ Senate State: LA
Calendar Year-To-Date Per Election for Office Sought 554635.78		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶

Full Name of Payee Michael A Toomey		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 16 / 2014
Mailing Address 4120 Bon Aire Dr Apt 6307		Amount 4.80
City Monroe	State LA	Zip Code 71212
Purpose of Expenditure Mileage	Category/Type 002	Transaction ID : 4e8cc43f-3f78-4093-8 Date of Disbursement or Obligation MM / DD / YYYY 10 / 16 / 2014
Name of Federal Candidate Ms. Mary L Landrieu		Office Sought: ☐ House District: 00 ☒ Senate State: LA
Calendar Year-To-Date Per Election for Office Sought 554635.78		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	54.80
(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

MM / DD / YYYY
05 / 18 / 2015

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 203 OF 3250
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC		FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on / /			
Full Name of Payee Joshua D Syrotchen		Date of Public Distribution/Dissemination / / 10 / 16 / 2014	
Mailing Address 915 East Market Ave		Amount 55.00	
City Searcy	State AR	Zip Code 72149	Transaction ID : 7d086746-996f-4a92-b Date of Disbursement or Obligation / / 10 / 16 / 2014
Purpose of Expenditure Salary		Category/ Type 001	
Name of Federal Candidate Mr. Mark L Pryor		Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>AR</u> ☐ Support ☒ Oppose ☐ Primary ☒ General ☐ Other (specify) ▶ _____	
Calendar Year-To-Date Per Election for Office Sought 292370.62		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶ _____	
Full Name of Payee Joshua D Syrotchen		Date of Public Distribution/Dissemination / / 10 / 16 / 2014	
Mailing Address 915 East Market Ave		Amount 44.40	
City Searcy	State AR	Zip Code 72149	Transaction ID : 6486f81e-c414-461c-b Date of Disbursement or Obligation / / 10 / 16 / 2014
Purpose of Expenditure Mileage		Category/ Type 002	
Name of Federal Candidate Mr. Mark L Pryor		Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>AR</u> ☐ Support ☒ Oppose ☐ Primary ☒ General ☐ Other (specify) ▶ _____	
Calendar Year-To-Date Per Election for Office Sought 292370.62		Disbursement For: ☐ Primary ☒ 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.			
Signature <i>Ms. Emily Buchanan</i>		Date / / 05 / 18 / 2015	
[Electronically Filed]			

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 204 OF 3250
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC		FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on		M M M / D D D / Y Y Y Y Y Y	
Full Name of Payee Jeanne Tribou		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 10 / 16 / 2014	
Mailing Address 22369 Ponderosa Dr.		Amount 80.00	
City Mandeville	State LA	Zip Code 70471	Transaction ID : a9cd29e5-fd94-4195-8
Purpose of Expenditure Salary	Category/ Type	001	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 10 / 16 / 2014
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: LA
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Jeanne Tribou		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 10 / 16 / 2014	
Mailing Address 22369 Ponderosa Dr.		Amount 11.40	
City Mandeville	State LA	Zip Code 70471	Transaction ID : ece5837d-c124-4f84-9
Purpose of Expenditure Mileage	Category/ Type	002	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 10 / 16 / 2014
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: LA
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶		91.40	
(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]	
Signature		Date M M M / D D D / Y Y Y Y Y Y 05 / 18 / 2015	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 205 OF 3250
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC		FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on / /			
Full Name of Payee Brittnie W Campbell		Date of Public Distribution/Dissemination / / 10 / 16 / 2014	
Mailing Address 5828 Rena Road		Amount 32.50	
City Hamptonville	State NC	Zip Code 27020	Transaction ID : b3a91a63-1cda-49bc-9 Date of Disbursement or Obligation / / 10 / 16 / 2014
Purpose of Expenditure Salary		Category/ Type 001	
Name of Federal Candidate Ms. Kay Hagan		Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>NC</u> ☐ Support ☒ Oppose	
Calendar Year-To-Date Per Election for Office Sought 1095959.94		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶ _____	
Full Name of Payee Eric Resinos Originally reported as 10/18 and \$70, corrected with filing		Date of Public Distribution/Dissemination / / 10 / 16 / 2014	
Mailing Address 1430 Sunnyside Rd		Amount 80.00	
City Alma	State AR	Zip Code 72921	Transaction ID : 9073aa8e-aeec-4269-9 Date of Disbursement or Obligation / / 10 / 16 / 2014
Purpose of Expenditure Salary		Category/ Type 001	
Name of Federal Candidate Mr. Mark L Pryor		Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>AR</u> ☐ Support ☒ Oppose	
Calendar Year-To-Date Per Election for Office Sought 292370.62		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶ _____	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶		 112.50	
(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.			
Signature <i>Ms. Emily Buchanan</i>		Date / / 05 / 18 / 2015 [Electronically Filed]	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

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 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC		FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on		MM / DD / YYYY / / MM / DD / YYYY / /	

Full Name of Payee Eric Resinos Originally reported as 10/18 and \$55.80, corrected with filing		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 16 / 2014	
Mailing Address 1430 Sunnyside Rd		Amount 66.00	
City Alma	State AR	Zip Code 72921	Transaction ID : 1056049d-3a3c-424e-b
Purpose of Expenditure Mileage	Category/Type 002	Date of Disbursement or Obligation MM / DD / YYYY 10 / 16 / 2014	
Name of Federal Candidate Mr. Mark L Pryor		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: AR
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	

Full Name of Payee Miranda A Resinos Originally reported as 10/18 and \$80, corrected with filing		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 16 / 2014	
Mailing Address 1430 Sunnyside Rd		Amount 90.00	
City Alma	State AR	Zip Code 72921	Transaction ID : 357e65ac-c9d1-4f31-8
Purpose of Expenditure Salary	Category/Type 001	Date of Disbursement or Obligation MM / DD / YYYY 10 / 16 / 2014	
Name of Federal Candidate Mr. Mark L Pryor		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: AR
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	156.00
(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

 MM / DD / YYYY
 05 / 18 / 2015

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 207 OF 3250
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC		FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on		M M M / D D D / Y Y Y Y Y Y	
Full Name of Payee Miranda A Resinos Originally reported as 10/18 and \$79.80, corrected with filing		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 10 / 16 / 2014	
Mailing Address 1430 Sunnyside Rd		Amount 56.70	
City Alma	State AR	Zip Code 72921	Transaction ID : 1be150de-6095-45dc-8
Purpose of Expenditure Mileage	Category/Type 002	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 10 / 16 / 2014	
Name of Federal Candidate Mr. Mark L Pryor		☐ Support ☒ Oppose	
Office Sought: ☐ President ☒ Senate		District: 00 State: AR	
Calendar Year-To-Date Per Election for Office Sought 292370.62		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Sandra H Wagner		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 10 / 16 / 2014	
Mailing Address 5828 Rena Road		Amount 32.50	
City Hamptonville	State NC	Zip Code 27020	Transaction ID : 054f271c-e787-4129-8
Purpose of Expenditure Salary	Category/Type 001	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 10 / 16 / 2014	
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	
Office Sought: ☐ President ☒ Senate		District: 00 State: NC	
Calendar Year-To-Date Per Election for Office Sought 1095959.94		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures.....▶		89.20	
(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.			
Signature Ms. Emily Buchanan		Date M M M / D D D / Y Y Y Y Y Y 05 / 18 / 2015	
[Electronically Filed]			

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 208 OF 3250
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M M / D D D / Y Y Y Y Y Y					
Full Name of Payee Sandra H Wagner			Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 10 / 16 / 2014		
Mailing Address 5828 Rena Road			Amount 17.10		
City Hamptonville		State NC	Zip Code 27020		Transaction ID : 88164612-3455-451b-8
Purpose of Expenditure Mileage		Category/ Type 002		Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 10 / 16 / 2014	
Name of Federal Candidate Ms. Kay Hagan			☐ Support ☒ Oppose		Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>NC</u>
Calendar Year-To-Date Per Election for Office Sought 1095959.94			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶ _____		
Full Name of Payee Rebecca A Shearer			Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 10 / 16 / 2014		
Mailing Address 6544 Arno College Grove Rd			Amount 40.00		
City College Grove		State TN	Zip Code 37046		Transaction ID : 17bd4416-85d2-4411-a
Purpose of Expenditure Salary		Category/ Type 001		Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 10 / 16 / 2014	
Name of Federal Candidate Mr. Mark L Pryor			☐ Support ☒ Oppose		Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>AR</u>
Calendar Year-To-Date Per Election for Office Sought 292370.62			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶ _____		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶					57.10
(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.					
Signature Ms. Emily Buchanan			[Electronically Filed]		Date M M M / D D D / Y Y Y Y Y Y 05 / 18 / 2015

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 209 OF 3250
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC		FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on		M M M / D D D / Y Y Y Y Y Y	
Full Name of Payee Rebecca A Shearer		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 10 / 16 / 2014	
Mailing Address 6544 Arno College Grove Rd		Amount 21.60	
City College Grove	State TN	Zip Code 37046	Transaction ID : e36751b8-b665-475b-9
Purpose of Expenditure Mileage	Category/ Type 002	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 10 / 16 / 2014	
Name of Federal Candidate Mr. Mark L Pryor		☐ Support ☒ Oppose	
Office Sought: ☐ President ☒ Senate		District: 00 State: AR	
Calendar Year-To-Date Per Election for Office Sought 292370.62		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Francesca Blom		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 10 / 16 / 2014	
Mailing Address 101 Asbury Ct		Amount 85.00	
City Winchester	State VA	Zip Code 22602	Transaction ID : 420f7386-591b-45e8-a
Purpose of Expenditure Salary	Category/ Type 001	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 10 / 16 / 2014	
Name of Federal Candidate Mr. Greg Orman		☐ Support ☒ Oppose	
Office Sought: ☐ President ☒ Senate		District: 00 State: KS	
Calendar Year-To-Date Per Election for Office Sought 261541.03		Disbursement For: ☐ Primary ☒ 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.			
Signature Ms. Emily Buchanan		Date M M M / D D D / Y Y Y Y Y Y 05 / 18 / 2015	
[Electronically Filed]			

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 211 OF 3250
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M / D D / Y Y Y Y Y Y					
Full Name of Payee Camille N Yearry			Date of Public Distribution/Dissemination 10 / 16 / 2014		
Mailing Address 2025 NE 67th St			Amount 6.00		
City Gladstone		State MO	Zip Code 64118		Transaction ID : 1347cb3a-76f9-418e-b
Purpose of Expenditure Mileage		Category/ Type 002		Date of Disbursement or Obligation 10 / 16 / 2014	
Name of Federal Candidate Mr. Mark L Pryor			Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: AR		
Calendar Year-To-Date Per Election for Office Sought 292370.62			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
Full Name of Payee Todd Ellis			Date of Public Distribution/Dissemination 10 / 16 / 2014		
Mailing Address P.O. Box 712			Amount 90.00		
City Alexander		State AR	Zip Code 72002		Transaction ID : a929f8c0-8e2e-4c29-a
Purpose of Expenditure Salary		Category/ Type 001		Date of Disbursement or Obligation 10 / 16 / 2014	
Name of Federal Candidate Mr. Mark L Pryor			Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: AR		
Calendar Year-To-Date Per Election for Office Sought 292370.62			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			96.00		
(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.					
Signature Ms. Emily Buchanan			Date 05 / 18 / 2015		
[Electronically Filed]					

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 212 OF 3250
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC		FEC IDENTIFICATION NUMBER ▼ C C00530766
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on		MM / DD / YYYY

Full Name of Payee Todd Ellis		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 16 / 2014
Mailing Address P.O. Box 712		Amount 34.50
City Alexander	State AR	Zip Code 72002
Purpose of Expenditure Mileage	Category/Type 002	Transaction ID : 132b4c90-0dd2-40b6-9 Date of Disbursement or Obligation MM / DD / YYYY 10 / 16 / 2014
Name of Federal Candidate Mr. Mark L Pryor		Office Sought: ☐ House District: 00 ☒ Senate State: AR
Calendar Year-To-Date Per Election for Office Sought 292370.62		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶

Full Name of Payee Carol L Walters		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 16 / 2014
Mailing Address 1900 Glen West Way		Amount 95.00
City Fort Smith	State AR	Zip Code 72916
Purpose of Expenditure Salary	Category/Type 001	Transaction ID : eed50509-cfb7-499b-8 Date of Disbursement or Obligation MM / DD / YYYY 10 / 16 / 2014
Name of Federal Candidate Mr. Mark L Pryor		Office Sought: ☐ House District: 00 ☒ Senate State: AR
Calendar Year-To-Date Per Election for Office Sought 292370.62		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	129.50
(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]

Signature

Date

MM / DD / YYYY
05 / 18 / 2015

Full Name of Payee Sarah Bassil		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 16 / 2014	
Mailing Address 7650 Fallswood Way		Amount 40.00	
City Lorton	State VA	Zip Code 22079	Transaction ID : 1432bd79-c0b6-472d-9
Purpose of Expenditure Salary	Category/ Type	001	Date of Disbursement or Obligation MM / DD / YYYY 10 / 16 / 2014
Name of Federal Candidate Ms. Kay Hagan	☐ Support ☒ Oppose	Office Sought: ☐ President ☒ Senate	District: 00 State: NC
Calendar Year-To-Date Per Election for Office Sought	1095959.94		Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶		105.40
(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.

Date _____

Signature

Full Name of Payee Kaleigh J Wagner		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 16 / 2014	
Mailing Address 18065 Wayne Rd		Amount 85.00	
City Odessa	State FL	Zip Code 33556	Transaction ID : ccf22fa5-fcb7-4a25-b Date of Disbursement or Obligation MM / DD / YYYY 10 / 16 / 2014
Purpose of Expenditure Salary		Category/ Type 001	
Name of Federal Candidate Mr. Mark L Pryor		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: AR
Calendar Year-To-Date Per Election for Office Sought 292370.62		Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ►	

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	135.00
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

05 / 18 / 2015

FEC Schedule E (Form 3X) Rev. 09/2013

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 215 OF 3250
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M M / D D D / Y Y Y Y Y Y				
Full Name of Payee Randy M Gold			Date of Public Distribution/Dissemination 10 / 16 / 2014	
Mailing Address 1436 Haigs Creek Dr			Amount 85.00	
City Elgin	State SC	Zip Code 29045	Transaction ID : f932666d-b6f6-4c45-b Date of Disbursement or Obligation 10 / 16 / 2014	
Purpose of Expenditure Salary		Category/ Type 001		
Name of Federal Candidate Mr. Mark L Pryor		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: AR	
Calendar Year-To-Date Per Election for Office Sought		292370.62	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Randy M Gold			Date of Public Distribution/Dissemination 10 / 16 / 2014	
Mailing Address 1436 Haigs Creek Dr			Amount 41.04	
City Elgin	State SC	Zip Code 29045	Transaction ID : 745a350d-ceee-431f-a Date of Disbursement or Obligation 10 / 16 / 2014	
Purpose of Expenditure Mileage		Category/ Type 002		
Name of Federal Candidate Mr. Mark L Pryor		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: AR	
Calendar Year-To-Date Per Election for Office Sought		292370.62	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			126.04	
(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.				
Signature Ms. Emily Buchanan		[Electronically Filed]		Date 05 / 18 / 2015

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 216 OF 3250
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC		FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on		M M M / D D D / Y Y Y Y Y Y	
Full Name of Payee Ms. Tonya Boyd		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 10 / 16 / 2014	
Mailing Address 2357 Fancy Cap Rd		Amount 90.00	
City Mt. Airy	State NC	Zip Code 27030	Transaction ID : 94d69e14-62ed-447f-b
Purpose of Expenditure Salary		Category/Type 001	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 10 / 16 / 2014
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: NC
Calendar Year-To-Date Per Election for Office Sought 1095959.94		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Ms. Tonya Boyd		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 10 / 16 / 2014	
Mailing Address 2357 Fancy Cap Rd		Amount 20.64	
City Mt. Airy	State NC	Zip Code 27030	Transaction ID : e2eb857c-bfb0-420a-9
Purpose of Expenditure Mileage		Category/Type 002	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 10 / 16 / 2014
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: NC
Calendar Year-To-Date Per Election for Office Sought 1095959.94		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶		110.64	
(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.			
Signature Ms. Emily Buchanan		Date M M M / D D D / Y Y Y Y Y Y 05 / 18 / 2015	
		[Electronically Filed]	

Full Name of Payee Julie M Gentry		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 16 / 2014	
Mailing Address 314 S Main St		Amount 25.32	
City Roxboro	State NC	Zip Code 27573	Transaction ID : 69d579f4-4424-4855-8 Date of Disbursement or Obligation MM / DD / YYYY 10 / 16 / 2014
Purpose of Expenditure Mileage		Category/ Type 002	
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: NC
Calendar Year-To-Date Per Election for Office Sought 1095959.94		Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	102.82
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

05 / 18 / 2015

FEC Schedule E (Form 3X) Rev. 09/2013

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 218 OF 3250
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M M / D D D / Y Y Y Y Y Y					
Full Name of Payee Laura U Logie			Date of Public Distribution/Dissemination 10 / 16 / 2014		
Mailing Address 2565 Shire Circle			Amount 50.00		
City Harrisonburg		State VA	Zip Code 22801		Transaction ID : a5623f64-d1f5-4417-8
Purpose of Expenditure Salary		Category/ Type 001		Date of Disbursement or Obligation 10 / 16 / 2014	
Name of Federal Candidate Mr. Greg Orman			Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>KS</u>		
Calendar Year-To-Date Per Election for Office Sought 261541.03			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶ _____		
Full Name of Payee Nick Berryhill			Date of Public Distribution/Dissemination 10 / 16 / 2014		
Mailing Address 905 Lake Drive			Amount 100.00		
City Shelby		State NC	Zip Code 28152		Transaction ID : 3bc67eac-66ec-404b-b
Purpose of Expenditure Salary		Category/ Type 001		Date of Disbursement or Obligation 10 / 16 / 2014	
Name of Federal Candidate Ms. Kay Hagan			Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>NC</u>		
Calendar Year-To-Date Per Election for Office Sought 1095959.94			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶ _____		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			150.00		
(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.					
Signature <i>Ms. Emily Buchanan</i>			Date 05 / 18 / 2015		
[Electronically Filed]					

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 219 OF 3250
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC		FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on		M M M / D D D / Y Y Y Y Y Y	
Full Name of Payee Nick Berryhill		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 10 / 16 / 2014	
Mailing Address 905 Lake Drive		Amount 11.40	
City Shelby	State NC	Zip Code 28152	Transaction ID : 8763a0f9-5a54-4d65-a
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 10 / 16 / 2014
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: NC
Calendar Year-To-Date Per Election for Office Sought 1095959.94		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Tylan S Green		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 10 / 16 / 2014	
Mailing Address 2320 Saint Nick Dr		Amount 70.00	
City New Orleans	State LA	Zip Code 70131	Transaction ID : 98cf025e-b131-47d5-9
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 10 / 16 / 2014
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: NC
Calendar Year-To-Date Per Election for Office Sought 1095959.94		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶		81.40	
(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.			
Signature Ms. Emily Buchanan		Date M M M / D D D / Y Y Y Y Y Y 05 / 18 / 2015	
		[Electronically Filed]	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 220 OF 3250
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC		FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on		M M M / D D D / Y Y Y Y Y Y	
Full Name of Payee Tylan S Green		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 10 / 16 / 2014	
Mailing Address 2320 Saint Nick Dr		Amount 20.70	
City New Orleans	State LA	Zip Code 70131	Transaction ID : ddad1603-61eb-40e4-9
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 10 / 16 / 2014
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: NC
Calendar Year-To-Date Per Election for Office Sought 1095959.94		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Brandy Starns		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 10 / 16 / 2014	
Mailing Address 300 Evangeline St		Amount 65.00	
City Monroe	State LA	Zip Code 71201	Transaction ID : 3dc7ac5c-3d38-4f96-a
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 10 / 16 / 2014
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: LA
Calendar Year-To-Date Per Election for Office Sought 554635.78		Disbursement For: ☐ Primary ☒ 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.			
Signature Ms. Emily Buchanan		Date M M M / D D D / Y Y Y Y Y Y 05 / 18 / 2015	
		[Electronically Filed]	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 221 OF 3250
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M M / D D D / Y Y Y Y Y Y					
Full Name of Payee Brandy Starns			Date of Public Distribution/Dissemination 10 / 16 / 2014		
Mailing Address 300 Evangeline St			Amount 7.80		
City Monroe	State LA	Zip Code 71201	Transaction ID : a0ddc306-d985-4100-b		
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement or Obligation 10 / 16 / 2014		
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: LA		
Calendar Year-To-Date Per Election for Office Sought		554635.78	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
Full Name of Payee Corey S McKnight			Date of Public Distribution/Dissemination 10 / 16 / 2014		
Mailing Address 1510 Bailey St			Amount 45.00		
City West Monroe	State LA	Zip Code 71292	Transaction ID : 82568de1-8bef-4686-8		
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation 10 / 16 / 2014		
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: LA		
Calendar Year-To-Date Per Election for Office Sought		554635.78	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			52.80		
(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.					
Signature Ms. Emily Buchanan		[Electronically Filed]		Date 05 / 18 / 2015	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 222 OF 3250
 FOR LINE 24 OF FORM 3X

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

Full Name of Payee Kelly Dolan		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 16 / 2014	
Mailing Address 543 S 2nd St		Amount 70.00	
City Bellaire	State NC	Zip Code 77401	Transaction ID : 9440703d-7979-4668-b
Purpose of Expenditure Salary	Category/Type 001	Date of Disbursement or Obligation MM / DD / YYYY 10 / 16 / 2014	
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: NC	
Calendar Year-To-Date Per Election for Office Sought 1095959.94		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	

Full Name of Payee Kelly Dolan		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 16 / 2014	
Mailing Address 543 S 2nd St		Amount 8.40	
City Bellaire	State NC	Zip Code 77401	Transaction ID : 3370c29a-275e-4e17-9
Purpose of Expenditure Mileage	Category/Type 002	Date of Disbursement or Obligation MM / DD / YYYY 10 / 16 / 2014	
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: NC	
Calendar Year-To-Date Per Election for Office Sought 1095959.94		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	78.40
(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

MM / DD / YYYY
05 / 18 / 2015

Signature

Full Name of Payee Joseph R English		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 16 / 2014	
Mailing Address 915 East Market Ave Apt 4		Amount 80.00	
City	State	Zip Code	Transaction ID : 9990e71d-ef53-4cad-b Date of Disbursement or Obligation MM / DD / YYYY 10 / 16 / 2014
Searcy	AR	72143	
Purpose of Expenditure Salary		Category/ Type	001
Name of Federal Candidate Mr. Mark L Pryor		☐ Support ☒ Oppose	Office Sought: ☐ House ☒ Senate ☐ President District: 00 State: AR
Calendar Year-To-Date Per Election for Office Sought		292370.62	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶

Full Name of Payee Joseph R English		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 16 / 2014	
Mailing Address 915 East Market Ave Apt 4		Amount 48.00	
City Searcy	State AR	Zip Code 72143	Transaction ID : c05631ef-aa28-44b8-a
Purpose of Expenditure Mileage	Category/ Type 002	Date of Disbursement or Obligation MM / DD / YYYY 10 / 16 / 2014	
Name of Federal Candidate Mr. Mark L Pryor	☐ Support ☒ Oppose	Office Sought: ☐ President ☒ Senate	House District: 00 State: AR
Calendar Year-To-Date Per Election for Office Sought	292370.62	Disbursement For: 2014 ☐ Primary ☒ General ☐ Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	128.00
(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.

Date _____

Signature

Full Name of Payee Jazmine d Conner		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 16 / 2014	
Mailing Address 100 ASBURY CT		Amount 75.00	
City WINCHESTER	State VA	Zip Code 22602	Transaction ID : 33a3ac4d-ea62-424e-a
Purpose of Expenditure Salary	Category/ Type	001	Date of Disbursement or Obligation MM / DD / YYYY 10 / 16 / 2014
Name of Federal Candidate Mr. Greg Orman	☐ Support ☒ Oppose	Office Sought: ☐ President ☒ Senate	District: 00 State: KS
Calendar Year-To-Date Per Election for Office Sought	261541.03		Disbursement For: ☐ Primary ☒ General ☐ 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.

Date _____

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 225 OF 3250
 FOR LINE 24 OF FORM 3X

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

Full Name of Payee Jon E Conner		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 16 / 2014	
Mailing Address 100 Asbury Ct		Amount 80.00	
City Winchester	State VA	Zip Code 22602	Transaction ID : edaf0277-74ce-4e35-9 Date of Disbursement or Obligation MM / DD / YYYY 10 / 16 / 2014
Purpose of Expenditure Salary		Category/Type 001	
Name of Federal Candidate Mr. Greg Orman		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: KS
Calendar Year-To-Date Per Election for Office Sought		261541.03	
		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	

Full Name of Payee Rodney O Culbreath		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 16 / 2014	
Mailing Address 100 Asbury Ct		Amount 80.00	
City Winchester	State VA	Zip Code 22602	Transaction ID : 0745087b-0bd1-4387-a Date of Disbursement or Obligation MM / DD / YYYY 10 / 16 / 2014
Purpose of Expenditure Salary		Category/Type 001	
Name of Federal Candidate Mr. Greg Orman		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: KS
Calendar Year-To-Date Per Election for Office Sought		261541.03	
		Disbursement For: ☐ Primary ☒ 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

MM / DD / YYYY
05 / 18 / 2015

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 226 OF 3250
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC		FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on		MM / DD / YYYY / / MM / DD / YYYY / / MM / DD / YYYY / /	

Full Name of Payee Rodney D Culbreth		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 16 / 2014	
Mailing Address 100 Asbury CT 3200 Dam Neck Rd		Amount 80.00	
City Winchester	State VA	Zip Code 22602	Transaction ID : 50bf6181-9a45-4910-b
Purpose of Expenditure Salary	Category/Type 001	Date of Disbursement or Obligation MM / DD / YYYY 10 / 16 / 2014	
Name of Federal Candidate Mr. Greg Orman		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: KS
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	

Full Name of Payee Rze Culbreath		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 16 / 2014	
Mailing Address 100 Asbury Ct		Amount 80.00	
City Winchester	State VA	Zip Code 22602	Transaction ID : 9b198003-2772-4320-b
Purpose of Expenditure Salary	Category/Type 001	Date of Disbursement or Obligation MM / DD / YYYY 10 / 16 / 2014	
Name of Federal Candidate Mr. Greg Orman		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: KS
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: ☐ Primary ☒ 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

 MM / DD / YYYY
 05 / 18 / 2015

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 227 OF 3250
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M / D D / Y Y Y Y				
Full Name of Payee Carl Brent			Date of Public Distribution/Dissemination 10 / 16 / 2014	
Mailing Address 6718 Lake Willow Dr			Amount 80.00	
City New Orleans	State LA	Zip Code 70126	Transaction ID : 8575c0ab-9983-4e40-a	
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation 10 / 16 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: LA	
Calendar Year-To-Date Per Election for Office Sought		554635.78	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Carl Brent			Date of Public Distribution/Dissemination 10 / 16 / 2014	
Mailing Address 6718 Lake Willow Dr			Amount 11.70	
City New Orleans	State LA	Zip Code 70126	Transaction ID : 69608ac4-119a-487b-9	
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement or Obligation 10 / 16 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: LA	
Calendar Year-To-Date Per Election for Office Sought		554635.78	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			91.70	
(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.				
Signature Ms. Emily Buchanan		[Electronically Filed]		Date 05 / 18 / 2015

Full Name of Payee Amelia Brackett		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 16 / 2014	
Mailing Address 804 Roundabout Circle		Amount 105.00	
City	State	Zip Code	Transaction ID : 0d1584b9-240f-422f-9 Date of Disbursement or Obligation MM / DD / YYYY 10 / 16 / 2014
Searcy	AR	72143	
Purpose of Expenditure Salary		Category/ Type	001
Name of Federal Candidate Mr. Mark L Pryor		☐ Support ☒ Oppose	Office Sought: ☐ House ☒ Senate ☐ President ☒ Senate District: 00 State: AR
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	

Full Name of Payee Michael Vidrine		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 16 / 2014	
Mailing Address 1103 West Wilson Street		Amount 65.00	
City Ville Platte	State LA	Zip Code 70586	Transaction ID : e8598aad-6adb-460a-8 Date of Disbursement or Obligation MM / DD / YYYY 10 / 16 / 2014
Purpose of Expenditure Salary		Category/ Type 001	
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: LA
Calendar Year-To-Date Per Election for Office Sought 554635.78		Disbursement For: ☐ Primary ☒ General ☐ 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.

Date _____

Signature

MM / DD / YYYY

05 / 18 / 2015

Full Name of Payee John P Hilkert		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 16 / 2014	
Mailing Address 7 Bards Lane		Amount 60.00	
City Fletcher	State NC	Zip Code 28732	Transaction ID : 4a049901-4389-4da4-a Date of Disbursement or Obligation MM / DD / YYYY 10 / 16 / 2014
Purpose of Expenditure Salary	Category/ Type 001		
Name of Federal Candidate Ms. Kay Hagan	☐ Support ☒ Oppose	Office Sought: ☐ President ☒ Senate	District: 00 State: NC
Calendar Year-To-Date Per Election for Office Sought	1095959.94	Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	79.80
(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.

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 230 OF 3250
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC		FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on		M M M / D D D / Y Y Y Y Y Y	
Full Name of Payee John P Hilkert		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 10 / 16 / 2014	
Mailing Address 7 Bards Lane		Amount 13.80	
City Fletcher	State NC	Zip Code 28732	Transaction ID : 0ac1a1c1-cdc6-4d66-a
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 10 / 16 / 2014
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: NC
Calendar Year-To-Date Per Election for Office Sought 1095959.94		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Tabitha J Barnett		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 10 / 16 / 2014	
Mailing Address 1001 N Prospect		Amount 30.00	
City Liberal	State KS	Zip Code 67901	Transaction ID : 4e90ed46-bd35-4d95-8
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 10 / 16 / 2014
Name of Federal Candidate Mr. Greg Orman		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: KS
Calendar Year-To-Date Per Election for Office Sought 261541.03		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶		43.80	
(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.			
Signature Ms. Emily Buchanan		Date M M M / D D D / Y Y Y Y Y Y 05 / 18 / 2015	
		[Electronically Filed]	

Full Name of Payee Rachel H Young		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 16 / 2014	
Mailing Address Box #11543 915 E Market Ave		Amount 45.00	
City Searcy	State AR	Zip Code 72149	Transaction ID : baf8217d-f4b0-49bf-b Date of Disbursement or Obligation MM / DD / YYYY 10 / 16 / 2014
Purpose of Expenditure Salary	Category/ Type 001		
Name of Federal Candidate Mr. Mark L Pryor	☐ Support ☒ Oppose	Office Sought: ☐ President ☒ Senate	District: 00 State: AR
Calendar Year-To-Date Per Election for Office Sought	292370.62	Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	
(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.

Signature

Full Name of Payee Rachel H Young		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 16 / 2014	
Mailing Address Box #11543 915 E Market Ave		Amount 17.73	
City	State	Zip Code	Transaction ID : badc2613-23ce-4b78-b Date of Disbursement or Obligation MM / DD / YYYY 10 / 16 / 2014
Searcy	AR	72149	
Purpose of Expenditure Mileage		Category/ Type	002
Name of Federal Candidate Mr. Mark L Pryor		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: AR
Calendar Year-To-Date Per Election for Office Sought		292370.62	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶

Full Name of Payee Jessica R Resendiz		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 16 / 2014	
Mailing Address 9685 Paula St		Amount 75.00	
City Keithville	State LA	Zip Code 71047	Transaction ID : 93a60bfb-fd67-4ba5-9
Purpose of Expenditure Salary	Category/ Type	001	Date of Disbursement or Obligation MM / DD / YYYY 10 / 16 / 2014
Name of Federal Candidate Ms. Mary L Landrieu	☐ Support ☒ Oppose	Office Sought: ☐ President ☒ Senate	District: 00 State: LA
Calendar Year-To-Date Per Election for Office Sought	554635.78		Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	92.73
(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.

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 233 OF 3250
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC		FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on		M M M / D D D / Y Y Y Y Y Y	
Full Name of Payee Jessica R Resendiz		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 10 / 16 / 2014	
Mailing Address 9685 Paula St		Amount 24.00	
City Keithville	State LA	Zip Code 71047	Transaction ID : 79da0f67-ef4f-43b0-a
Purpose of Expenditure Mileage	Category/ Type 002	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 10 / 16 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	
Office Sought: ☐ President ☒ Senate		District: 00 State: LA	
Calendar Year-To-Date Per Election for Office Sought 554635.78		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Lee R Carter		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 10 / 16 / 2014	
Mailing Address 3110 Brentwood Rd		Amount 60.00	
City Raleigh	State NC	Zip Code 27604	Transaction ID : 42be6afa-74cb-4048-b
Purpose of Expenditure Salary	Category/ Type 001	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 10 / 16 / 2014	
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	
Office Sought: ☐ President ☒ Senate		District: 00 State: NC	
Calendar Year-To-Date Per Election for Office Sought 1095959.94		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶		84.00	
(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.			
Signature Ms. Emily Buchanan		Date M M M / D D D / Y Y Y Y Y Y 05 / 18 / 2015	
[Electronically Filed]			

Full Name of Payee Brandon Wheeler		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 16 / 2014	
Mailing Address 10112 Piney Creek Ct		Amount 35.00	
City Charolette	State NC	Zip Code 28215	Transaction ID : 37a192fd-706d-4674-b
Purpose of Expenditure Salary	Category/ Type	001	Date of Disbursement or Obligation MM / DD / YYYY 10 / 16 / 2014
Name of Federal Candidate Mr. Mark L Pryor	☐ Support ☒ Oppose	Office Sought: ☐ President ☒ Senate	District: 00 State: AR
Calendar Year-To-Date Per Election for Office Sought	292370.62	Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	49.70
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

05 / 18 / 2015

FEC Schedule E (Form 3X) Rev. 09/2013

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 235 OF 3250
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M M / D D D / Y Y Y Y Y Y Y Y					
Full Name of Payee Brandon Wheeler			Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y Y Y 10 / 16 / 2014		
Mailing Address 10112 Piney Creek Ct			Amount 10.80		
City Charolette	State NC	Zip Code 28215	Transaction ID : 21cd7e7c-20c5-4f0d-9 Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y Y Y 10 / 16 / 2014		
Purpose of Expenditure Mileage		Category/ Type 002			
Name of Federal Candidate Mr. Mark L Pryor			Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: AR ☐ Oppose		
Calendar Year-To-Date Per Election for Office Sought			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
Full Name of Payee Ronald W Ryckman			Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y Y Y 10 / 16 / 2014		
Mailing Address 503 N Cedar St			Amount 45.00		
City Meade	State KS	Zip Code 67864	Transaction ID : 7134e06e-4f99-41a4-a Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y Y Y 10 / 16 / 2014		
Purpose of Expenditure Salary		Category/ Type 001			
Name of Federal Candidate Mr. Greg Orman			Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: KS ☒ Oppose		
Calendar Year-To-Date Per Election for Office Sought			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			55.80		
(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.					
Signature Ms. Emily Buchanan			Date M M M / D D D / Y Y Y Y Y Y Y Y 05 / 18 / 2015		
[Electronically Filed]					

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 236 OF 3250
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC		FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M / D D / Y Y Y Y Y Y			
Full Name of Payee Ronald W Ryckman		Date of Public Distribution/Dissemination 10 / 16 / 2014	
Mailing Address 503 N Cedar St		Amount 16.20	
City Meade	State KS	Zip Code 67864	Transaction ID : 142cf85f-e068-4b5a-b
Purpose of Expenditure Mileage	Category/ Type	002	Date of Disbursement or Obligation 10 / 16 / 2014
Name of Federal Candidate Mr. Greg Orman		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: KS
Calendar Year-To-Date Per Election for Office Sought		261541.03	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶
Full Name of Payee Eva M Johnston		Date of Public Distribution/Dissemination 10 / 16 / 2014	
Mailing Address 2517 N 47th St		Amount 15.00	
City Milwaukee	State WI	Zip Code 53210	Transaction ID : fd9cb576-0149-45b2-9
Purpose of Expenditure Salary	Category/ Type	001	Date of Disbursement or Obligation 10 / 16 / 2014
Name of Federal Candidate Mr. Greg Orman		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: KS
Calendar Year-To-Date Per Election for Office Sought		261541.03	Disbursement For: ☐ Primary ☒ 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.			
Signature Ms. Emily Buchanan		Date 05 / 18 / 2015	
		[Electronically Filed]	

Full Name of Payee Taylor N Randall		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 16 / 2014	
Mailing Address 2002 E Park Ave Apt 40		Amount 37.50	
City	State	Zip Code	Transaction ID : 519dbaa0-a561-4ac2-b Date of Disbursement or Obligation MM / DD / YYYY 10 / 16 / 2014
Searcy	AR	72143	
Purpose of Expenditure Salary		Category/ Type	001
Name of Federal Candidate Mr. Mark L Pryor		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: AR
Calendar Year-To-Date Per Election for Office Sought		292370.62	Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....	75.00
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures.....	

05 / 18 / 2015

FEC Schedule E (Form 3X) Rev. 09/2013

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 238 OF 3250
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC		FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on		M M M / D D D / Y Y Y Y Y Y	
Full Name of Payee Taylor N Randall		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 10 / 16 / 2014	
Mailing Address 2002 E Park Ave Apt 40		Amount 24.75	
City Searcy	State AR	Zip Code 72143	Transaction ID : a03f25be-c56d-40af-a
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 10 / 16 / 2014
Name of Federal Candidate Mr. Mark L Pryor		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>AR</u>
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Pound, Feinstein & Associates		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 10 / 20 / 2014	
Mailing Address 5614 Connecticut Ave, NW Ste 270		Amount 41131.23	
City Washington	State DC	Zip Code 20015	Transaction ID : 06e33463-b125-4d1b-9
Purpose of Expenditure Radio		Category/ Type 004	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 10 / 20 / 2014
Name of Federal Candidate Ann Kuster		☐ Support ☒ Oppose	Office Sought: ☒ House District: <u>02</u> ☐ President ☐ Senate State: <u>NH</u>
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶		41155.98	
(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]	
Signature		Date M M M / D D D / Y Y Y Y Y Y 05 / 18 / 2015	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 239 OF 3250
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC		FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on		M M M / D D D / Y Y Y Y Y Y	
Full Name of Payee Colton R Overcash		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 10 / 16 / 2014	
Mailing Address 121 Ohara Dr		Amount 90.00	
City Salisbury	State NC	Zip Code 28147	Transaction ID : 6449a010-f0e9-4aa2-9
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 10 / 16 / 2014
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: NC
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Colton R Overcash		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 10 / 16 / 2014	
Mailing Address 121 Ohara Dr		Amount 94.20	
City Salisbury	State NC	Zip Code 28147	Transaction ID : 3fe238ad-5536-4cfe-b
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 10 / 16 / 2014
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: NC
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶		184.20	
(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.			
Signature Ms. Emily Buchanan		Date M M M / D D D / Y Y Y Y Y Y 05 / 18 / 2015	
		[Electronically Filed]	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

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 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M M / D D D / Y Y Y Y Y Y					
Full Name of Payee Chance B Ross			Date of Public Distribution/Dissemination 10 / 16 / 2014		
Mailing Address 920 W Gracewood Apt 106			Amount 40.00		
City Fayetteville	State AR	Zip Code 72701	Transaction ID : 634cc3b6-7098-4cf5-b Date of Disbursement or Obligation 10 / 16 / 2014		
Purpose of Expenditure Salary		Category/Type 001			
Name of Federal Candidate Mr. Mark L Pryor			Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>AR</u> ☐ Support ☒ Oppose		
Calendar Year-To-Date Per Election for Office Sought 292370.62			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶ _____		
Full Name of Payee Chance B Ross			Date of Public Distribution/Dissemination 10 / 16 / 2014		
Mailing Address 920 W Gracewood Apt 106			Amount 15.60		
City Fayetteville	State AR	Zip Code 72701	Transaction ID : 80872851-f600-4db1-a Date of Disbursement or Obligation 10 / 16 / 2014		
Purpose of Expenditure Mileage		Category/Type 002			
Name of Federal Candidate Mr. Mark L Pryor			Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>AR</u> ☐ Support ☒ Oppose		
Calendar Year-To-Date Per Election for Office Sought 292370.62			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶ _____		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			55.60		
(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.					
Signature _____ Ms. Emily Buchanan			Date 05 / 18 / 2015 [Electronically Filed]		

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 241 OF 3250
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M / D D / Y Y Y Y Y Y					
Full Name of Payee Pound, Feinstein & Associates			Date of Public Distribution/Dissemination 10 / 16 / 2014		
Mailing Address 5614 Connecticut Ave, NW Ste 270			Amount 10665.46		
City Washington		State DC	Zip Code 20015		Transaction ID : feee4a9e-7f05-4414-a
Purpose of Expenditure Doorhangers		Category/Type 004		Date of Disbursement or Obligation 10 / 16 / 2014	
Name of Federal Candidate Mr. Greg Orman			☐ Support ☒ Oppose		Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>KS</u>
Calendar Year-To-Date Per Election for Office Sought			261541.03		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶
Full Name of Payee Eric J Smith			Date of Public Distribution/Dissemination 10 / 17 / 2014		
Mailing Address 4967 Dysartville			Amount 80.00		
City Morganton		State NC	Zip Code 28655		Transaction ID : 63ca5d03-cc35-4f4a-8
Purpose of Expenditure Salary		Category/Type 001		Date of Disbursement or Obligation 10 / 17 / 2014	
Name of Federal Candidate Ms. Kay Hagan			☐ Support ☒ Oppose		Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>NC</u>
Calendar Year-To-Date Per Election for Office Sought			1095959.94		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶					10745.46
(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.					
Signature <i>Ms. Emily Buchanan</i>			Date 05 / 18 / 2015		[Electronically Filed]

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

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 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC		FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on		MM / DD / YYYY MM / DD / YYYY MM / DD / YYYY 10 / 17 / 2014 10 / 17 / 2014 10 / 17 / 2014	

Full Name of Payee Jennifer E Smith		Date of Public Distribution/Dissemination 10 / 17 / 2014	
Mailing Address 4967 Dysartsville Rd		Amount 80.00	
City Morganton	State NC	Zip Code 28655	Transaction ID : 6f01bc01-c145-49b3-9
Purpose of Expenditure Salary	Category/ Type 001	Date of Disbursement or Obligation 10 / 17 / 2014	
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: NC	
Calendar Year-To-Date Per Election for Office Sought 1095959.94		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	

Full Name of Payee Jennifer E Smith		Date of Public Distribution/Dissemination 10 / 17 / 2014	
Mailing Address 4967 Dysartsville Rd		Amount 10.80	
City Morganton	State NC	Zip Code 28655	Transaction ID : 858e6ca3-cb6c-4019-9
Purpose of Expenditure Mileage	Category/ Type 002	Date of Disbursement or Obligation 10 / 17 / 2014	
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: NC	
Calendar Year-To-Date Per Election for Office Sought 1095959.94		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	90.80
(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

05 / 18 / 2015

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

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 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC		FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on		MM / DD / YYYY / / MM / DD / YYYY / /	

Full Name of Payee Daniel E Collison		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 16 / 2014	
Mailing Address 3315 Cardinal Ridge Rd		Amount 35.00	
City Greensboro	State NC	Zip Code 27410	Transaction ID : a2e2cde0-d094-41d3-a
Purpose of Expenditure Salary	Category/Type 001	Date of Disbursement or Obligation MM / DD / YYYY 10 / 16 / 2014	
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: NC
Calendar Year-To-Date Per Election for Office Sought 1095959.94		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	

Full Name of Payee Daniel E Collison		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 16 / 2014	
Mailing Address 3315 Cardinal Ridge Rd		Amount 3.90	
City Greensboro	State NC	Zip Code 27410	Transaction ID : d624775f-02e1-476b-8
Purpose of Expenditure Mileage	Category/Type 002	Date of Disbursement or Obligation MM / DD / YYYY 10 / 16 / 2014	
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: NC
Calendar Year-To-Date Per Election for Office Sought 1095959.94		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	38.90
(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

 MM / DD / YYYY
 05 / 18 / 2015

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 244 OF 3250
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M / D D / Y Y Y Y Y Y				
Full Name of Payee James Kindstedt			Date of Public Distribution/Dissemination 10 / 17 / 2014	
Mailing Address 5510 Dogwood Dr			Amount 27.50	
City Winston Salem	State NC	Zip Code 27105	Transaction ID : d22632e4-2917-45b0-a	
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation 10 / 17 / 2014	
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: NC	
Calendar Year-To-Date Per Election for Office Sought		1095959.94	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee James Kindstedt			Date of Public Distribution/Dissemination 10 / 17 / 2014	
Mailing Address 5510 Dogwood Dr			Amount 6.15	
City Winston Salem	State NC	Zip Code 27105	Transaction ID : 4d5f676f-527c-4074-8	
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement or Obligation 10 / 17 / 2014	
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: NC	
Calendar Year-To-Date Per Election for Office Sought		1095959.94	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			33.65	
(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 05 / 18 / 2015	
Signature				

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 245 OF 3250
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC		FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on		M M M / D D D / Y Y Y Y Y Y	
Full Name of Payee Laura U Logie		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 10 / 17 / 2014	
Mailing Address 2565 Shire Circle		Amount 40.00	
City Harrisonburg	State VA	Zip Code 22801	Transaction ID : 49378f36-07b6-48bf-8
Purpose of Expenditure Salary		Category/Type 001	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 10 / 17 / 2014
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: LA
Calendar Year-To-Date Per Election for Office Sought 554635.78		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Jeffrey Hampton		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 10 / 16 / 2014	
Mailing Address 1700 E Part Ave		Amount 41.00	
City Searcy	State AR	Zip Code 72149	Transaction ID : 158f2c4a-d189-4191-9
Purpose of Expenditure Salary		Category/Type 001	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 10 / 16 / 2014
Name of Federal Candidate Mr. Mark L Pryor		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: AR
Calendar Year-To-Date Per Election for Office Sought 292370.62		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶		81.00	
(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.			
Signature Ms. Emily Buchanan		Date M M M / D D D / Y Y Y Y Y Y 05 / 18 / 2015	
		[Electronically Filed]	

Full Name of Payee Joanna Kindstedt		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 17 / 2014	
Mailing Address 2134 Tobaccoville Rd		Amount 27.50	
City Rural Hall	State NC	Zip Code 27045	Transaction ID : 9b261704-5f2a-45bf-8
Purpose of Expenditure Salary	Category/ Type	001	Date of Disbursement or Obligation MM / DD / YYYY 10 / 17 / 2014
Name of Federal Candidate Ms. Kay Hagan	☐ Support ☒ Oppose	Office Sought: ☐ President ☒ Senate	District: 00 State: NC
Calendar Year-To-Date Per Election for Office Sought	1095959.94		Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	51.83
(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.

Signature

Full Name of Payee Kaitlyn B Allen		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 16 / 2014	
Mailing Address 2121 Daniel Dr		Amount 51.96	
City Searcy	State AR	Zip Code 72143	Transaction ID : 539602aa-d02b-48d2-b Date of Disbursement or Obligation MM / DD / YYYY 10 / 16 / 2014
Purpose of Expenditure Mileage	Category/ Type 002		
Name of Federal Candidate Mr. Mark L Pryor	☐ Support ☒ Oppose	Office Sought: ☐ President ☒ Senate	District: 00 State: AR
Calendar Year-To-Date Per Election for Office Sought	292370.62	Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶		156.96
(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.

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 248 OF 3250
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC		FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M M / D D D / Y Y Y Y Y Y			
Full Name of Payee Joshua J Huffman		Date of Public Distribution/Dissemination 10 / 16 / 2014	
Mailing Address 211 Dixie Ave		Amount 30.00	
City Harrisonburg	State VA	Zip Code 22801	Transaction ID : b00fb234-f213-41dc-b Date of Disbursement or Obligation 10 / 16 / 2014
Purpose of Expenditure Salary		Category/ Type 001	
Name of Federal Candidate Mr. Greg Orman		Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>KS</u>	
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶ _____	
Full Name of Payee Jacob W Joosten		Date of Public Distribution/Dissemination 10 / 16 / 2014	
Mailing Address 1906 S Pine Apt B		Amount 35.00	
City Pittsburg	State KS	Zip Code 66762	Transaction ID : ac3b610b-d0f0-4762-a Date of Disbursement or Obligation 10 / 16 / 2014
Purpose of Expenditure Salary		Category/ Type 001	
Name of Federal Candidate Mr. Greg Orman		Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>KS</u>	
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶ _____	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶		65.00	
(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.			
Signature <i>Ms. Emily Buchanan</i>		Date 05 / 18 / 2015	
[Electronically Filed]			

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 249 OF 3250
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC		FEC IDENTIFICATION NUMBER ▼ C C00530766
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on		MM / DD / YYYY

Full Name of Payee Jacob W Joosten		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 16 / 2014
Mailing Address 1906 S Pine Apt B		Amount 0.60
City Pittsburg	State KS	Zip Code 66762
Purpose of Expenditure Mileage	Category/Type 002	Transaction ID : 12b1aff-96a1-451a-a Date of Disbursement or Obligation MM / DD / YYYY 10 / 16 / 2014
Name of Federal Candidate Mr. Greg Orman		Office Sought: ☐ House District: 00 ☒ Senate State: KS
Calendar Year-To-Date Per Election for Office Sought 261541.03		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶

Full Name of Payee Regina R Mouton		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 17 / 2014
Mailing Address 5827 Brighton Pl		Amount 15.00
City New Orleans	State LA	Zip Code 70131
Purpose of Expenditure Salary	Category/Type 001	Transaction ID : 43030e01-b604-4229-8 Date of Disbursement or Obligation MM / DD / YYYY 10 / 17 / 2014
Name of Federal Candidate Ms. Mary L Landrieu		Office Sought: ☐ House District: 00 ☒ Senate State: LA
Calendar Year-To-Date Per Election for Office Sought 554635.78		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	15.60
(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]

Signature

Date

MM / DD / YYYY
05 / 18 / 2015

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

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 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M M / D D D / Y Y Y Y Y Y					
Full Name of Payee Regina R Mouton			Date of Public Distribution/Dissemination 10 / 17 / 2014		
Mailing Address 5827 Brighton Pl			Amount 1.20		
City New Orleans	State LA	Zip Code 70131	Transaction ID : 6b58f67c-ce11-4b8e-9 Date of Disbursement or Obligation 10 / 17 / 2014		
Purpose of Expenditure Mileage		Category/Type 002			
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>LA</u>		
Calendar Year-To-Date Per Election for Office Sought 554635.78			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶ _____		
Full Name of Payee Eric Wilson			Date of Public Distribution/Dissemination 10 / 17 / 2014		
Mailing Address 907 Randall Drive			Amount 15.00		
City Searcy	State AR	Zip Code 72149	Transaction ID : dac4ac57-ad3c-46d3-9 Date of Disbursement or Obligation 10 / 17 / 2014		
Purpose of Expenditure Salary		Category/Type 001			
Name of Federal Candidate Mr. Mark L Pryor		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>AR</u>		
Calendar Year-To-Date Per Election for Office Sought 292370.62			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶ _____		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			16.20		
(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.					
Signature <i>Ms. Emily Buchanan</i>		[Electronically Filed]		Date 05 / 18 / 2015	

Full Name of Payee Dylan J Sparks		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 17 / 2014	
Mailing Address 915 East Market Ave		Amount Amount 30.00	
City	State	Zip Code	Transaction ID : d150d3c4-e556-4897-8 Date of Disbursement or Obligation MM / DD / YYYY 10 / 17 / 2014
Searcy	AR	72149	
Purpose of Expenditure Salary		Category/ Type	001
Name of Federal Candidate Mr. Mark L Pryor		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: AR
Calendar Year-To-Date Per Election for Office Sought		Amount 292370.62	
		Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	37.50
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

FEC Schedule E (Form 3X) Rev. 09/2013

Full Name of Payee Timothy D Heitman		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 17 / 2014	
Mailing Address 2520 Helmstetler Rd		Amount 40.00	
City Lexington	State NC	Zip Code 27295	Transaction ID : 27ec3449-cd29-4214-a Date of Disbursement or Obligation MM / DD / YYYY 10 / 17 / 2014
Purpose of Expenditure Salary	Category/ Type 001		
Name of Federal Candidate Ms. Kay Hagan	☐ Support ☒ Oppose	Office Sought: ☐ President ☒ Senate ☐ Other (specify) ▶	District: 00 State: NC ☐ Primary ☒ General
Calendar Year-To-Date Per Election for Office Sought	1095959.94		

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	60.70
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

05 / 18 / 2015

FEC Schedule E (Form 3X) Rev. 09/2013

Full Name of Payee Jerome M Weil		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 17 / 2014	
Mailing Address 101 Durham Drive		Amount 25.00	
City Lafayette	State LA	Zip Code 70508	Transaction ID : 52d74b00-3767-4d24-8 Date of Disbursement or Obligation MM / DD / YYYY 10 / 17 / 2014
Purpose of Expenditure Salary		Category/ Type 001	
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>LA</u>
Calendar Year-To-Date Per Election for Office Sought		554635.78	Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ► _____

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	25.60
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

05 / 18 / 2015

FEC Schedule E (Form 3X) Rev. 09/2013

Full Name of Payee Joseph R Rys		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 17 / 2014	
Mailing Address 160 #50 Pompano Dr		Amount 57.50	
City New Bern	State NC	Zip Code 28560	Transaction ID : 05c84348-43d0-4528-9 Date of Disbursement or Obligation MM / DD / YYYY 10 / 17 / 2014
Purpose of Expenditure Salary	Category/ Type 001		
Name of Federal Candidate Ms. Kay Hagan	☐ Support ☒ Oppose	Office Sought: ☐ President ☒ Senate	House District: 00 State: NC
Calendar Year-To-Date Per Election for Office Sought	1095959.94	Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	63.50
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

05 / 18 / 2015

FEC Schedule E (Form 3X) Rev. 09/2013

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

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 FOR LINE 24 OF FORM 3X

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

Full Name of Payee Joseph R Rys			Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 17 / 2014		
Mailing Address 160 #50 Pompano Dr			Amount 12.66		
City New Bern	State NC	Zip Code 28560	Transaction ID : 5bf3ef72-4f53-4bed-9		
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement or Obligation MM / DD / YYYY 10 / 17 / 2014		
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: NC		
Calendar Year-To-Date Per Election for Office Sought		1095959.94	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		

Full Name of Payee Rebecca A Robertson Originally reported as 10/17/14, corrected with filing			Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 16 / 2014		
Mailing Address 403 S Prescott St			Amount 25.00		
City Wichita	State KS	Zip Code 67209	Transaction ID : 7710ff96-139e-41dd-9		
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation MM / DD / YYYY 10 / 16 / 2014		
Name of Federal Candidate Mr. Greg Orman		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: KS		
Calendar Year-To-Date Per Election for Office Sought		261541.03	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	37.66
(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.

Ms. Emily Buchanan

[Electronically Filed]

Date

MM / DD / YYYY
05 / 18 / 2015

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 256 OF 3250
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC		FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on		MM / DD / YYYY MM / DD / YYYY MM / DD / YYYY	

Full Name of Payee Rebecca A Robertson Originally reported as 10/17/14, corrected with filing		Date of Public Distribution/Dissemination 10 / 16 / 2014	
Mailing Address 403 S Prescott St		Amount 2.70	
City Wichita	State KS	Zip Code 67209	Transaction ID : 654afe41-5497-4066-a
Purpose of Expenditure Mileage	Category/Type 002	Date of Disbursement or Obligation 10 / 16 / 2014	
Name of Federal Candidate Mr. Greg Orman		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: KS
Calendar Year-To-Date Per Election for Office Sought 261541.03		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	

Full Name of Payee Charleen Ecuyer		Date of Public Distribution/Dissemination 10 / 17 / 2014	
Mailing Address 3738 Woodland Ridge Blvd		Amount 12.50	
City Baton Rouge	State LA	Zip Code 70816	Transaction ID : 44f3d65f-93ae-4528-b
Purpose of Expenditure Salary	Category/Type 001	Date of Disbursement or Obligation 10 / 17 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: LA
Calendar Year-To-Date Per Election for Office Sought 554635.78		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	15.20
(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

05 / 18 / 2015

Signature

Full Name of Payee Vanessa E Ecuyer		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 17 / 2014	
Mailing Address 3738 Woodland Ridge Blvd		Amount 12.50	
City Baton Rouge	State LA	Zip Code 70816	Transaction ID : 398711a7-8f58-46d4-9
Purpose of Expenditure Salary	Category/ Type	001	Date of Disbursement or Obligation MM / DD / YYYY 10 / 17 / 2014
Name of Federal Candidate Ms. Mary L Landrieu	☐ Support ☒ Oppose	Office Sought: ☐ President ☒ Senate	District: 00 State: LA
Calendar Year-To-Date Per Election for Office Sought	554635.78	Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....		
(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.

Date _____

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 258 OF 3250
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC		FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on		M M M / D D D / Y Y Y Y Y Y	
Full Name of Payee Chelsey Waite		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 10 / 17 / 2014	
Mailing Address 3738 Woodland Ridge Blvd		Amount 12.50	
City Baton Rouge	State LA	Zip Code 70816	Transaction ID : 08a5f880-3062-4d6e-8
Purpose of Expenditure Salary		Category/Type 001	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 10 / 17 / 2014
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: LA
Calendar Year-To-Date Per Election for Office Sought 554635.78		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Joshua J Huffman		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 10 / 17 / 2014	
Mailing Address 211 Dixie Ave		Amount 20.00	
City Harrisonburg	State VA	Zip Code 22801	Transaction ID : e62f2d2c-f149-4eec-b
Purpose of Expenditure Salary		Category/Type 001	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 10 / 17 / 2014
Name of Federal Candidate Mr. Greg Orman		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: KS
Calendar Year-To-Date Per Election for Office Sought 261541.03		Disbursement For: ☐ Primary ☒ 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.			
Signature Ms. Emily Buchanan		[Electronically Filed] Date M M M / D D D / Y Y Y Y Y Y 05 / 18 / 2015	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 259 OF 3250
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC		FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on		M M M / D D D / Y Y Y Y Y Y	
Full Name of Payee Natalie M Foutch		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 10 / 17 / 2014	
Mailing Address 1057 Waldron Road		Amount 19.00	
City LaVergne	State TN	Zip Code 37086	Transaction ID : 3ee18443-8e79-4d5d-b
Purpose of Expenditure Salary	Category/Type 001	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 10 / 17 / 2014	
Name of Federal Candidate Mr. Mark L Pryor		☐ Support ☒ Oppose	
Office Sought: ☐ President ☒ Senate		District: 00 State: AR	
Calendar Year-To-Date Per Election for Office Sought 292370.62		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Leslie D Moore		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 10 / 17 / 2014	
Mailing Address 1903 Swan Dr		Amount 85.00	
City Lenoir	State NC	Zip Code 28645	Transaction ID : 15c76c01-e421-480f-8
Purpose of Expenditure Salary	Category/Type 001	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 10 / 17 / 2014	
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	
Office Sought: ☐ President ☒ Senate		District: 00 State: NC	
Calendar Year-To-Date Per Election for Office Sought 1095959.94		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶		104.00	
(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.			
Signature Ms. Emily Buchanan		Date M M M / D D D / Y Y Y Y Y Y 05 / 18 / 2015	
		[Electronically Filed]	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 260 OF 3250
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M M / D D D / Y Y Y Y Y Y					
Full Name of Payee Leslie D Moore			Date of Public Distribution/Dissemination 10 / 17 / 2014		
Mailing Address 1903 Swan Dr			Amount 3.60		
City Lenoir		State NC	Zip Code 28645		Transaction ID : a0517b9a-f660-4856-b
Purpose of Expenditure Mileage		Category/ Type 002		Date of Disbursement or Obligation 10 / 17 / 2014	
Name of Federal Candidate Ms. Kay Hagan			Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>NC</u>		
Calendar Year-To-Date Per Election for Office Sought 1095959.94			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶ _____		
Full Name of Payee Lisa Booth			Date of Public Distribution/Dissemination 10 / 17 / 2014		
Mailing Address 1434 South Avenue			Amount 100.00		
City Eden		State NC	Zip Code 27288		Transaction ID : 33c89158-3992-43cc-a
Purpose of Expenditure Salary		Category/ Type 001		Date of Disbursement or Obligation 10 / 17 / 2014	
Name of Federal Candidate Ms. Kay Hagan			Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>NC</u>		
Calendar Year-To-Date Per Election for Office Sought 1095959.94			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶ _____		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶					103.60
(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.					
Signature <i>Ms. Emily Buchanan</i>			Date 05 / 18 / 2015		
			[Electronically Filed]		

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 261 OF 3250
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M / D D / Y Y Y Y Y Y M M / D D / Y Y Y Y Y Y M M / D D / Y Y Y Y Y Y					
Full Name of Payee Lisa Booth			Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y M M / D D / Y Y Y Y Y Y M M / D D / Y Y Y Y Y Y		
Mailing Address 1434 South Avenue			Amount 20.40		
City Eden		State NC	Zip Code 27288		Transaction ID : 57ae5e4c-a48d-4c02-b
Purpose of Expenditure Mileage		Category/Type 002		Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y M M / D D / Y Y Y Y Y Y M M / D D / Y Y Y Y Y Y	
Name of Federal Candidate Ms. Kay Hagan			Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>NC</u> ☐ Support ☒ Oppose		
Calendar Year-To-Date Per Election for Office Sought 1095959.94			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶ _____		
Full Name of Payee Donna S Wilson			Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y M M / D D / Y Y Y Y Y Y M M / D D / Y Y Y Y Y Y		
Mailing Address 4456 Country Hill Dr			Amount 20.00		
City Baton Rouge		State LA	Zip Code 70816		Transaction ID : 1a3726a3-e926-4528-b
Purpose of Expenditure Salary		Category/Type 001		Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y M M / D D / Y Y Y Y Y Y M M / D D / Y Y Y Y Y Y	
Name of Federal Candidate Ms. Mary L Landrieu			Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>LA</u> ☐ Support ☒ Oppose		
Calendar Year-To-Date Per Election for Office Sought 554635.78			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶ _____		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			40.40		
(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.					
Signature <u>Ms. Emily Buchanan</u> [Electronically Filed]			Date M M / D D / Y Y Y Y Y Y M M / D D / Y Y Y Y Y Y M M / D D / Y Y Y Y Y Y		

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 262 OF 3250
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC		FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on		M M M / D D D / Y Y Y Y Y Y	
Full Name of Payee Donna S Wilson		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 10 / 17 / 2014	
Mailing Address 4456 Country Hill Dr		Amount 7.80	
City Baton Rouge	State LA	Zip Code 70816	Transaction ID : c60ee610-3622-41c9-8
Purpose of Expenditure Mileage	Category/Type 002	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 10 / 17 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	
Office Sought: ☐ House ☒ Senate		District: 00 State: LA	
Calendar Year-To-Date Per Election for Office Sought 554635.78		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Edmond D Rea		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 10 / 17 / 2014	
Mailing Address 416 Vine Dr		Amount 45.00	
City Lawrence	State KS	Zip Code 66049	Transaction ID : 28d364fb-0a78-4297-9
Purpose of Expenditure Salary	Category/Type 001	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 10 / 17 / 2014	
Name of Federal Candidate Mr. Greg Orman		☐ Support ☒ Oppose	
Office Sought: ☐ House ☒ Senate		District: 00 State: KS	
Calendar Year-To-Date Per Election for Office Sought 261541.03		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶		52.80	
(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.			
Signature Ms. Emily Buchanan		Date M M M / D D D / Y Y Y Y Y Y 05 / 18 / 2015	
[Electronically Filed]			

Full Name of Payee Edmond D Rea		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 17 / 2014	
Mailing Address 416 Vine Dr		Amount 7.59	
City Lawrence	State KS	Zip Code 66049	Transaction ID : c09b534e-57bc-4ead-8
Purpose of Expenditure Mileage	Category/ Type	002	Date of Disbursement or Obligation MM / DD / YYYY 10 / 17 / 2014
Name of Federal Candidate Mr. Greg Orman	☐ Support ☒ Oppose	Office Sought: ☐ House ☒ Senate	District: 00 State: KS
Calendar Year-To-Date Per Election for Office Sought	261541.03	Disbursement For: ☐ Primary ☒ General	2014 ☐ Other (specify) ▶

Full Name of Payee Eva M Johnston		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 17 / 2014	
Mailing Address 2517 N 47th St		Amount 45.00	
City Milwaukee	State WI	Zip Code 53210	Transaction ID : b65ae120-08e6-497e-a Date of Disbursement or Obligation MM / DD / YYYY 10 / 17 / 2014
Purpose of Expenditure Salary		Category/ Type 001	
Name of Federal Candidate Mr. Greg Orman		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: KS
Calendar Year-To-Date Per Election for Office Sought		261541.03	Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	52.59
(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.

Date _____

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 264 OF 3250
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC		FEC IDENTIFICATION NUMBER ▼ C C00530766
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on		MM / DD / YYYY

Full Name of Payee Laura U Logie		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 17 / 2014
Mailing Address 2565 Shire Circle		Amount 40.00
City Harrisonburg	State VA	Zip Code 22801
Purpose of Expenditure Salary	Category/Type 001	Transaction ID : b35efedb-32ad-4ee9-8 Date of Disbursement or Obligation MM / DD / YYYY 10 / 17 / 2014
Name of Federal Candidate Mr. Greg Orman		Office Sought: ☐ House District: 00 ☒ Senate State: KS
Calendar Year-To-Date Per Election for Office Sought 261541.03		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶

Full Name of Payee Linda J Fueling		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 17 / 2014
Mailing Address 6424 Purple Martin Ct		Amount 37.00
City Wilmington	State NC	Zip Code 28411
Purpose of Expenditure Salary	Category/Type 001	Transaction ID : 6ac428d2-e7ce-476c-8 Date of Disbursement or Obligation MM / DD / YYYY 10 / 17 / 2014
Name of Federal Candidate Ms. Kay Hagan		Office Sought: ☐ House District: 00 ☒ Senate State: NC
Calendar Year-To-Date Per Election for Office Sought 1095959.94		Disbursement For: ☐ Primary ☒ 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]

Signature

Date

MM / DD / YYYY
05 / 18 / 2015

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

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 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M / D D / Y Y Y Y					
Full Name of Payee Linda J Fueling			Date of Public Distribution/Dissemination 10 / 17 / 2014		
Mailing Address 6424 Purple Martin Ct			Amount 13.62		
City Wilmington		State NC	Zip Code 28411		Transaction ID : 2e6dc794-0e8f-4e92-b
Purpose of Expenditure Mileage		Category/ Type 002		Date of Disbursement or Obligation 10 / 17 / 2014	
Name of Federal Candidate Ms. Kay Hagan			☐ Support ☒ Oppose Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>NC</u>		
Calendar Year-To-Date Per Election for Office Sought 1095959.94			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
Full Name of Payee Rachel H Young			Date of Public Distribution/Dissemination 10 / 17 / 2014		
Mailing Address Box #11543 915 E Market Ave			Amount 19.00		
City Searcy		State AR	Zip Code 72149		Transaction ID : 2607286c-59fc-4280-b
Purpose of Expenditure Salary		Category/ Type 001		Date of Disbursement or Obligation 10 / 17 / 2014	
Name of Federal Candidate Mr. Mark L Pryor			☐ Support ☒ Oppose Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>AR</u>		
Calendar Year-To-Date Per Election for Office Sought 292370.62			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			32.62		
(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.					
Signature <u>Ms. Emily Buchanan</u> [Electronically Filed]			Date 05 / 18 / 2015		

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 266 OF 3250
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC		FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on		MM / DD / YYYY	
Full Name of Payee Rachel H Young		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 17 / 2014	
Mailing Address Box #11543 915 E Market Ave		Amount 7.62	
City Searcy	State AR	Zip Code 72149	Transaction ID : e8629f70-d96d-42dd-a
Purpose of Expenditure Mileage		Category/Type 002	Date of Disbursement or Obligation MM / DD / YYYY 10 / 17 / 2014
Name of Federal Candidate Mr. Mark L Pryor		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: AR
Calendar Year-To-Date Per Election for Office Sought 292370.62		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Katie A Barros		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 17 / 2014	
Mailing Address PO Box 398		Amount 45.00	
City Neosho	State MO	Zip Code 64850	Transaction ID : dad1ba75-507b-4a52-9
Purpose of Expenditure Salary		Category/Type 001	Date of Disbursement or Obligation MM / DD / YYYY 10 / 17 / 2014
Name of Federal Candidate Mr. Mark L Pryor		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: AR
Calendar Year-To-Date Per Election for Office Sought 292370.62		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶		52.62	
(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 MM / DD / YYYY 05 / 18 / 2015	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 267 OF 3250
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M M / D D D / Y Y Y Y Y Y					
Full Name of Payee Katie A Barros			Date of Public Distribution/Dissemination 10 / 17 / 2014		
Mailing Address PO Box 398			Amount 22.50		
City Neosho		State MO	Zip Code 64850		Transaction ID : c2aa8769-4f27-4a8a-b
Purpose of Expenditure Mileage		Category/ Type 002		Date of Disbursement or Obligation 10 / 17 / 2014	
Name of Federal Candidate Mr. Mark L Pryor			Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>AR</u>		
Calendar Year-To-Date Per Election for Office Sought 292370.62			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶ _____		
Full Name of Payee Mattie Harris			Date of Public Distribution/Dissemination 10 / 17 / 2014		
Mailing Address 3654 Tara St			Amount 45.00		
City springdale		State AR	Zip Code 72762		Transaction ID : 90bebe6a-5798-439c-9
Purpose of Expenditure Salary		Category/ Type 001		Date of Disbursement or Obligation 10 / 17 / 2014	
Name of Federal Candidate Mr. Mark L Pryor			Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>AR</u>		
Calendar Year-To-Date Per Election for Office Sought 292370.62			Disbursement For: ☐ Primary ☒ 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.					
Signature <i>Ms. Emily Buchanan</i>			Date 05 / 18 / 2015		
[Electronically Filed]					

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 268 OF 3250
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on			M M M / D D D / Y Y Y Y Y Y	
Full Name of Payee Mattie Harris		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 10 / 17 / 2014		
Mailing Address 3654 Tara St		Amount 18.60		
City springdale	State AR	Zip Code 72762	Transaction ID : f4cf1d2c-e93f-4771-a	
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 10 / 17 / 2014	
Name of Federal Candidate Mr. Mark L Pryor		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: AR	
Calendar Year-To-Date Per Election for Office Sought		292370.62	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee OLynda Walker		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 10 / 17 / 2014		
Mailing Address 10000 Mount Pleasant Rd		Amount 85.00		
City Midland	State NC	Zip Code 28107	Transaction ID : d6ca9a78-f1fb-44db-a	
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 10 / 17 / 2014	
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: NC	
Calendar Year-To-Date Per Election for Office Sought		1095959.94	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures.....		103.60		
(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.				
Signature Ms. Emily Buchanan		[Electronically Filed] Date M M M / D D D / Y Y Y Y Y Y 05 / 18 / 2015		

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 269 OF 3250
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC		FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on		M M M / D D D / Y Y Y Y Y Y	
Full Name of Payee OLynda Walker		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 10 / 17 / 2014	
Mailing Address 10000 Mount Pleasant Rd		Amount 19.50	
City Midland	State NC	Zip Code 28107	Transaction ID : eef79864-f185-4040-8
Purpose of Expenditure Mileage	Category/ Type	002	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 10 / 17 / 2014
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: NC
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Maria A Britt		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 10 / 17 / 2014	
Mailing Address 4894 Thunder Bolt		Amount 85.00	
City Concord	State NC	Zip Code 28205	Transaction ID : c1966aad-45ed-4f4d-8
Purpose of Expenditure Salary	Category/ Type	001	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 10 / 17 / 2014
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: NC
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶		104.50	
(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]	
Signature		Date M M M / D D D / Y Y Y Y Y Y 05 / 18 / 2015	

Full Name of Payee Claud B Murphy JR		Date of Public Distribution/Dissemination M M / D D / Y Y Y Y 10 / 17 / 2014	
Mailing Address PO Box 37		Amount 35.00	
City East Bend	State NC	Zip Code 27018	Transaction ID : 628e92e5-d819-4768-a Date of Disbursement or Obligation M M / D D / Y Y Y Y 10 / 17 / 2014
Purpose of Expenditure Salary		Category/ Type 001	
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House ☒ Senate ☐ President
Calendar Year-To-Date Per Election for Office Sought 1095959.94		District: 00 State: NC Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	54.50
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

FEC Schedule E (Form 3X) Rev. 09/2013

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 271 OF 3250
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M M / D D D / Y Y Y Y Y Y					
Full Name of Payee Claud B Murphy JR			Date of Public Distribution/Dissemination 10 / 17 / 2014		
Mailing Address PO Box 37			Amount 14.70		
City East Bend		State NC	Zip Code 27018		Transaction ID : e002f5ed-a026-4d7a-b
Purpose of Expenditure Mileage		Category/ Type 002		Date of Disbursement or Obligation 10 / 17 / 2014	
Name of Federal Candidate Ms. Kay Hagan			Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: NC		
Calendar Year-To-Date Per Election for Office Sought 1095959.94			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
Full Name of Payee Judith A Murphy			Date of Public Distribution/Dissemination 10 / 17 / 2014		
Mailing Address PO Box 37			Amount 35.00		
City East Bend		State NC	Zip Code 27018		Transaction ID : f4dedd77-f7bb-4eca-9
Purpose of Expenditure Salary		Category/ Type 001		Date of Disbursement or Obligation 10 / 17 / 2014	
Name of Federal Candidate Ms. Kay Hagan			Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: NC		
Calendar Year-To-Date Per Election for Office Sought 1095959.94			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			49.70		
(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.					
Signature Ms. Emily Buchanan			Date 05 / 18 / 2015		
			[Electronically Filed]		

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 272 OF 3250
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC		FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on		M M M / D D D / Y Y Y Y Y Y	
Full Name of Payee Aleksandra B Padua		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 10 / 17 / 2014	
Mailing Address 110 Bridge gate Dr		Amount 20.00	
City Cary	State NC	Zip Code 27519	Transaction ID : 53fd149e-e8a1-49ce-b
Purpose of Expenditure Salary		Category/Type 001	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 10 / 17 / 2014
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: NC
Calendar Year-To-Date Per Election for Office Sought 1095959.94		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Aleksandra B Padua		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 10 / 17 / 2014	
Mailing Address 110 Bridge gate Dr		Amount 3.12	
City Cary	State NC	Zip Code 27519	Transaction ID : 41814f69-f670-4a3e-8
Purpose of Expenditure Mileage		Category/Type 002	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 10 / 17 / 2014
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: NC
Calendar Year-To-Date Per Election for Office Sought 1095959.94		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶		23.12	
(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]	
Signature		Date M M M / D D D / Y Y Y Y Y Y 05 / 18 / 2015	

Full Name of Payee Lilly Green		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 17 / 2014	
Mailing Address 205 Medallion Circle		Amount 80.00	
City Shreveport	State LA	Zip Code 71119	Transaction ID : 0c582302-c73a-4269-9 Date of Disbursement or Obligation MM / DD / YYYY 10 / 17 / 2014
Purpose of Expenditure Salary	Category/ Type 001		
Name of Federal Candidate Ms. Mary L Landrieu	☐ Support ☒ Oppose	Office Sought: ☐ President ☒ Senate	District: 00 State: LA
Calendar Year-To-Date Per Election for Office Sought	554635.78	Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	145.00
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

FEC Schedule E (Form 3X) Rev. 09/2013

Full Name of Payee Anselma A Trinidad		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 17 / 2014	
Mailing Address 7915 Curtina Ln		Amount 67.30	
City Lewisville	State NC	Zip Code 27023	Transaction ID : ad05c7a9-eb38-4e4c-b
Purpose of Expenditure Salary	Category/ Type	001	Date of Disbursement or Obligation MM / DD / YYYY 10 / 17 / 2014
Name of Federal Candidate Ms. Kay Hagan	☐ Support ☒ Oppose	Office Sought: ☐ President ☒ Senate	District: 00 State: NC
Calendar Year-To-Date Per Election for Office Sought	1095959.94		Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	
		106.60
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

FEC Schedule E (Form 3X) Rev. 09/2013

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 275 OF 3250
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC	FEC IDENTIFICATION NUMBER ▼ C C00530766
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M M / D D D / Y Y Y Y Y Y	

Full Name of Payee Carol L Walters		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 10 / 17 / 2014	
Mailing Address 1900 Glen West Way		Amount 95.00	
City Fort Smith	State AR	Zip Code 72916	Transaction ID : dbf31b0d-0f55-4775-b Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 10 / 17 / 2014
Purpose of Expenditure Salary		Category/Type 001	
Name of Federal Candidate Mr. Mark L Pryor		Office Sought: ☐ House District: <u>00</u> ☒ Senate State: <u>AR</u> ☐ President	
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
292370.62			

Full Name of Payee Carol L Walters		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 10 / 17 / 2014	
Mailing Address 1900 Glen West Way		Amount 80.70	
City Fort Smith	State AR	Zip Code 72916	Transaction ID : f912ccac-3f31-4dd8-a Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 10 / 17 / 2014
Purpose of Expenditure Mileage		Category/Type 002	
Name of Federal Candidate Mr. Mark L Pryor		Office Sought: ☐ House District: <u>00</u> ☒ Senate State: <u>AR</u> ☐ President	
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
292370.62			

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	175.70
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	0.00
(c) TOTAL Independent Expenditures..... ▶	175.70

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

M M M / D D D / Y Y Y Y Y Y
 05 / 18 / 2015

Signature

Full Name of Payee Zachary R McCleese		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 17 / 2014	
Mailing Address 323 Rolling Pines Dr		Amount Amount 44.70	
City Spring Lake	State NC	Zip Code 28390	Transaction ID : 8a58cfd2-5c57-4445-a Date of Disbursement or Obligation MM / DD / YYYY 10 / 17 / 2014
Purpose of Expenditure Mileage		Category/ Type 002	
Name of Federal Candidate Mr. Mark L Pryor		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: AR
Calendar Year-To-Date Per Election for Office Sought		Amount 292370.62	Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	124.70
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

Signature

Full Name of Payee Julie M Gentry		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 17 / 2014	
Mailing Address 314 S Main St		Amount 30.72	
City Roxboro	State NC	Zip Code 27573	Transaction ID : 6a8641da-911f-4843-8 Date of Disbursement or Obligation MM / DD / YYYY 10 / 17 / 2014
Purpose of Expenditure Mileage	Category/ Type	002	
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: NC
Calendar Year-To-Date Per Election for Office Sought		1095959.94	Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶		105.72
(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.

Date _____

Signature



Three digital displays are shown, each with a different date format. The first display shows '05' in the center, with 'M' and 'M' above it. The second display shows '18' in the center, with 'D' and 'D' above it. The third display shows '2015' in the center, with 'Y', 'Y', 'Y', and 'Y' above it.

Full Name of Payee Ms. Tonya Boyd		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 17 / 2014	
Mailing Address 2357 Fancy Cap Rd		Amount 17.04	
City Mt. Airy	State NC	Zip Code 27030	Transaction ID : 6118a9ec-df39-4947-9
Purpose of Expenditure Mileage	Category/ Type	002	Date of Disbursement or Obligation MM / DD / YYYY 10 / 17 / 2014
Name of Federal Candidate Ms. Kay Hagan	☐ Support ☒ Oppose	Office Sought: ☐ President ☒ Senate	District: 00 State: NC
Calendar Year-To-Date Per Election for Office Sought	1095959.94		Disbursement For: 2014 ☐ Primary ☒ General ☐ Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....	72.04
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures.....	

Ms. Emily Buchanan

[Electronically Filed]

Date 05 / 18 / 2015

Signature _____

Full Name of Payee Andrea L Hammond		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 17 / 2014	
Mailing Address 12920 Kneeland Ln		Amount 90.00	
City Neosho	State MO	Zip Code 64850	Transaction ID : 9c172160-c91c-4de6-8
Purpose of Expenditure Salary	Category/ Type	001	Date of Disbursement or Obligation MM / DD / YYYY 10 / 17 / 2014
Name of Federal Candidate Mr. Mark L Pryor		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: AR
Calendar Year-To-Date Per Election for Office Sought		292370.62	Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ▶

Full Name of Payee Andrea L Hammond		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 17 / 2014	
Mailing Address 12920 Kneeland Ln		Amount Amount 33.00	
City Neosho	State MO	Zip Code 64850	Transaction ID : bd921bc9-b453-432a-9 Date of Disbursement or Obligation MM / DD / YYYY 10 / 17 / 2014
Purpose of Expenditure Mileage		Category/ Type 002	
Name of Federal Candidate Mr. Mark L Pryor		☐ Support ☒ Oppose	Office Sought: ☐ House ☒ Senate ☐ President ☒ Senate District: 00 State: AR
Calendar Year-To-Date Per Election for Office Sought		Amount 292370.62	Disbursement For: ☐ Primary ☒ 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.

Date _____

Signature

Full Name of Payee Jackson S Tuttle			Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 17 / 2014		
Mailing Address 404 Chancery Park Ct			Amount 12.00		
City Kernersville	State NC	Zip Code 27284	Transaction ID : 36bed19c-4b19-42a5-8 Date of Disbursement or Obligation MM / DD / YYYY 10 / 17 / 2014		
Purpose of Expenditure Mileage		Category/ Type 002			
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: NC		
Calendar Year-To-Date Per Election for Office Sought		1095959.94	Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ►		

(a) SUBTOTAL of Itemized Independent Expenditures.....	77.00
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures.....	

05 / 18 / 2015

FEC Schedule E (Form 3X) Rev. 09/2013

Full Name of Payee Jeffrey Hampton		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 17 / 2014	
Mailing Address 1700 E Part Ave		Amount 34.00	
City	State	Zip Code	Transaction ID : 76463343-2fe5-4f46-9 Date of Disbursement or Obligation MM / DD / YYYY 10 / 17 / 2014
Searcy	AR	72149	
Purpose of Expenditure Salary		Category/ Type	001
Name of Federal Candidate Mr. Mark L Pryor		☐ Support ☒ Oppose	Office Sought: ☐ House ☒ Senate ☐ President ☒ Senate District: 00 State: AR
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	

Full Name of Payee Jeffrey Hampton		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 17 / 2014	
Mailing Address 1700 E Part Ave		Amount 22.47	
City Searcy	State AR	Zip Code 72149	Transaction ID : 7c97012a-de23-4f08-9 Date of Disbursement or Obligation MM / DD / YYYY 10 / 17 / 2014
Purpose of Expenditure Mileage	Category/ Type	002	
Name of Federal Candidate Mr. Mark L Pryor	☐ Support ☒ Oppose	Office Sought: ☐ President ☒ Senate	House District: 00 State: AR
Calendar Year-To-Date Per Election for Office Sought	292370.62		Disbursement For: 2014 ☐ Primary ☒ General ☐ Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	56.47
(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.

Date _____

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 282 OF 3250
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M M / D D D / Y Y Y Y Y Y					
Full Name of Payee Christopher L Gilbert			Date of Public Distribution/Dissemination 10 / 17 / 2014		
Mailing Address 55 Lovell Johnson Rd			Amount 65.00		
City Picayune		State MS	Zip Code 39466		Transaction ID : 0cafee72-d7a8-4a1b-9
Purpose of Expenditure Salary		Category/ Type	Date of Disbursement or Obligation 10 / 17 / 2014		
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: LA		
Calendar Year-To-Date Per Election for Office Sought			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
Full Name of Payee Christopher L Gilbert			Date of Public Distribution/Dissemination 10 / 17 / 2014		
Mailing Address 55 Lovell Johnson Rd			Amount 33.60		
City Picayune		State MS	Zip Code 39466		Transaction ID : d9858e71-68f4-40c8-8
Purpose of Expenditure Mileage		Category/ Type	Date of Disbursement or Obligation 10 / 17 / 2014		
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: LA		
Calendar Year-To-Date Per Election for Office Sought			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			98.60		
(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.					
Signature Ms. Emily Buchanan		[Electronically Filed]		Date 05 / 18 / 2015	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 283 OF 3250
 FOR LINE 24 OF FORM 3X

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

Full Name of Payee Amanda Boley		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 17 / 2014	
Mailing Address Split Oak Drive		Amount 45.00	
City charlotte	State NC	Zip Code 28227	Transaction ID : a995cfa7-fb25-4d88-9
Purpose of Expenditure Salary	Category/ Type	001	Date of Disbursement or Obligation MM / DD / YYYY 10 / 17 / 2014
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: LA
Calendar Year-To-Date Per Election for Office Sought		554635.78	
		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	

Full Name of Payee Amanda Boley		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 17 / 2014	
Mailing Address Split Oak Drive		Amount 16.23	
City charlotte	State NC	Zip Code 28227	Transaction ID : a2bb1ce5-18ba-4862-9
Purpose of Expenditure Mileage	Category/ Type	002	Date of Disbursement or Obligation MM / DD / YYYY 10 / 17 / 2014
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: LA
Calendar Year-To-Date Per Election for Office Sought		554635.78	
		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	61.23
(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

MM / DD / YYYY
05 / 18 / 2015

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 284 OF 3250
 FOR LINE 24 OF FORM 3X

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

Full Name of Payee Cecilla A Rebrick		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 17 / 2014	
Mailing Address 5003 Allison Lane		Amount 100.00	
City Ft. Smith	State AR	Zip Code 72901	Transaction ID : 70d40b03-058a-4393-b Date of Disbursement or Obligation MM / DD / YYYY 10 / 17 / 2014
Purpose of Expenditure Salary		Category/Type 001	
Name of Federal Candidate Mr. Mark L Pryor		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: AR
Calendar Year-To-Date Per Election for Office Sought 292370.62		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	

Full Name of Payee Cecilla A Rebrick		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 17 / 2014	
Mailing Address 5003 Allison Lane		Amount 0.30	
City Ft. Smith	State AR	Zip Code 72901	Transaction ID : 94b5bbbd2-773b-473d-b Date of Disbursement or Obligation MM / DD / YYYY 10 / 17 / 2014
Purpose of Expenditure Mileage		Category/Type 002	
Name of Federal Candidate Mr. Mark L Pryor		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: AR
Calendar Year-To-Date Per Election for Office Sought 292370.62		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	100.30
(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

MM / DD / YYYY
05 / 18 / 2015

Signature

Full Name of Payee Avery Rodriguez		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 17 / 2014	
Mailing Address 11 Cooper Lane		Amount 8.58	
City Conway	State AR	Zip Code 72034	Transaction ID : a68a32be-643d-437e-9 Date of Disbursement or Obligation MM / DD / YYYY 10 / 17 / 2014
Purpose of Expenditure Mileage	Category/ Type 002		
Name of Federal Candidate Mr. Mark L Pryor	☐ Support ☒ Oppose	Office Sought: ☐ President ☒ Senate ☐ Other (specify) ▶	District: 00 State: AR ☐ Primary ☒ General
Calendar Year-To-Date Per Election for Office Sought	292370.62		

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	102.58
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

05 / 18 / 2015

FEC Schedule E (Form 3X) Rev. 09/2013

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 286 OF 3250
 FOR LINE 24 OF FORM 3X

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

Full Name of Payee Gary W Fuhrmann		Date of Public Distribution/Dissemination 10 17 2014	
Mailing Address 9425 Jessica Drive		Amount 30.00	
City Shreveport	State LA		
Purpose of Expenditure Salary		Category/ Type 001	Transaction ID : f2e4a7c7-f791-48b3-a Date of Disbursement or Obligation 10 17 2014
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: LA
Calendar Year-To-Date Per Election for Office Sought		554635.78	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶

Full Name of Payee Gary W Fuhrmann		Date of Public Distribution/Dissemination 10 17 2014	
Mailing Address 9425 Jessica Drive		Amount 11.40	
City Shreveport	State LA		
Purpose of Expenditure Mileage		Category/ Type 002	Transaction ID : f1bb1d9a-a862-4861-a Date of Disbursement or Obligation 10 17 2014
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: LA
Calendar Year-To-Date Per Election for Office Sought		554635.78	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	41.40
(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

05

18

2015

Signature

Full Name of Payee Camille N Yearry		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 17 / 2014	
Mailing Address 2025 NE 67th St		Amount 20.46	
City Gladstone	State MO	Zip Code 64118	Transaction ID : 4248ff31-6843-4a4e-8 Date of Disbursement or Obligation MM / DD / YYYY 10 / 17 / 2014
Purpose of Expenditure Mileage	Category/ Type	002	
Name of Federal Candidate Mr. Mark L Pryor		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: AR
Calendar Year-To-Date Per Election for Office Sought 292370.62		Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....		60.46
(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.

Date _____

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 288 OF 3250
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC	FEC IDENTIFICATION NUMBER ▼ C C00530766
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M / D D / Y Y Y Y Y Y	

Full Name of Payee Debra Lindsey			Date of Public Distribution/Dissemination 10 / 17 / 2014	
Mailing Address 119 Goldenwood Dr			Amount 50.00	
City Slidell	State LA	Zip Code 70461	Transaction ID : f4fb3a90-0cb0-42be-b	
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation 10 / 17 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>LA</u>	
Calendar Year-To-Date Per Election for Office Sought		554635.78	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	

Full Name of Payee Debra Lindsey			Date of Public Distribution/Dissemination 10 / 17 / 2014	
Mailing Address 119 Goldenwood Dr			Amount 3.90	
City Slidell	State LA	Zip Code 70461	Transaction ID : 00daa6bd-d061-43f7-9	
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement or Obligation 10 / 17 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>LA</u>	
Calendar Year-To-Date Per Election for Office Sought		554635.78	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	53.90
(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]

Signature

Date

05 / 18 / 2015

Full Name of Payee Carla K Pilgreen			Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 17 / 2014		
Mailing Address 212 Stonecliff Dr			Amount 90.00		
City West Monro	State LA	Zip Code 71291	Transaction ID : dbc05f04-a2a6-445b-9		
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation MM / DD / YYYY 10 / 17 / 2014		
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: LA		
Calendar Year-To-Date Per Election for Office Sought		554635.78	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		

Full Name of Payee Carla K Pilgreen		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 17 / 2014	
Mailing Address 212 Stonecliff Dr		Amount 17.40	
City West Monro	State LA	Zip Code 71291	Transaction ID : 49b5757f-531c-4cdb-8 Date of Disbursement or Obligation MM / DD / YYYY 10 / 17 / 2014
Purpose of Expenditure Mileage	Category/ Type 002		
Name of Federal Candidate Ms. Mary L Landrieu	☐ Support ☒ Oppose	Office Sought: ☐ President ☒ Senate	District: 00 State: LA
Calendar Year-To-Date Per Election for Office Sought	554635.78	Disbursement For: 2014 ☐ Primary ☒ General ☐ Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	107.40
(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.

Date _____

Signature

Full Name of Payee Ruthie M Thompson		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 17 / 2014	
Mailing Address 286 Wrenn Drive		Amount 25.00	
City Lexington	State NC	Zip Code 27292	Transaction ID : 86eeeee2-502e-4ab9-9 Date of Disbursement or Obligation MM / DD / YYYY 10 / 17 / 2014
Purpose of Expenditure Salary		Category/ Type 001	
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House ☒ Senate ☐ President District: 00 State: NC
Calendar Year-To-Date Per Election for Office Sought 1095959.94		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	

Full Name of Payee Ruthie M Thompson			Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 17 / 2014		
Mailing Address 286 Wrenn Drive			Amount 4.20		
City Lexington	State NC	Zip Code 27292	Transaction ID : 3a288ce2-98e5-4bc1-b Date of Disbursement or Obligation MM / DD / YYYY 10 / 17 / 2014		
Purpose of Expenditure Mileage		Category/ Type 002			
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: NC		
Calendar Year-To-Date Per Election for Office Sought		1095959.94	Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ▶		

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	29.20
(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.

Date _____

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 291 OF 3250
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC		FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on		M M M / D D D / Y Y Y Y Y Y	
Full Name of Payee Marilyn A Holt		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 10 / 17 / 2014	
Mailing Address 314 Tumbleweed Dr		Amount 25.00	
City Winston Salem	State NC	Zip Code 27127	Transaction ID : 5836fa27-c1fe-4798-8
Purpose of Expenditure Salary	Category/Type 001	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 10 / 17 / 2014	
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	
Office Sought: ☐ President ☒ Senate		District: 00 State: NC	
Calendar Year-To-Date Per Election for Office Sought 1095959.94		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Marilyn A Holt		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 10 / 17 / 2014	
Mailing Address 314 Tumbleweed Dr		Amount 9.90	
City Winston Salem	State NC	Zip Code 27127	Transaction ID : 37ce2b9d-ca38-49c5-9
Purpose of Expenditure Mileage	Category/Type 002	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 10 / 17 / 2014	
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	
Office Sought: ☐ President ☒ Senate		District: 00 State: NC	
Calendar Year-To-Date Per Election for Office Sought 1095959.94		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶		34.90	
(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]	
Signature		Date M M M / D D D / Y Y Y Y Y Y 05 / 18 / 2015	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 292 OF 3250
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC		FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on		M M M / D D D / Y Y Y Y Y Y	
Full Name of Payee Monique Guillory		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 10 / 17 / 2014	
Mailing Address 409 LaSalle Drive		Amount 50.00	
City Little Rock	State AR	Zip Code 72211	Transaction ID : b84085cc-96c6-47fa-b
Purpose of Expenditure Salary	Category/Type 001	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 10 / 17 / 2014	
Name of Federal Candidate Mr. Mark L Pryor		Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: AR	
Calendar Year-To-Date Per Election for Office Sought 292370.62		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Monique Guillory		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 10 / 17 / 2014	
Mailing Address 409 LaSalle Drive		Amount 42.00	
City Little Rock	State AR	Zip Code 72211	Transaction ID : 2a6499c6-2106-4112-b
Purpose of Expenditure Mileage	Category/Type 002	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 10 / 17 / 2014	
Name of Federal Candidate Mr. Mark L Pryor		Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: AR	
Calendar Year-To-Date Per Election for Office Sought 292370.62		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶		92.00	
(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.			
Signature Ms. Emily Buchanan		Date M M M / D D D / Y Y Y Y Y Y 05 / 18 / 2015	
		[Electronically Filed]	

Full Name of Payee Joshua D Syrotchen		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 17 / 2014	
Mailing Address 915 East Market Ave		Amount 50.40	
City	State	Zip Code	Transaction ID : c8908471-9668-4c15-8 Date of Disbursement or Obligation MM / DD / YYYY 10 / 17 / 2014
Searcy	AR	72149	
Purpose of Expenditure Mileage		Category/ Type	002
Name of Federal Candidate Mr. Mark L Pryor		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: AR
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ▶	
		292370.62	

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	
		105.40
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 294 OF 3250
 FOR LINE 24 OF FORM 3X

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

Full Name of Payee Kathryn M Wolfe		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 17 / 2014	
Mailing Address 204 W 9th St		Amount 17.50	
City Pittsburg	State KS	Zip Code 66762	Transaction ID : 29e7813f-b36b-4326-8
Purpose of Expenditure Salary	Category/Type 001	Date of Disbursement or Obligation MM / DD / YYYY 10 / 17 / 2014	
Name of Federal Candidate Mr. Greg Orman		☐ Support ☒ Oppose Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>KS</u>	
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	

Full Name of Payee Kathryn M Wolfe		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 17 / 2014	
Mailing Address 204 W 9th St		Amount 2.10	
City Pittsburg	State KS	Zip Code 66762	Transaction ID : d5c605e5-14b1-4cef-b
Purpose of Expenditure Mileage	Category/Type 002	Date of Disbursement or Obligation MM / DD / YYYY 10 / 17 / 2014	
Name of Federal Candidate Mr. Greg Orman		☐ Support ☒ Oppose Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>KS</u>	
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	19.60
(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

MM / DD / YYYY
05 / 18 / 2015

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 295 OF 3250
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M M / D D D / Y Y Y Y Y Y				
Full Name of Payee Jackson S Tuttle			Date of Public Distribution/Dissemination 10 / 17 / 2014	
Mailing Address 404 Chancery Park Ct			Amount 65.00	
City Kernersville	State NC	Zip Code 27284	Transaction ID : 3411b6b7-5e41-4c13-8	
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation 10 / 17 / 2014	
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>NC</u>	
Calendar Year-To-Date Per Election for Office Sought		1095959.94	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Jackson S Tuttle			Date of Public Distribution/Dissemination 10 / 17 / 2014	
Mailing Address 404 Chancery Park Ct			Amount 12.00	
City Kernersville	State NC	Zip Code 27284	Transaction ID : 7a305c6d-0047-4eb5-a	
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement or Obligation 10 / 17 / 2014	
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>NC</u>	
Calendar Year-To-Date Per Election for Office Sought		1095959.94	Disbursement For: ☐ Primary ☒ 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 05 / 18 / 2015	
Signature				

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 296 OF 3250
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC		FEC IDENTIFICATION NUMBER ▼ C C00530766
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M / D D / Y Y Y Y Y Y 		

Full Name of Payee Lee R Carter		Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 10 / 17 / 2014	
Mailing Address 3110 Brentwood Rd		Amount 95.00	
City Raleigh	State NC	Zip Code 27604	Transaction ID : 0e11ffbf-7a13-44b0-b Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 10 / 17 / 2014
Purpose of Expenditure Salary		Category/Type 001	
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: NC	
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ►	
. 1095959.94			

Full Name of Payee Lee R Carter		Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 10 / 17 / 2014	
Mailing Address 3110 Brentwood Rd		Amount 14.40	
City Raleigh	State NC	Zip Code 27604	Transaction ID : 5dd437a1-87a4-47bd-b Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 10 / 17 / 2014
Purpose of Expenditure Mileage		Category/Type 002	
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: NC	
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ►	
. 1095959.94			

(a) SUBTOTAL of Itemized Independent Expenditures..... ►	 109.40
(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

M M / D D / Y Y Y Y Y Y
 05 / 18 / 2015

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 297 OF 3250
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC		FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on		M M M / D D D / Y Y Y Y Y Y	
Full Name of Payee Nick Berryhill		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 10 / 17 / 2014	
Mailing Address 905 Lake Drive		Amount 90.00	
City Shelby	State NC	Zip Code 28152	Transaction ID : efa17be9-8e47-49b7-b
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 10 / 17 / 2014
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: NC
Calendar Year-To-Date Per Election for Office Sought 1095959.94		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Nick Berryhill		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 10 / 17 / 2014	
Mailing Address 905 Lake Drive		Amount 20.55	
City Shelby	State NC	Zip Code 28152	Transaction ID : fc598acf-1f6d-482f-a
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 10 / 17 / 2014
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: NC
Calendar Year-To-Date Per Election for Office Sought 1095959.94		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶		110.55	
(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]	
Signature		Date M M M / D D D / Y Y Y Y Y Y 05 / 18 / 2015	

Full Name of Payee Logan B Piper		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 17 / 2014	
Mailing Address 3205 Pebble Beach Rd		Amount 12.99	
City Conway	State AR	Zip Code 72034	Transaction ID : f7e79355-ee48-4b28-a Date of Disbursement or Obligation MM / DD / YYYY 10 / 17 / 2014
Purpose of Expenditure Mileage		Category/ Type 002	
Name of Federal Candidate Mr. Mark L Pryor		☐ Support ☒ Oppose	Office Sought: ☐ House ☒ Senate ☐ President District: 00 State: AR
Calendar Year-To-Date Per Election for Office Sought		292370.62	Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	38.99
(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 _____

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 299 OF 3250
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M / D D / Y Y Y Y Y Y				
Full Name of Payee Christopher Marquess			Date of Public Distribution/Dissemination 10 / 17 / 2014	
Mailing Address 110 W Pecan St			Amount 50.00	
City Ville Platte	State LA	Zip Code 70586	Transaction ID : 0ab181b5-d676-4f9e-9 Date of Disbursement or Obligation 10 / 17 / 2014	
Purpose of Expenditure Salary		Category/ Type 001		
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: LA	
Calendar Year-To-Date Per Election for Office Sought		554635.78	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Hannah J Landry			Date of Public Distribution/Dissemination 10 / 17 / 2014	
Mailing Address 1110 N Coolidge			Amount 105.00	
City Gonzales	State LA	Zip Code 70737	Transaction ID : 344984d2-d7f1-4842-8 Date of Disbursement or Obligation 10 / 17 / 2014	
Purpose of Expenditure Salary		Category/ Type 001		
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: LA	
Calendar Year-To-Date Per Election for Office Sought		554635.78	Disbursement For: ☐ Primary ☒ 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 05 / 18 / 2015	
Signature				

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 300 OF 3250
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC		FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M M / D D D / Y Y Y Y Y Y			
Full Name of Payee Christopher Marquess		Date of Public Distribution/Dissemination 10 / 17 / 2014	
Mailing Address 110 W Pecan St		Amount 35.40	
City Ville Platte	State LA	Zip Code 70586	Transaction ID : 11a8a2fd-31be-4c8a-a Date of Disbursement or Obligation 10 / 17 / 2014
Purpose of Expenditure Mileage		Category/ Type 002	
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: LA
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Hannah J Landry		Date of Public Distribution/Dissemination 10 / 17 / 2014	
Mailing Address 1110 N Coolidge		Amount 17.28	
City Gonzales	State LA	Zip Code 70737	Transaction ID : 5ca39f27-d593-442e-8 Date of Disbursement or Obligation 10 / 17 / 2014
Purpose of Expenditure Mileage		Category/ Type 002	
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: LA
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶		52.68	
(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.			
Signature Ms. Emily Buchanan		Date 05 / 18 / 2015	
[Electronically Filed]			

Full Name of Payee Mary C Lee		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 17 / 2014	
Mailing Address 1030 N Coolidge Ave		Amount 17.28	
City Gonzales	State LA	Zip Code 70737	Transaction ID : c9f1f0a5-7ebf-452b-8 Date of Disbursement or Obligation MM / DD / YYYY 10 / 17 / 2014
Purpose of Expenditure Mileage	Category/ Type 002		
Name of Federal Candidate Ms. Mary L Landrieu	☐ Support ☒ Oppose	Office Sought: ☐ President ☒ Senate	District: 00 State: LA
Calendar Year-To-Date Per Election for Office Sought	554635.78	Disbursement For: 2014 ☐ Primary ☒ General ☐ Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	122.28
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

05 / 18 / 2015

FEC Schedule E (Form 3X) Rev. 09/2013

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

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 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M / D D / Y Y Y Y					
Full Name of Payee Toni A Persinger-Buckler			Date of Public Distribution/Dissemination 10 / 17 / 2014		
Mailing Address 5330 Nestleway Dr			Amount 30.00		
City Clemmons	State NC	Zip Code 27012	Transaction ID : c07c2604-6829-41be-8 Date of Disbursement or Obligation 10 / 17 / 2014		
Purpose of Expenditure Salary		Category/ Type 001			
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: NC		
Calendar Year-To-Date Per Election for Office Sought 1095959.94			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
Full Name of Payee Toni A Persinger-Buckler			Date of Public Distribution/Dissemination 10 / 17 / 2014		
Mailing Address 5330 Nestleway Dr			Amount 3.75		
City Clemmons	State NC	Zip Code 27012	Transaction ID : fc641e0a-4804-470e-8 Date of Disbursement or Obligation 10 / 17 / 2014		
Purpose of Expenditure Mileage		Category/ Type 002			
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: NC		
Calendar Year-To-Date Per Election for Office Sought 1095959.94			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			33.75		
(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.					
Signature Ms. Emily Buchanan		[Electronically Filed]		Date 05 / 18 / 2015	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 303 OF 3250
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC	FEC IDENTIFICATION NUMBER ▼ C C00530766
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M / D D / Y Y Y Y Y Y 	

Full Name of Payee Kevin L Battle		Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 10 / 17 / 2014	
Mailing Address 3300 Asher Ave		Amount 70.00	
City Little Rock	State AR	Zip Code 72204	Transaction ID : 7a3abe0c-301a-44c7-b Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 10 / 17 / 2014
Purpose of Expenditure Salary	Category/ Type 001		
Name of Federal Candidate Mr. Mark L Pryor		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>AR</u>
Calendar Year-To-Date Per Election for Office Sought 292370.62		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶ _____	

Full Name of Payee Kevin L Battle		Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 10 / 17 / 2014	
Mailing Address 3300 Asher Ave		Amount 36.90	
City Little Rock	State AR	Zip Code 72204	Transaction ID : bfb2652e-60d4-4c9c-8 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 10 / 17 / 2014
Purpose of Expenditure Mileage	Category/ Type 002		
Name of Federal Candidate Mr. Mark L Pryor		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>AR</u>
Calendar Year-To-Date Per Election for Office Sought 292370.62		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶ _____	

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	 106.90
(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

M M / D D / Y Y Y Y Y Y
 05 / 18 / 2015

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 304 OF 3250
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC		FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on		MM / DD / YYYY / / MM / DD / YYYY / /	

Full Name of Payee Anthony Pearson			Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 17 / 2014		
Mailing Address 112 apache Dr			Amount 45.00		
City Search	State AR	Zip Code 72149	Transaction ID : 0d9a9888-672b-44c3-8		
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation MM / DD / YYYY 10 / 17 / 2014		
Name of Federal Candidate Mr. Mark L Pryor			Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: AR		
Calendar Year-To-Date Per Election for Office Sought			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		

Full Name of Payee Anthony Pearson			Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 17 / 2014		
Mailing Address 112 apache Dr			Amount 11.70		
City Search	State AR	Zip Code 72149	Transaction ID : 197896ff-f02b-4e16-9		
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement or Obligation MM / DD / YYYY 10 / 17 / 2014		
Name of Federal Candidate Mr. Mark L Pryor			Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: AR		
Calendar Year-To-Date Per Election for Office Sought			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	56.70
(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

 MM / DD / YYYY
 05 / 18 / 2015

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 305 OF 3250
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC		FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on		MM / DD / YYYY	
Full Name of Payee Claire A Smith		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 17 / 2014	
Mailing Address 6610 Walcott Rd		Amount 45.00	
City Paragoud	State AR	Zip Code 72450	Transaction ID : 6722fcce-3cc0-425f-a
Purpose of Expenditure Salary	Category/Type 001	Date of Disbursement or Obligation MM / DD / YYYY 10 / 17 / 2014	
Name of Federal Candidate Mr. Mark L Pryor		Office Sought: ☐ House District: 00 ☒ Senate State: AR	
Calendar Year-To-Date Per Election for Office Sought 292370.62		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Claire A Smith		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 17 / 2014	
Mailing Address 6610 Walcott Rd		Amount 11.70	
City Paragoud	State AR	Zip Code 72450	Transaction ID : 25dc7061-6afc-4d78-8
Purpose of Expenditure Mileage	Category/Type 002	Date of Disbursement or Obligation MM / DD / YYYY 10 / 17 / 2014	
Name of Federal Candidate Mr. Mark L Pryor		Office Sought: ☐ House District: 00 ☒ Senate State: AR	
Calendar Year-To-Date Per Election for Office Sought 292370.62		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶		56.70	
(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 Signature		[Electronically Filed] Date MM / DD / YYYY 05 / 18 / 2015	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

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 FOR LINE 24 OF FORM 3X

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

Full Name of Payee Stuart T Haley		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 17 / 2014	
Mailing Address 600 W Vine Ave		Amount 75.00	
City Searcy	State AR	Zip Code 72143	Transaction ID : 6ea720f4-fdd9-409c-b
Purpose of Expenditure Salary	Category/ Type	001	Date of Disbursement or Obligation MM / DD / YYYY 10 / 17 / 2014
Name of Federal Candidate Mr. Mark L Pryor		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: AR
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	

Full Name of Payee Stuart T Haley		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 17 / 2014	
Mailing Address 600 W Vine Ave		Amount 45.00	
City Searcy	State AR	Zip Code 72143	Transaction ID : 8716c0e9-5d90-4504-a
Purpose of Expenditure Mileage	Category/ Type	002	Date of Disbursement or Obligation MM / DD / YYYY 10 / 17 / 2014
Name of Federal Candidate Mr. Mark L Pryor		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: AR
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: ☐ Primary ☒ 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

MM / DD / YYYY
05 / 18 / 2015

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 307 OF 3250
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC		FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on		M M M / D D D / Y Y Y Y Y Y	
Full Name of Payee Sheri J Peace		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 10 / 17 / 2014	
Mailing Address 9685 Paula St		Amount 75.00	
City Keithville	State LA	Zip Code 71047	Transaction ID : da9d008e-fffb-478f-8
Purpose of Expenditure Salary	Category/ Type 001	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 10 / 17 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	
Office Sought: ☐ President ☒ Senate		District: 00 State: LA	
Calendar Year-To-Date Per Election for Office Sought 554635.78		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Sheri J Peace		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 10 / 17 / 2014	
Mailing Address 9685 Paula St		Amount 31.20	
City Keithville	State LA	Zip Code 71047	Transaction ID : 36599d4b-7215-4c20-a
Purpose of Expenditure Mileage	Category/ Type 002	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 10 / 17 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	
Office Sought: ☐ President ☒ Senate		District: 00 State: LA	
Calendar Year-To-Date Per Election for Office Sought 554635.78		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶		106.20	
(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.			
Signature Ms. Emily Buchanan		Date M M M / D D D / Y Y Y Y Y Y 05 / 18 / 2015	
[Electronically Filed]			

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 308 OF 3250
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC	FEC IDENTIFICATION NUMBER ▼ C C00530766
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M M / D D D / Y Y Y Y Y Y	

Full Name of Payee Michael Chinchar		Date of Public Distribution/Dissemination 10 / 17 / 2014	
Mailing Address 2730 Dave Ward Dr		Amount 70.00	
City Conway	State AR	Zip Code 72034	Transaction ID : cda460d0-d269-4b74-9 Date of Disbursement or Obligation 10 / 17 / 2014
Purpose of Expenditure Salary		Category/Type 001	
Name of Federal Candidate Mr. Mark L Pryor		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: AR
Calendar Year-To-Date Per Election for Office Sought		292370.62	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶

Full Name of Payee Michael Chinchar		Date of Public Distribution/Dissemination 10 / 17 / 2014	
Mailing Address 2730 Dave Ward Dr		Amount 28.50	
City Conway	State AR	Zip Code 72034	Transaction ID : 313513ba-4301-4381-b Date of Disbursement or Obligation 10 / 17 / 2014
Purpose of Expenditure Mileage		Category/Type 002	
Name of Federal Candidate Mr. Mark L Pryor		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: AR
Calendar Year-To-Date Per Election for Office Sought		292370.62	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	98.50
(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

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Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 309 OF 3250
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC		FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on		M M M / D D D / Y Y Y Y Y Y	
Full Name of Payee Patricia F Arnold		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 10 / 17 / 2014	
Mailing Address 1117 Clipper Dr		Amount 3.00	
City Slidell	State LA	Zip Code 70458	Transaction ID : 81e0082b-69c5-454a-a
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 10 / 17 / 2014
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: LA
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Patricia F Arnold		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 10 / 17 / 2014	
Mailing Address 1117 Clipper Dr		Amount 0.78	
City Slidell	State LA	Zip Code 70458	Transaction ID : 65ffeffd-6268-4c4c-8
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 10 / 17 / 2014
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: LA
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶		3.78	
(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]	
Signature		Date M M M / D D D / Y Y Y Y Y Y 05 / 18 / 2015	

Full Name of Payee Francis Richardson		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 17 / 2014	
Mailing Address 220 Doucet Rd		Amount 25.00	
City Lafayette	State LA	Zip Code 70503	Transaction ID : bb74c944-ac7c-4a43-a Date of Disbursement or Obligation MM / DD / YYYY 10 / 17 / 2014
Purpose of Expenditure Salary	Category/ Type 001		
Name of Federal Candidate Ms. Mary L Landrieu	☐ Support ☒ Oppose	Office Sought: ☐ President ☒ Senate	District: 00 State: LA
Calendar Year-To-Date Per Election for Office Sought	554635.78	Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....	55.00
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures.....	

05 / 18 / 2015

FEC Schedule E (Form 3X) Rev. 09/2013

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 311 OF 3250
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC		FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on		M M M / D D D / Y Y Y Y Y Y	
Full Name of Payee Francis Richardson		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 10 / 17 / 2014	
Mailing Address 220 Doucet Rd		Amount 0.99	
City Lafayette	State LA	Zip Code 70503	Transaction ID : 800ccb4e-1dc2-4391-8
Purpose of Expenditure Mileage	Category/Type 002	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 10 / 17 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	
Office Sought: ☐ President ☒ Senate		District: 00 State: LA	
Calendar Year-To-Date Per Election for Office Sought 554635.78		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Rachel L Anzalone		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 10 / 17 / 2014	
Mailing Address 2319 West Oak		Amount 30.00	
City El Dorado	State AR	Zip Code 71730	Transaction ID : 462001f1-cf85-4a58-a
Purpose of Expenditure Salary	Category/Type 001	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 10 / 17 / 2014	
Name of Federal Candidate Mr. Mark L Pryor		☐ Support ☒ Oppose	
Office Sought: ☐ President ☒ Senate		District: 00 State: AR	
Calendar Year-To-Date Per Election for Office Sought 292370.62		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶		30.99	
(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.			
Signature Ms. Emily Buchanan		Date M M M / D D D / Y Y Y Y Y Y 05 / 18 / 2015	
		[Electronically Filed]	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 312 OF 3250
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC		FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on		M M M / D D D / Y Y Y Y Y Y	
Full Name of Payee Rachel L Anzalone		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 10 / 17 / 2014	
Mailing Address 2319 West Oak		Amount 3.06	
City El Dorado	State AR	Zip Code 71730	Transaction ID : e9cb1709-d771-4f48-a
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 10 / 17 / 2014
Name of Federal Candidate Mr. Mark L Pryor		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: AR
Calendar Year-To-Date Per Election for Office Sought 292370.62		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Jeanne Tribou		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 10 / 17 / 2014	
Mailing Address 22369 Ponderosa Dr.		Amount 80.00	
City Mandeville	State LA	Zip Code 70471	Transaction ID : a95534b3-bf56-4868-a
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 10 / 17 / 2014
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: LA
Calendar Year-To-Date Per Election for Office Sought 554635.78		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶		83.06	
(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]	
Signature		Date M M M / D D D / Y Y Y Y Y Y 05 / 18 / 2015	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 313 OF 3250
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M M / D D D / Y Y Y Y Y Y					
Full Name of Payee Jeanne Tribou			Date of Public Distribution/Dissemination 10 / 17 / 2014		
Mailing Address 22369 Ponderosa Dr.			Amount 10.20		
City Mandeville		State LA	Zip Code 70471		Transaction ID : ab1539c9-a22c-4828-b
Purpose of Expenditure Mileage		Category/Type 002		Date of Disbursement or Obligation 10 / 17 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu			Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: LA ☐ Support ☒ Oppose		
Calendar Year-To-Date Per Election for Office Sought			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
Full Name of Payee Benjamin L Heitman			Date of Public Distribution/Dissemination 10 / 17 / 2014		
Mailing Address 2520 Helmstetler Rd			Amount 40.00		
City Lexington		State NC	Zip Code 27295		Transaction ID : 01b8f1d0-5f55-411f-9
Purpose of Expenditure Salary		Category/Type 001		Date of Disbursement or Obligation 10 / 17 / 2014	
Name of Federal Candidate Ms. Kay Hagan			Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: NC ☐ Support ☒ Oppose		
Calendar Year-To-Date Per Election for Office Sought			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			50.20		
(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.					
Signature Ms. Emily Buchanan			Date 05 / 18 / 2015 [Electronically Filed]		

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 314 OF 3250
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M M / D D D / Y Y Y Y Y Y					
Full Name of Payee Benjamin L Heitman			Date of Public Distribution/Dissemination 10 / 17 / 2014		
Mailing Address 2520 Helmstetler Rd			Amount 4.20		
City Lexington		State NC	Zip Code 27295		Transaction ID : 9603f672-c445-4a9c-a
Purpose of Expenditure Mileage		Category/Type 002		Date of Disbursement or Obligation 10 / 17 / 2014	
Name of Federal Candidate Ms. Kay Hagan			Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: NC ☐ Support ☒ Oppose		
Calendar Year-To-Date Per Election for Office Sought			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
Full Name of Payee Lauren E Heffington			Date of Public Distribution/Dissemination 10 / 17 / 2014		
Mailing Address 488 Broadwell Dr			Amount 30.00		
City Nashville		State TN	Zip Code 37220		Transaction ID : e6499b9f-7d3b-4dc5-a
Purpose of Expenditure Salary		Category/Type 001		Date of Disbursement or Obligation 10 / 17 / 2014	
Name of Federal Candidate Mr. Mark L Pryor			Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: AR ☐ Support ☒ Oppose		
Calendar Year-To-Date Per Election for Office Sought			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			34.20		
(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.					
Signature Ms. Emily Buchanan			Date 05 / 18 / 2015		

[Electronically Filed]

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

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 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M / D D / Y Y Y Y					
Full Name of Payee Philip Elkins			Date of Public Distribution/Dissemination 10 / 17 / 2014		
Mailing Address 227 Lincoln Dr			Amount 50.00		
City Bossier City		State LA	Zip Code 71111		Transaction ID : 683308e9-0f3b-4133-b
Purpose of Expenditure Salary		Category/ Type 001		Date of Disbursement or Obligation 10 / 17 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu			☐ Support ☒ Oppose Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: LA		
Calendar Year-To-Date Per Election for Office Sought 554635.78			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
Full Name of Payee Philip Elkins			Date of Public Distribution/Dissemination 10 / 17 / 2014		
Mailing Address 227 Lincoln Dr			Amount 28.65		
City Bossier City		State LA	Zip Code 71111		Transaction ID : 73720eaf-0761-4f22-8
Purpose of Expenditure Mileage		Category/ Type 002		Date of Disbursement or Obligation 10 / 17 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu			☐ Support ☒ Oppose Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: LA		
Calendar Year-To-Date Per Election for Office Sought 554635.78			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			78.65		
(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.					
Signature <u>Ms. Emily Buchanan</u> [Electronically Filed]			Date 05 / 18 / 2015		

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 316 OF 3250
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC		FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on		M M M / D D D / Y Y Y Y Y Y	
Full Name of Payee Peggy S ODonnell		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 10 / 17 / 2014	
Mailing Address 4218 Eagle Lake Ct		Amount 15.00	
City Bel Aire	State KS	Zip Code 67220	Transaction ID : f2bd8d51-6e32-4978-a
Purpose of Expenditure Salary		Category/Type 001	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 10 / 17 / 2014
Name of Federal Candidate Mr. Greg Orman		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: KS
Calendar Year-To-Date Per Election for Office Sought 261541.03		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Peggy S ODonnell		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 10 / 17 / 2014	
Mailing Address 4218 Eagle Lake Ct		Amount 1.80	
City Bel Aire	State KS	Zip Code 67220	Transaction ID : 69b05885-6dc4-471c-9
Purpose of Expenditure Mileage		Category/Type 002	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 10 / 17 / 2014
Name of Federal Candidate Mr. Greg Orman		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: KS
Calendar Year-To-Date Per Election for Office Sought 261541.03		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶		16.80	
(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.			
Signature Ms. Emily Buchanan		Date M M M / D D D / Y Y Y Y Y Y 05 / 18 / 2015	
		[Electronically Filed]	

Full Name of Payee Brandy Starns		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 17 / 2014	
Mailing Address 300 Evangeline St		Amount 40.00	
City Monroe	State LA	Zip Code 71201	Transaction ID : f26b8a46-d7eb-43a3-a
Purpose of Expenditure Salary	Category/ Type	001	Date of Disbursement or Obligation MM / DD / YYYY 10 / 17 / 2014
Name of Federal Candidate Ms. Mary L Landrieu	☐ Support ☒ Oppose	Office Sought: ☐ President ☒ Senate	District: 00 State: LA
Calendar Year-To-Date Per Election for Office Sought	554635.78	Disbursement For: 2014 ☐ Other (specify) ▶	☐ Primary ☒ General

Full Name of Payee Brandy Starns			Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 17 / 2014		
Mailing Address 300 Evangeline St			Amount 6.00		
City Monroe	State LA	Zip Code 71201	Transaction ID : e08d6559-b0e6-4a3c-b Date of Disbursement or Obligation MM / DD / YYYY 10 / 17 / 2014		
Purpose of Expenditure Mileage		Category/ Type 002			
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: LA		
Calendar Year-To-Date Per Election for Office Sought		554635.78	Disbursement For: ☐ Primary ☒ General ☐ 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.

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

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 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC	FEC IDENTIFICATION NUMBER ▼ C C00530766
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M M D D D Y Y Y Y Y Y	

Full Name of Payee Irene R Hoyer			Date of Public Distribution/Dissemination 10 17 2014		
Mailing Address 4310 N Mission Rd			Amount 30.00		
City Bel Aire	State KS	Zip Code 67226	Transaction ID : 00be2f67-5ace-4cc6-a Date of Disbursement or Obligation 10 17 2014		
Purpose of Expenditure Salary		Category/Type 001			
Name of Federal Candidate Mr. Greg Orman			☐ Support ☒ Oppose Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>KS</u>		
Calendar Year-To-Date Per Election for Office Sought 261541.03			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		

Full Name of Payee Irene R Hoyer			Date of Public Distribution/Dissemination 10 17 2014		
Mailing Address 4310 N Mission Rd			Amount 6.00		
City Bel Aire	State KS	Zip Code 67226	Transaction ID : fae0bd11-9a91-42db-a Date of Disbursement or Obligation 10 17 2014		
Purpose of Expenditure Mileage		Category/Type 002			
Name of Federal Candidate Mr. Greg Orman			☐ Support ☒ Oppose Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>KS</u>		
Calendar Year-To-Date Per Election for Office Sought 261541.03			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	36.00
(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

05

18

2015

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 319 OF 3250
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC		FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on		M M M / D D D / Y Y Y Y Y Y	
Full Name of Payee Cayenne C Corbin		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 10 / 17 / 2014	
Mailing Address 1851 S Laura St		Amount 50.00	
City Wichita	State KS	Zip Code 67211	Transaction ID : 6f88e777-d15d-44b2-9
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 10 / 17 / 2014
Name of Federal Candidate Mr. Greg Orman		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: KS
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Cayenne C Corbin		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 10 / 17 / 2014	
Mailing Address 1851 S Laura St		Amount 4.20	
City Wichita	State KS	Zip Code 67211	Transaction ID : 92a983ca-f415-492d-b
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 10 / 17 / 2014
Name of Federal Candidate Mr. Greg Orman		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: KS
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures.....▶		54.20	
(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.			
Signature Ms. Emily Buchanan		Date M M M / D D D / Y Y Y Y Y Y 05 / 18 / 2015	
		[Electronically Filed]	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 320 OF 3250
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC		FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on / /			
Full Name of Payee Lydia H DeGisi		Date of Public Distribution/Dissemination / / 10 / 17 / 2014	
Mailing Address 9513 Beverly Dr		Amount 35.00	
City Overland Park	State KS	Zip Code 66207	Transaction ID : 64613fca-ca90-417e-a Date of Disbursement or Obligation / / 10 / 17 / 2014
Purpose of Expenditure Salary		Category/ Type 001	
Name of Federal Candidate Mr. Greg Orman		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>KS</u>
Calendar Year-To-Date Per Election for Office Sought 261541.03		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶ _____	
Full Name of Payee Lydia H DeGisi		Date of Public Distribution/Dissemination / / 10 / 17 / 2014	
Mailing Address 9513 Beverly Dr		Amount 4.80	
City Overland Park	State KS	Zip Code 66207	Transaction ID : 3465a268-1e51-4724-a Date of Disbursement or Obligation / / 10 / 17 / 2014
Purpose of Expenditure Mileage		Category/ Type 002	
Name of Federal Candidate Mr. Greg Orman		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>KS</u>
Calendar Year-To-Date Per Election for Office Sought 261541.03		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶ _____	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶		 39.80	
(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.			
Signature <i>Ms. Emily Buchanan</i>		Date / / 05 / 18 / 2015	
[Electronically Filed]			

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 321 OF 3250
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on MM / DD / YYYY				
Full Name of Payee Adam L Clark			Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 17 / 2014	
Mailing Address 1851 S Laura St			Amount 9999.99 50.00	
City Wichita		State KS	Zip Code 67211	Transaction ID : 8bf296e7-9c0e-4931-a
Purpose of Expenditure Salary		Category/ Type	001	Date of Disbursement or Obligation MM / DD / YYYY 10 / 17 / 2014
Name of Federal Candidate Mr. Greg Orman		☐ Support ☒ Oppose	Office Sought: ☐ President ☒ Senate	District: 00 State: KS
Calendar Year-To-Date Per Election for Office Sought		99999999.99 261541.03		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶
Full Name of Payee Michael D English			Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 17 / 2014	
Mailing Address F4 Benton Ave Apt 4			Amount 9999.99 40.00	
City Searcy		State AR	Zip Code 72149	Transaction ID : 2849c342-50d8-4736-a
Purpose of Expenditure Salary		Category/ Type	001	Date of Disbursement or Obligation MM / DD / YYYY 10 / 17 / 2014
Name of Federal Candidate Mr. Mark L Pryor		☐ Support ☒ Oppose	Office Sought: ☐ President ☒ Senate	District: 00 State: AR
Calendar Year-To-Date Per Election for Office Sought		99999999.99 292370.62		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures.....▶			99999999.99 90.00	
(b) SUBTOTAL of Unitemized Independent Expenditures▶			99999999.99	
(c) TOTAL Independent Expenditures.....▶			99999999.99	
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.				
Signature Ms. Emily Buchanan		[Electronically Filed]		Date MM / DD / YYYY 05 / 18 / 2015

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 322 OF 3250
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC		FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M M / D D D / Y Y Y Y Y Y			
Full Name of Payee Michael D English		Date of Public Distribution/Dissemination 10 / 17 / 2014	
Mailing Address F4 Benton Ave Apt 4		Amount 24.90	
City Searcy	State AR	Zip Code 72149	Transaction ID : f107954f-5337-4f2e-8 Date of Disbursement or Obligation 10 / 17 / 2014
Purpose of Expenditure Mileage		Category/ Type 002	
Name of Federal Candidate Mr. Mark L Pryor		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: AR
Calendar Year-To-Date Per Election for Office Sought		292370.62	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶
Full Name of Payee Cynthia Stewart		Date of Public Distribution/Dissemination 10 / 17 / 2014	
Mailing Address 3001 Pendell Lane		Amount 90.00	
City Ft. Smith	State AR	Zip Code 72901	Transaction ID : cbc39814-2d45-46f2-b Date of Disbursement or Obligation 10 / 17 / 2014
Purpose of Expenditure Salary		Category/ Type 001	
Name of Federal Candidate Mr. Mark L Pryor		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: AR
Calendar Year-To-Date Per Election for Office Sought		292370.62	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶		114.90	
(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.			
Signature Ms. Emily Buchanan		Date 05 / 18 / 2015 [Electronically Filed]	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 323 OF 3250
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M / D D / Y Y Y Y Y Y				
Full Name of Payee Ralph Smith			Date of Public Distribution/Dissemination 10 / 17 / 2014	
Mailing Address 2090 Fancy Gap Rd			Amount 55.00	
City Mt. Airy	State NC	Zip Code 27030	Transaction ID : c1c14be5-4e29-4c24-9	
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation 10 / 17 / 2014	
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>NC</u>	
Calendar Year-To-Date Per Election for Office Sought		1095959.94	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Ralph Smith			Date of Public Distribution/Dissemination 10 / 17 / 2014	
Mailing Address 2090 Fancy Gap Rd			Amount 17.04	
City Mt. Airy	State NC	Zip Code 27030	Transaction ID : b43b69ea-c733-4d4a-8	
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement or Obligation 10 / 17 / 2014	
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>NC</u>	
Calendar Year-To-Date Per Election for Office Sought		1095959.94	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			72.04	
(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.				
Signature Ms. Emily Buchanan		[Electronically Filed]		Date 05 / 18 / 2015

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 324 OF 3250
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC		FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on		M M M / D D D / Y Y Y Y Y Y	
Full Name of Payee Talia J DeGisi		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 10 / 17 / 2014	
Mailing Address 9513 Beverly Dr		Amount 35.00	
City Overland Park	State KS	Zip Code 66207	Transaction ID : a22d3b26-00d5-4c4f-b
Purpose of Expenditure Salary	Category/Type 001	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 10 / 17 / 2014	
Name of Federal Candidate Mr. Greg Orman		Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: KS	
Calendar Year-To-Date Per Election for Office Sought 261541.03		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Talia J DeGisi		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 10 / 17 / 2014	
Mailing Address 9513 Beverly Dr		Amount 4.80	
City Overland Park	State KS	Zip Code 66207	Transaction ID : 0a4b9318-9ef1-4cd0-9
Purpose of Expenditure Mileage	Category/Type 002	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 10 / 17 / 2014	
Name of Federal Candidate Mr. Greg Orman		Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: KS	
Calendar Year-To-Date Per Election for Office Sought 261541.03		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶		39.80	
(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.			
Signature Ms. Emily Buchanan		Date M M M / D D D / Y Y Y Y Y Y 05 / 18 / 2015	
		[Electronically Filed]	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 325 OF 3250
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC		FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on		M M M / D D D / Y Y Y Y Y Y	
Full Name of Payee Adena V Smith		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 10 / 17 / 2014	
Mailing Address 450 Judson Dr		Amount 32.00	
City Wake Forest	State NC	Zip Code 27587	Transaction ID : 3a210ee5-ac48-4948-9
Purpose of Expenditure Salary	Category/Type 001	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 10 / 17 / 2014	
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	
Office Sought: ☐ President ☒ Senate		District: 00 State: NC	
Calendar Year-To-Date Per Election for Office Sought 1095959.94		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Phillip Williams		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 10 / 17 / 2014	
Mailing Address 3007 Darden Rd		Amount 67.50	
City Greensboro	State NC	Zip Code 27407	Transaction ID : f18f1ca0-f6ea-48d1-b
Purpose of Expenditure Salary	Category/Type 001	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 10 / 17 / 2014	
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	
Office Sought: ☐ President ☒ Senate		District: 00 State: NC	
Calendar Year-To-Date Per Election for Office Sought 1095959.94		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶		99.50	
(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.			
Signature Ms. Emily Buchanan		Date M M M / D D D / Y Y Y Y Y Y 05 / 18 / 2015	
[Electronically Filed]			

Full Name of Payee Beverly Williams		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 17 / 2014	
Mailing Address 3007 Darden Rd		Amount 67.50	
City Greensboro	State NC	Zip Code 27407	Transaction ID : b8fbbe10-c07e-4f72-a Date of Disbursement or Obligation MM / DD / YYYY 10 / 17 / 2014
Purpose of Expenditure Salary	Category/ Type 001		
Name of Federal Candidate Ms. Kay Hagan	☐ Support ☒ Oppose	Office Sought: ☐ President ☒ Senate	House District: 00 State: NC
Calendar Year-To-Date Per Election for Office Sought	1095959.94	Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	86.10
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

05 / 18 / 2015

FEC Schedule E (Form 3X) Rev. 09/2013

Full Name of Payee Kenny Wallis		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 17 / 2014	
Mailing Address 6412 Osage Dr		Amount 75.00	
City North Little rock	State AR	Zip Code 72116	Transaction ID : c39a1019-3cab-4b19-a Date of Disbursement or Obligation MM / DD / YYYY 10 / 17 / 2014
Purpose of Expenditure Salary	Category/ Type 001		
Name of Federal Candidate Mr. Mark L Pryor	☐ Support ☒ Oppose	Office Sought: ☐ President ☒ Senate ☐ Other (specify) ▶	District: 00 State: AR ☐ Primary ☒ General
Calendar Year-To-Date Per Election for Office Sought	292370.62		

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

05 / 18 / 2015

FEC Schedule E (Form 3X) Rev. 09/2013

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 328 OF 3250
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC		FEC IDENTIFICATION NUMBER ▼ C C00530766
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on		MM / DD / YYYY

Full Name of Payee Kenny Wallis		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 17 / 2014
Mailing Address 6412 Osage Dr		Amount 6.09
City North Little rock	State AR	Zip Code 72116
Purpose of Expenditure Mileage	Category/Type 002	Transaction ID : 17f1163c-6e52-4003-8 Date of Disbursement or Obligation MM / DD / YYYY 10 / 17 / 2014
Name of Federal Candidate Mr. Mark L Pryor		Office Sought: ☐ House District: 00 ☒ Senate State: AR
Calendar Year-To-Date Per Election for Office Sought 292370.62		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶

Full Name of Payee Darius Beverly		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 17 / 2014
Mailing Address 157 Bishop Drive		Amount 50.00
City Avondale	State LA	Zip Code 70094
Purpose of Expenditure Salary	Category/Type 001	Transaction ID : d56db5f5-e5a3-4c35-9 Date of Disbursement or Obligation MM / DD / YYYY 10 / 17 / 2014
Name of Federal Candidate Ms. Mary L Landrieu		Office Sought: ☐ House District: 00 ☒ Senate State: LA
Calendar Year-To-Date Per Election for Office Sought 554635.78		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	56.09
(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]

Signature

Date

MM / DD / YYYY
05 / 18 / 2015

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 329 OF 3250
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M / D D / Y Y Y Y Y Y				
Full Name of Payee Stephanie L Heun			Date of Public Distribution/Dissemination 10 / 17 / 2014	
Mailing Address 8026 S Wilwood Dr Apt 101			Amount 40.30	
City Oak Creek	State WI	Zip Code 53154	Transaction ID : 00ccfacc-f0bc-4658-9	
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation 10 / 17 / 2014	
Name of Federal Candidate Mr. Greg Orman		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: KS	
Calendar Year-To-Date Per Election for Office Sought		261541.03	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Ms. Dinah Beverly			Date of Public Distribution/Dissemination 10 / 17 / 2014	
Mailing Address 157 Bishop Drive			Amount 50.00	
City Avondale	State LA	Zip Code 70064	Transaction ID : 81c45a6d-8272-449a-b	
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation 10 / 17 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: LA	
Calendar Year-To-Date Per Election for Office Sought		554635.78	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures.....▶			90.30	
(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.				
Signature Ms. Emily Buchanan		[Electronically Filed]		Date 05 / 18 / 2015

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 330 OF 3250
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M M / D D D / Y Y Y Y Y Y					
Full Name of Payee Ms. Dinah Beverly			Date of Public Distribution/Dissemination 10 / 17 / 2014		
Mailing Address 157 Bishop Drive			Amount 4.50		
City Avondale		State LA	Zip Code 70064		Transaction ID : eb3e699f-6058-4422-8
Purpose of Expenditure Mileage		Category/ Type 002		Date of Disbursement or Obligation 10 / 17 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu			Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: LA		
Calendar Year-To-Date Per Election for Office Sought 554635.78			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
Full Name of Payee Joseph R English			Date of Public Distribution/Dissemination 10 / 17 / 2014		
Mailing Address 915 East Market Ave Apt 4			Amount 60.00		
City Searcy		State AR	Zip Code 72143		Transaction ID : da7201a1-8e8d-4d0b-b
Purpose of Expenditure Salary		Category/ Type 001		Date of Disbursement or Obligation 10 / 17 / 2014	
Name of Federal Candidate Mr. Mark L Pryor			Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: AR		
Calendar Year-To-Date Per Election for Office Sought 292370.62			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶ 64.50					
(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.					
Signature Ms. Emily Buchanan			Date 05 / 18 / 2015		
[Electronically Filed]					

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 331 OF 3250
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC		FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on		MM / DD / YYYY	
Full Name of Payee Joseph R English		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 17 / 2014	
Mailing Address 915 East Market Ave Apt 4		Amount 39.00	
City Searcy	State AR	Zip Code 72143	Transaction ID : 3d329c0b-ae3f-4af6-8
Purpose of Expenditure Mileage		Category/Type 002	Date of Disbursement or Obligation MM / DD / YYYY 10 / 17 / 2014
Name of Federal Candidate Mr. Mark L Pryor		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: AR
Calendar Year-To-Date Per Election for Office Sought 292370.62		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Corban L Barnett		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 17 / 2014	
Mailing Address 1001 N Prospect		Amount 25.00	
City Liberal	State KS	Zip Code 67901	Transaction ID : 9bebdcf9-41bf-426c-8
Purpose of Expenditure Salary		Category/Type 001	Date of Disbursement or Obligation MM / DD / YYYY 10 / 17 / 2014
Name of Federal Candidate Mr. Greg Orman		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: KS
Calendar Year-To-Date Per Election for Office Sought 261541.03		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶		64.00	
(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]	
Signature		Date MM / DD / YYYY 05 / 18 / 2015	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

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NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M / D D / Y Y Y Y Y Y					
Full Name of Payee Corban L Barnett			Date of Public Distribution/Dissemination 10 / 17 / 2014		
Mailing Address 1001 N Prospect			Amount 9.00		
City Liberal		State KS	Zip Code 67901		Transaction ID : 7d3ddb15-158a-42f0-a
Purpose of Expenditure Mileage		Category/ Type 002		Date of Disbursement or Obligation 10 / 17 / 2014	
Name of Federal Candidate Mr. Greg Orman			☐ Support ☒ Oppose Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>KS</u>		
Calendar Year-To-Date Per Election for Office Sought 261541.03			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶ _____		
Full Name of Payee Jessica R Resendiz			Date of Public Distribution/Dissemination 10 / 17 / 2014		
Mailing Address 9685 Paula St			Amount 80.00		
City Keithville		State LA	Zip Code 71047		Transaction ID : 79dfc1fd-3794-429f-a
Purpose of Expenditure Salary		Category/ Type 001		Date of Disbursement or Obligation 10 / 17 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu			☐ Support ☒ Oppose Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>LA</u>		
Calendar Year-To-Date Per Election for Office Sought 554635.78			Disbursement For: ☐ Primary ☒ 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.					
Signature <u>Ms. Emily Buchanan</u> [Electronically Filed]			Date 05 / 18 / 2015		

Full Name of Payee April E Madrid			Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 17 / 2014		
Mailing Address 2153 Sweet Bay Circle			Amount 32.50		
City Bossier City	State LA	Zip Code 71111	Transaction ID : a07d6448-caec-49f4-a Date of Disbursement or Obligation MM / DD / YYYY 10 / 17 / 2014		
Purpose of Expenditure Salary		Category/ Type 001			
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: LA		
Calendar Year-To-Date Per Election for Office Sought		554635.78	Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ►		

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	Itemized Expenditures 63.70
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	Unitemized Expenditures
(c) TOTAL Independent Expenditures.....	▶	Total Independent Expenditures

Signature

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ITEMIZED INDEPENDENT EXPENDITURESPAGE 334 OF 3250
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M M / D D D / Y Y Y Y Y Y					
Full Name of Payee April E Madrid			Date of Public Distribution/Dissemination 10 / 17 / 2014		
Mailing Address 2153 Sweet Bay Circle			Amount 10.50		
City Bossier City	State LA	Zip Code 71111	Transaction ID : 63ab1048-481a-43b1-8		
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement or Obligation 10 / 17 / 2014		
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: LA		
Calendar Year-To-Date Per Election for Office Sought		554635.78	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
Full Name of Payee Alice K Salazar			Date of Public Distribution/Dissemination 10 / 17 / 2014		
Mailing Address 605 W Houston St			Amount 80.00		
City Marshall	State TX	Zip Code 75633	Transaction ID : bfb86761-703b-4818-9		
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation 10 / 17 / 2014		
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: LA		
Calendar Year-To-Date Per Election for Office Sought		554635.78	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			90.50		
(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.					
Signature Ms. Emily Buchanan		[Electronically Filed]		Date 05 / 18 / 2015	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 335 OF 3250
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M M / D D D / Y Y Y Y Y Y					
Full Name of Payee Alice K Salazar			Date of Public Distribution/Dissemination 10 / 17 / 2014		
Mailing Address 605 W Houston St			Amount 45.60		
City Marshall		State TX	Zip Code 75633		Transaction ID : 2a7ff4cf-03c1-47ed-b
Purpose of Expenditure Mileage		Category/ Type 002		Date of Disbursement or Obligation 10 / 17 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu			Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: LA		
Calendar Year-To-Date Per Election for Office Sought 554635.78			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
Full Name of Payee Michael A Toomey			Date of Public Distribution/Dissemination 10 / 17 / 2014		
Mailing Address 4120 Bon Aire Dr Apt 6307			Amount 45.00		
City Monroe		State LA	Zip Code 71212		Transaction ID : a99f6f09-d586-40d5-8
Purpose of Expenditure Salary		Category/ Type 001		Date of Disbursement or Obligation 10 / 17 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu			Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: LA		
Calendar Year-To-Date Per Election for Office Sought 554635.78			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			90.60		
(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.					
Signature Ms. Emily Buchanan			Date 05 / 18 / 2015		
[Electronically Filed]					

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 336 OF 3250
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC		FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on		M M M / D D D / Y Y Y Y Y Y	
Full Name of Payee Michael A Toomey		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 10 / 17 / 2014	
Mailing Address 4120 Bon Aire Dr Apt 6307		Amount 5.70	
City Monroe	State LA	Zip Code 71212	Transaction ID : 2793af9e-8166-4de9-9
Purpose of Expenditure Mileage	Category/Type 002	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 10 / 17 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	
Office Sought: ☐ President ☒ Senate		District: 00 State: LA	
Calendar Year-To-Date Per Election for Office Sought 554635.78		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Gregory Green		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 10 / 17 / 2014	
Mailing Address 2506 Bolch Street		Amount 80.00	
City Shreveport	State LA	Zip Code 71104	Transaction ID : 0cd31c2d-61e9-494c-a
Purpose of Expenditure Salary	Category/Type 001	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 10 / 17 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	
Office Sought: ☐ President ☒ Senate		District: 00 State: LA	
Calendar Year-To-Date Per Election for Office Sought 554635.78		Disbursement For: ☐ Primary ☒ 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.			
Signature Ms. Emily Buchanan		Date M M M / D D D / Y Y Y Y Y Y 05 / 18 / 2015	
[Electronically Filed]			

Full Name of Payee Todd Ellis		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 17 / 2014	
Mailing Address P.O. Box 712		Amount 9999999999 60.00	
City Alexander	State AR	Zip Code 72002	Transaction ID : d15a1614-c4c0-473f-b Date of Disbursement or Obligation MM / DD / YYYY 10 / 17 / 2014
Purpose of Expenditure Salary		Category/ Type 001	
Name of Federal Candidate Mr. Mark L Pryor		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: AR
Calendar Year-To-Date Per Election for Office Sought		9999999999 292370.62	Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ►

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	102.60
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

FEC Schedule E (Form 3X) Rev. 09/2013

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 338 OF 3250
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC		FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on		M M M / D D D / Y Y Y Y Y Y	
Full Name of Payee Todd Ellis		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 10 / 17 / 2014	
Mailing Address P.O. Box 712		Amount 11.40	
City Alexander	State AR	Zip Code 72002	Transaction ID : 84131611-8924-49b9-b
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 10 / 17 / 2014
Name of Federal Candidate Mr. Mark L Pryor		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: AR
Calendar Year-To-Date Per Election for Office Sought 292370.62		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Miranda A Resinos Originally reported as 10/19 and \$90, corrected with filing		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 10 / 17 / 2014	
Mailing Address 1430 Sunnyside Rd		Amount 85.00	
City Alma	State AR	Zip Code 72921	Transaction ID : a1fd53ec-0e33-4c50-b
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 10 / 17 / 2014
Name of Federal Candidate Mr. Mark L Pryor		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: AR
Calendar Year-To-Date Per Election for Office Sought 292370.62		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶		96.40	
(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 Signature		[Electronically Filed] Date M M M / D D D / Y Y Y Y Y Y 05 / 18 / 2015	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 339 OF 3250
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC		FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on / /			
Full Name of Payee Miranda A Resinos Originally reported as 10/19 and \$81.60, corrected with filing		Date of Public Distribution/Dissemination 10 / 17 / 2014	
Mailing Address 1430 Sunnyside Rd		Amount 63.90	
City Alma	State AR	Zip Code 72921	Transaction ID : 6170f2c8-4a14-4e6f-8 Date of Disbursement or Obligation 10 / 17 / 2014
Purpose of Expenditure Mileage		Category/ Type 002	
Name of Federal Candidate Mr. Mark L Pryor		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>AR</u>
Calendar Year-To-Date Per Election for Office Sought		292370.62	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶ _____
Full Name of Payee Eric Resinos Originally reported as 10/19 and \$70, corrected with filing		Date of Public Distribution/Dissemination 10 / 17 / 2014	
Mailing Address 1430 Sunnyside Rd		Amount 90.00	
City Alma	State AR	Zip Code 72921	Transaction ID : b201374c-9b3b-4476-b Date of Disbursement or Obligation 10 / 17 / 2014
Purpose of Expenditure Salary		Category/ Type 001	
Name of Federal Candidate Mr. Mark L Pryor		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>AR</u>
Calendar Year-To-Date Per Election for Office Sought		292370.62	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶ _____
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶		153.90	
(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.			
Signature <i>Ms. Emily Buchanan</i>		Date 05 / 18 / 2015	
[Electronically Filed]			

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

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 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC	FEC IDENTIFICATION NUMBER ▼ C C00530766
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M M / D D D / Y Y Y Y Y Y	

Full Name of Payee Eric Resinos Originally reported as 10/19 and \$58.20, corrected with filing			Date of Public Distribution/Dissemination 10 / 17 / 2014		
Mailing Address 1430 Sunnyside Rd			Amount 71.10		
City Alma	State AR	Zip Code 72921	Transaction ID : 8a3ec816-2502-44a5-b Date of Disbursement or Obligation 10 / 17 / 2014		
Purpose of Expenditure Mileage		Category/ Type 002			
Name of Federal Candidate Mr. Mark L Pryor			☐ Support ☒ Oppose Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: AR		
Calendar Year-To-Date Per Election for Office Sought 292370.62			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		

Full Name of Payee Kinsey E Beck			Date of Public Distribution/Dissemination 10 / 17 / 2014		
Mailing Address 103 Glenhaven Ct			Amount 50.00		
City Harvest	State AL	Zip Code 35749	Transaction ID : 3e9edf8e-2a66-499e-9 Date of Disbursement or Obligation 10 / 17 / 2014		
Purpose of Expenditure Salary		Category/ Type 001			
Name of Federal Candidate Mr. Mark L Pryor			☐ Support ☒ Oppose Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: AR		
Calendar Year-To-Date Per Election for Office Sought 292370.62			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	121.10
(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

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Signature

Full Name of Payee Heather N Montgomery		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 17 / 2014	
Mailing Address 106 Wyncrest Ct		Amount 40.00	
City Hendersonville	State TN	Zip Code 37075	Transaction ID : 77999a3f-cbe2-44f7-b Date of Disbursement or Obligation MM / DD / YYYY 10 / 17 / 2014
Purpose of Expenditure Salary	Category/ Type 001		
Name of Federal Candidate Mr. Mark L Pryor	☐ Support ☒ Oppose	Office Sought: ☐ President ☒ Senate ☐ Other (specify) ▶	District: 00 State: AR ☐ Primary ☒ General
Calendar Year-To-Date Per Election for Office Sought	292370.62		

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	69.10
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

05 / 18 / 2015

FEC Schedule E (Form 3X) Rev. 09/2013

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 342 OF 3250
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC		FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on		M M M / D D D / Y Y Y Y Y Y	
Full Name of Payee Shantal C Culbreath		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 10 / 17 / 2014	
Mailing Address 4691 Hercules Lane		Amount 100.00	
City Woodbridge	State VA	Zip Code 22193	Transaction ID : dc837f38-2479-409e-9
Purpose of Expenditure Salary	Category/Type 001	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 10 / 17 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	
Office Sought: ☐ President ☒ Senate		District: 00 State: LA	
Calendar Year-To-Date Per Election for Office Sought 554635.78		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Tylan S Green		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 10 / 17 / 2014	
Mailing Address 2320 Saint Nick Dr		Amount 60.00	
City New Orleans	State LA	Zip Code 70131	Transaction ID : 0cb536f2-d985-42ed-9
Purpose of Expenditure Salary	Category/Type 001	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 10 / 17 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	
Office Sought: ☐ President ☒ Senate		District: 00 State: LA	
Calendar Year-To-Date Per Election for Office Sought 554635.78		Disbursement For: ☐ Primary ☒ 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]	
Signature		Date M M M / D D D / Y Y Y Y Y Y 05 / 18 / 2015	

Full Name of Payee Brenda L McCune		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 17 / 2014	
Mailing Address 1254 Fleming St Apt 6		Amount 45.00	
City Conway	State AR	Zip Code 72032	Transaction ID : 98652b04-6958-4931-b Date of Disbursement or Obligation MM / DD / YYYY 10 / 17 / 2014
Purpose of Expenditure Salary	Category/ Type 001		
Name of Federal Candidate Mr. Mark L Pryor	☐ Support ☒ Oppose	Office Sought: ☐ President ☒ Senate ☐ Other (specify) ▶	District: 00 State: AR ☐ Primary ☒ General
Calendar Year-To-Date Per Election for Office Sought	292370.62		

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	66.00
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

Ms. Emily Buchanan

[Electronically Filed]

Date 05 / 18 / 2015

Signature _____

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 344 OF 3250
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC		FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on		MM / DD / YYYY	
Full Name of Payee Brenda L McCune		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 17 / 2014	
Mailing Address 1254 Fleming St Apt 6		Amount 37.20	
City Conway	State AR	Zip Code 72032	Transaction ID : 429a1b63-b9bf-4e12-a
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement or Obligation MM / DD / YYYY 10 / 17 / 2014
Name of Federal Candidate Mr. Mark L Pryor		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: AR
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Brenda K Billington		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 17 / 2014	
Mailing Address 437 Roberson Creek Rd		Amount 70.00	
City Pittsboro	State NC	Zip Code 27312	Transaction ID : b541ee88-db1f-48f5-b
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation MM / DD / YYYY 10 / 17 / 2014
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: NC
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶		107.20	
(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.			
Signature Ms. Emily Buchanan		Date MM / DD / YYYY 05 / 18 / 2015	
		[Electronically Filed]	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 345 OF 3250
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC		FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on		M M M / D D D / Y Y Y Y Y Y	
Full Name of Payee Brenda K Billington		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 10 / 17 / 2014	
Mailing Address 437 Roberson Creek Rd		Amount 27.90	
City Pittsboro	State NC	Zip Code 27312	Transaction ID : 090197fc-9cdf-47f2-8
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 10 / 17 / 2014
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: NC
Calendar Year-To-Date Per Election for Office Sought 1095959.94		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Randy G Lookabill		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 10 / 17 / 2014	
Mailing Address 200 Carawood Lane		Amount 23.50	
City Lexington	State NC	Zip Code 27295	Transaction ID : d7c8b17b-6438-4653-b
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 10 / 17 / 2014
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: NC
Calendar Year-To-Date Per Election for Office Sought 1095959.94		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶		51.40	
(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]	
Signature		Date M M M / D D D / Y Y Y Y Y Y 05 / 18 / 2015	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

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 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC		FEC IDENTIFICATION NUMBER ▼ C C00530766
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on		MM / DD / YYYY

Full Name of Payee Randy G Lookabill		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 17 / 2014	
Mailing Address 200 Carawood Lane		Amount 12.60	
City Lexington	State NC	Zip Code 27295	Transaction ID : 3f04e6e3-90ac-4888-8
Purpose of Expenditure Mileage	Category/Type 002	Date of Disbursement or Obligation MM / DD / YYYY 10 / 17 / 2014	
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: NC
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	

Full Name of Payee Benjamin Hernandez		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 17 / 2014	
Mailing Address 915 E Market Ave		Amount 30.00	
City Searcy	State AR	Zip Code 72149	Transaction ID : 5fa1d953-63ae-4d3d-b
Purpose of Expenditure Salary	Category/Type 001	Date of Disbursement or Obligation MM / DD / YYYY 10 / 17 / 2014	
Name of Federal Candidate Mr. Mark L Pryor		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: AR
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	42.60
(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

MM / DD / YYYY
05 / 18 / 2015

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 347 OF 3250
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on			M M M / D D D / Y Y Y Y Y Y		
Full Name of Payee Benjamin Hernandez			Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 10 / 17 / 2014		
Mailing Address 915 E Market Ave			Amount 14.10		
City Searcy		State AR	Zip Code 72149		Transaction ID : bdef8f53-af0e-40f4-8
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 10 / 17 / 2014		
Name of Federal Candidate Mr. Mark L Pryor		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: AR		
Calendar Year-To-Date Per Election for Office Sought		292370.62	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
Full Name of Payee Vonniqua Jackson			Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 10 / 17 / 2014		
Mailing Address 111 Westchester Blvd Apt D4			Amount 70.00		
City Slidell		State LA	Zip Code 70458		Transaction ID : 36c96e07-3347-42dd-8
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 10 / 17 / 2014		
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: LA		
Calendar Year-To-Date Per Election for Office Sought		554635.78	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			84.10		
(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.					
Signature Ms. Emily Buchanan		[Electronically Filed]		Date M M M / D D D / Y Y Y Y Y Y 05 / 18 / 2015	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

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 FOR LINE 24 OF FORM 3X

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

Full Name of Payee Peggy A Sides			Date of Public Distribution/Dissemination MM / DD / YYYY 10 17 2014	
Mailing Address 2183 Spokane Rd			Amount 60.00	
City Fayetteville	State NC	Zip Code 28304	Transaction ID : 8e976962-b2f7-4aa4-a Date of Disbursement or Obligation MM / DD / YYYY 10 17 2014	
Purpose of Expenditure Salary		Category/ Type 001		
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: NC	
Calendar Year-To-Date Per Election for Office Sought		1095959.94	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	

Full Name of Payee Peggy A Sides			Date of Public Distribution/Dissemination MM / DD / YYYY 10 17 2014	
Mailing Address 2183 Spokane Rd			Amount 7.50	
City Fayetteville	State NC	Zip Code 28304	Transaction ID : 86a1afb2-a065-4075-a Date of Disbursement or Obligation MM / DD / YYYY 10 17 2014	
Purpose of Expenditure Mileage		Category/ Type 002		
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: NC	
Calendar Year-To-Date Per Election for Office Sought		1095959.94	Disbursement For: ☐ Primary ☒ 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

 MM / DD / YYYY

05

18

2015

Signature

Full Name of Payee Shanon Snyder		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 17 / 2014	
Mailing Address 2701 Winifred		Amount 0.75	
City Metairie	State LA	Zip Code 70003	Transaction ID : 107a2fde-5f03-4964-a Date of Disbursement or Obligation MM / DD / YYYY 10 / 17 / 2014
Purpose of Expenditure Mileage	Category/ Type 002		
Name of Federal Candidate Ms. Mary L Landrieu	☐ Support ☒ Oppose	Office Sought: ☐ President ☒ Senate	District: 00 State: LA
Calendar Year-To-Date Per Election for Office Sought	554635.78	Disbursement For: 2014 ☐ Other (specify) ▶	☐ Primary ☒ General

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	20.75
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

Ms. Emily Buchanan

[Electronically Filed]

Date 05 / 18 / 2015

Signature _____

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 350 OF 3250
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M / D D / Y Y Y Y					
Full Name of Payee Ronald W Ryckman			Date of Public Distribution/Dissemination 10 / 17 / 2014		
Mailing Address 503 N Cedar St			Amount 50.00		
City Meade	State KS	Zip Code 67864	Transaction ID : 0eb2bd36-8203-402c-8 Date of Disbursement or Obligation 10 / 17 / 2014		
Purpose of Expenditure Salary		Category/ Type 001			
Name of Federal Candidate Mr. Greg Orman			☐ Support ☒ Oppose Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: KS		
Calendar Year-To-Date Per Election for Office Sought 261541.03			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
Full Name of Payee Ronald W Ryckman			Date of Public Distribution/Dissemination 10 / 17 / 2014		
Mailing Address 503 N Cedar St			Amount 27.00		
City Meade	State KS	Zip Code 67864	Transaction ID : a7b52b70-f240-4652-8 Date of Disbursement or Obligation 10 / 17 / 2014		
Purpose of Expenditure Mileage		Category/ Type 002			
Name of Federal Candidate Mr. Greg Orman			☐ Support ☒ Oppose Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: KS		
Calendar Year-To-Date Per Election for Office Sought 261541.03			Disbursement For: ☐ Primary ☒ 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.					
Signature <u>Ms. Emily Buchanan</u> [Electronically Filed]			Date 05 / 18 / 2015		

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 351 OF 3250
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC		FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on		M M M / D D D / Y Y Y Y Y Y	
Full Name of Payee Carl Brent		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 10 / 17 / 2014	
Mailing Address 6718 Lake Willow Dr		Amount 80.00	
City New Orleans	State LA	Zip Code 70126	Transaction ID : 7959967f-a83f-443b-9
Purpose of Expenditure Salary		Category/Type 001	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 10 / 17 / 2014
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: LA
Calendar Year-To-Date Per Election for Office Sought 554635.78		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Carl Brent		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 10 / 17 / 2014	
Mailing Address 6718 Lake Willow Dr		Amount 9.90	
City New Orleans	State LA	Zip Code 70126	Transaction ID : e160507e-330e-48ad-8
Purpose of Expenditure Mileage		Category/Type 002	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 10 / 17 / 2014
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: LA
Calendar Year-To-Date Per Election for Office Sought 554635.78		Disbursement For: ☐ Primary ☒ 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.			
Signature Ms. Emily Buchanan		Date M M M / D D D / Y Y Y Y Y Y 05 / 18 / 2015	
		[Electronically Filed]	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 352 OF 3250
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M / D D / Y Y Y Y				
Full Name of Payee Brandon Wheeler			Date of Public Distribution/Dissemination 10 / 17 / 2014	
Mailing Address 10112 Piney Creek Ct			Amount 40.00	
City Charolette	State NC	Zip Code 28215	Transaction ID : dab9e498-3434-4eca-8 Date of Disbursement or Obligation 10 / 17 / 2014	
Purpose of Expenditure Salary		Category/ Type 001		
Name of Federal Candidate Mr. Mark L Pryor		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>AR</u>	
Calendar Year-To-Date Per Election for Office Sought		292370.62	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Brandon Wheeler			Date of Public Distribution/Dissemination 10 / 17 / 2014	
Mailing Address 10112 Piney Creek Ct			Amount 20.10	
City Charolette	State NC	Zip Code 28215	Transaction ID : 6623717d-916e-499d-8 Date of Disbursement or Obligation 10 / 17 / 2014	
Purpose of Expenditure Mileage		Category/ Type 002		
Name of Federal Candidate Mr. Mark L Pryor		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>AR</u>	
Calendar Year-To-Date Per Election for Office Sought		292370.62	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			60.10	
(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.				
Signature Ms. Emily Buchanan		[Electronically Filed]		Date 05 / 18 / 2015

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

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 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M M / D D D / Y Y Y Y Y Y					
Full Name of Payee Kaitlyn B Allen			Date of Public Distribution/Dissemination 10 / 17 / 2014		
Mailing Address 2121 Daniel Dr			Amount 95.00		
City Searcy	State AR	Zip Code 72143	Transaction ID : ff2d056-4589-44e1-a Date of Disbursement or Obligation 10 / 17 / 2014		
Purpose of Expenditure Salary		Category/ Type 001			
Name of Federal Candidate Mr. Mark L Pryor			Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>AR</u>		
Calendar Year-To-Date Per Election for Office Sought 292370.62			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶ _____		
Full Name of Payee Kaitlyn B Allen			Date of Public Distribution/Dissemination 10 / 17 / 2014		
Mailing Address 2121 Daniel Dr			Amount 37.74		
City Searcy	State AR	Zip Code 72143	Transaction ID : fd8ea86-6b3c-48bf-b Date of Disbursement or Obligation 10 / 17 / 2014		
Purpose of Expenditure Mileage		Category/ Type 002			
Name of Federal Candidate Mr. Mark L Pryor			Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>AR</u>		
Calendar Year-To-Date Per Election for Office Sought 292370.62			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶ _____		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			132.74		
(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.					
Signature <u>Ms. Emily Buchanan</u> [Electronically Filed]			Date 05 / 18 / 2015		

Full Name of Payee Elizabeth M Moore			Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 17 / 2014		
Mailing Address 1223 Silver Sage Dr Apt 303			Amount 13.00		
City Raleigh	State NC	Zip Code 27606	Transaction ID : 3518e71f-411f-4c40-b Date of Disbursement or Obligation MM / DD / YYYY 10 / 17 / 2014		
Purpose of Expenditure Salary		Category/ Type 001			
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House ☒ Senate ☐ President ☒ Senate		
Calendar Year-To-Date Per Election for Office Sought		1095959.94	Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ▶		

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	93.00
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

FEC Schedule E (Form 3X) Rev. 09/2013

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 355 OF 3250
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC		FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on		M M M / D D D / Y Y Y Y Y Y	
Full Name of Payee Elizabeth M Moore		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 10 / 17 / 2014	
Mailing Address 1223 Silver Sage Dr Apt 303		Amount 3.96	
City Raleigh	State NC	Zip Code 27606	Transaction ID : 51be3767-9a6e-4cb9-a
Purpose of Expenditure Mileage	Category/Type 002	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 10 / 17 / 2014	
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	
Office Sought: ☐ President ☒ Senate		District: 00 State: NC	
Calendar Year-To-Date Per Election for Office Sought 1095959.94		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Jazmine d Conner		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 10 / 17 / 2014	
Mailing Address 100 ASBURY CT		Amount 80.00	
City WINCHESTER	State VA	Zip Code 22602	Transaction ID : 9b858351-76a3-44f5-9
Purpose of Expenditure Salary	Category/Type 001	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 10 / 17 / 2014	
Name of Federal Candidate Mr. Greg Orman		☐ Support ☒ Oppose	
Office Sought: ☐ President ☒ Senate		District: 00 State: KS	
Calendar Year-To-Date Per Election for Office Sought 261541.03		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶		83.96	
(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.			
Signature Ms. Emily Buchanan		Date M M M / D D D / Y Y Y Y Y Y 05 / 18 / 2015	
		[Electronically Filed]	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 356 OF 3250
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC		FEC IDENTIFICATION NUMBER ▼ C C00530766
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on		MM / DD / YYYY

Full Name of Payee Jon E Conner		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 17 / 2014
Mailing Address 100 Asbury Ct		Amount 75.00
City Winchester	State VA	Zip Code 22602
Purpose of Expenditure Salary	Category/Type 001	Transaction ID : e6db50ae-291d-4546-a Date of Disbursement or Obligation MM / DD / YYYY 10 / 17 / 2014
Name of Federal Candidate Mr. Greg Orman		Office Sought: ☐ House District: 00 ☒ Senate State: KS
Calendar Year-To-Date Per Election for Office Sought 261541.03		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶

Full Name of Payee Rodney O Culbreath		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 17 / 2014
Mailing Address 100 Asbury Ct		Amount 80.00
City Winchester	State VA	Zip Code 22602
Purpose of Expenditure Salary	Category/Type 001	Transaction ID : 42d59029-4689-4bec-b Date of Disbursement or Obligation MM / DD / YYYY 10 / 17 / 2014
Name of Federal Candidate Mr. Greg Orman		Office Sought: ☐ House District: 00 ☒ Senate State: KS
Calendar Year-To-Date Per Election for Office Sought 261541.03		Disbursement For: ☐ Primary ☒ 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]

Signature

Date

MM / DD / YYYY
05 / 18 / 2015

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 357 OF 3250
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC		FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on		M M M / D D D / Y Y Y Y Y Y	
Full Name of Payee Rodney D Culbreth		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 10 / 17 / 2014	
Mailing Address 100 Asbury CT 3200 Dam Neck Rd		Amount 80.00	
City Winchester	State VA	Zip Code 22602	Transaction ID : da2af32b-0814-4eb7-9
Purpose of Expenditure Salary	Category/ Type	001	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 10 / 17 / 2014
Name of Federal Candidate Mr. Greg Orman		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: KS
Calendar Year-To-Date Per Election for Office Sought		261541.03	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶
Full Name of Payee Rze Culbreath		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 10 / 17 / 2014	
Mailing Address 100 Asbury Ct		Amount 80.00	
City Winchester	State VA	Zip Code 22602	Transaction ID : 1d374d7c-64e2-4d2e-9
Purpose of Expenditure Salary	Category/ Type	001	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 10 / 17 / 2014
Name of Federal Candidate Mr. Greg Orman		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: KS
Calendar Year-To-Date Per Election for Office Sought		261541.03	Disbursement For: ☐ Primary ☒ 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.			
Signature <i>Ms. Emily Buchanan</i>		Date M M M / D D D / Y Y Y Y Y Y 05 / 18 / 2015	
		[Electronically Filed]	

Full Name of Payee Krystal A Wilson		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 17 / 2014	
Mailing Address 448 Judson Dr		Amount 3.30	
City Wake Forest	State NC	Zip Code 27587	Transaction ID : 71145e0e-b5cc-471d-a
Purpose of Expenditure Mileage	Category/ Type	002	Date of Disbursement or Obligation MM / DD / YYYY 10 / 17 / 2014
Name of Federal Candidate Ms. Kay Hagan	☐ Support ☒ Oppose	Office Sought: ☐ President ☒ Senate	District: 00 State: NC
Calendar Year-To-Date Per Election for Office Sought	1095959.94		Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	38.30
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

Ms. Emily Buchanan

[Electronically Filed]

Date 05 / 18 / 2015

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 359 OF 3250
 FOR LINE 24 OF FORM 3X

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

Full Name of Payee Misty A Ledford			Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 17 / 2014		
Mailing Address 44 Bell St			Amount 60.00		
City Spruce Pine	State NC	Zip Code 28777	Transaction ID : 66d013fc-9580-4088-b Date of Disbursement or Obligation MM / DD / YYYY 10 / 17 / 2014		
Purpose of Expenditure Salary		Category/Type 001	Name of Federal Candidate Ms. Kay Hagan		
Calendar Year-To-Date Per Election for Office Sought 1095959.94		Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>NC</u> Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶			

Full Name of Payee Misty A Ledford			Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 17 / 2014		
Mailing Address 44 Bell St			Amount 25.20		
City Spruce Pine	State NC	Zip Code 28777	Transaction ID : b09c56b7-8604-4fa7-a Date of Disbursement or Obligation MM / DD / YYYY 10 / 17 / 2014		
Purpose of Expenditure Mileage		Category/Type 002	Name of Federal Candidate Ms. Kay Hagan		
Calendar Year-To-Date Per Election for Office Sought 1095959.94		Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>NC</u> Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶			

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	85.20
(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

MM / DD / YYYY
05 / 18 / 2015

Signature

Full Name of Payee Gabriela P Sosa			Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 17 / 2014		
Mailing Address 2530 Brook Stone Dr			Amount 67.30		
City Clemmons	State NC	Zip Code 27012	Transaction ID : 7d4fb6cb-9fa7-41db-b		
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation MM / DD / YYYY 10 / 17 / 2014		
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House ☒ Senate ☐ President District: 00 State: NC		
Calendar Year-To-Date Per Election for Office Sought		1095959.94	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		

Full Name of Payee Gabriela P Sosa		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 17 / 2014	
Mailing Address 2530 Brook Stone Dr		Amount 26.10	
City Clemmons	State NC	Zip Code 27012	Transaction ID : 3d087bbf-a80a-4d93-9 Date of Disbursement or Obligation MM / DD / YYYY 10 / 17 / 2014
Purpose of Expenditure Mileage		Category/ Type 002	
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: NC
Calendar Year-To-Date Per Election for Office Sought		1095959.94	Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	93.40
(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.

Signature

05 / 18 / 2015

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

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 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M M / D D D / Y Y Y Y Y Y					
Full Name of Payee Rebecca A Shearer			Date of Public Distribution/Dissemination 10 / 17 / 2014		
Mailing Address 6544 Arno College Grove Rd			Amount 50.00		
City College Grove		State TN	Zip Code 37046		Transaction ID : 456c7b49-8f11-496a-8
Purpose of Expenditure Salary		Category/Type 001		Date of Disbursement or Obligation 10 / 17 / 2014	
Name of Federal Candidate Mr. Mark L Pryor			Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: AR ☐ Support ☒ Oppose		
Calendar Year-To-Date Per Election for Office Sought			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
Full Name of Payee Rebecca A Shearer			Date of Public Distribution/Dissemination 10 / 17 / 2014		
Mailing Address 6544 Arno College Grove Rd			Amount 25.50		
City College Grove		State TN	Zip Code 37046		Transaction ID : 6c68f7e3-b4c4-42a2-8
Purpose of Expenditure Mileage		Category/Type 002		Date of Disbursement or Obligation 10 / 17 / 2014	
Name of Federal Candidate Mr. Mark L Pryor			Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: AR ☐ Support ☒ Oppose		
Calendar Year-To-Date Per Election for Office Sought			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			75.50		
(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.					
Signature Ms. Emily Buchanan			Date 05 / 18 / 2015		

[Electronically Filed]

Full Name of Payee Windy Hageman		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 17 / 2014	
Mailing Address 5521 Randolph St.		Amount Amount 25.00	
City Marrero	State LA	Zip Code 70072	Transaction ID : db0659a4-1db9-4c0b-a Date of Disbursement or Obligation MM / DD / YYYY 10 / 17 / 2014
Purpose of Expenditure Salary		Category/Type 001	
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: LA
Calendar Year-To-Date Per Election for Office Sought		Amount 554635.78	Disbursement For: ☐ Primary ☒ General ☐ 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.

Date _____

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 363 OF 3250
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on MM / DD / YYYY					
Full Name of Payee Windy Hageman			Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 17 / 2014		
Mailing Address 5521 Randolph St.			Amount 2.40		
City Marrero		State LA	Zip Code 70072		Transaction ID : 31266208-2cec-4519-a
Purpose of Expenditure Mileage		Category/ Type 002		Date of Disbursement or Obligation MM / DD / YYYY 10 / 17 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu			Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: LA		
Calendar Year-To-Date Per Election for Office Sought 554635.78			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
Full Name of Payee Parker H Morrow			Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 17 / 2014		
Mailing Address 506 N Horton Street			Amount 50.00		
City Searcy		State AR	Zip Code 72143		Transaction ID : caefa5b9-343c-41b7-a
Purpose of Expenditure Salary		Category/ Type 001		Date of Disbursement or Obligation MM / DD / YYYY 10 / 17 / 2014	
Name of Federal Candidate Mr. Mark L Pryor			Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: AR		
Calendar Year-To-Date Per Election for Office Sought 292370.62			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			52.40		
(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.					
Signature Ms. Emily Buchanan			Date MM / DD / YYYY 05 / 18 / 2015		
[Electronically Filed]					

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 364 OF 3250
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M M / D D D / Y Y Y Y Y Y					
Full Name of Payee Parker H Morrow			Date of Public Distribution/Dissemination 10 / 17 / 2014		
Mailing Address 506 N Horton Street			Amount 21.60		
City Searcy		State AR	Zip Code 72143		Transaction ID : b2d76b17-e83e-4fd9-8
Purpose of Expenditure Mileage		Category/ Type 002		Date of Disbursement or Obligation 10 / 17 / 2014	
Name of Federal Candidate Mr. Mark L Pryor			Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>AR</u>		
Calendar Year-To-Date Per Election for Office Sought 292370.62			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶ _____		
Full Name of Payee James Tatro			Date of Public Distribution/Dissemination 10 / 17 / 2014		
Mailing Address 1208 Braeburn Rd			Amount 60.00		
City Charlotte		State NC	Zip Code 28211		Transaction ID : 6946ec01-b9dc-4c72-8
Purpose of Expenditure Salary		Category/ Type 001		Date of Disbursement or Obligation 10 / 17 / 2014	
Name of Federal Candidate Ms. Kay Hagan			Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>NC</u>		
Calendar Year-To-Date Per Election for Office Sought 1095959.94			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶ _____		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶					81.60
(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.					
Signature Ms. Emily Buchanan			Date 05 / 18 / 2015		
			[Electronically Filed]		

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 365 OF 3250
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M / D D / Y Y Y Y					
Full Name of Payee James Tatro			Date of Public Distribution/Dissemination 10 / 17 / 2014		
Mailing Address 1208 Braeburn Rd			Amount 6.30		
City Charlotte		State NC	Zip Code 28211		Transaction ID : 31cff705-6026-463d-b
Purpose of Expenditure Mileage		Category/Type 002		Date of Disbursement or Obligation 10 / 17 / 2014	
Name of Federal Candidate Ms. Kay Hagan			☐ Support ☒ Oppose Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: NC		
Calendar Year-To-Date Per Election for Office Sought 1095959.94			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
Full Name of Payee Christopher L Gilbert			Date of Public Distribution/Dissemination 10 / 18 / 2014		
Mailing Address 55 Lovell Johnson Rd			Amount 50.00		
City Picayune		State MS	Zip Code 39466		Transaction ID : 0969dcb2-3aa3-4c36-a
Purpose of Expenditure Salary		Category/Type 001		Date of Disbursement or Obligation 10 / 18 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu			☐ Support ☒ Oppose Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: LA		
Calendar Year-To-Date Per Election for Office Sought 554635.78			Disbursement For: ☐ Primary ☒ 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.					
Signature Ms. Emily Buchanan			[Electronically Filed] Date 05 / 18 / 2015		

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 366 OF 3250
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC		FEC IDENTIFICATION NUMBER ▼ C C00530766
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on		MM / DD / YYYY

Full Name of Payee Christopher L Gilbert		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 18 / 2014
Mailing Address 55 Lovell Johnson Rd		Amount 28.80
City Picayune	State MS	Zip Code 39466
Purpose of Expenditure Mileage	Category/Type 002	Transaction ID : 4b59ecaf-e967-49da-9 Date of Disbursement or Obligation MM / DD / YYYY 10 / 18 / 2014
Name of Federal Candidate Ms. Mary L Landrieu		Office Sought: ☐ House District: 00 ☒ Senate State: LA
Calendar Year-To-Date Per Election for Office Sought 554635.78		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶

Full Name of Payee Jeremy Hollar		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 18 / 2014
Mailing Address 121 Meadowview Drive		Amount 30.00
City Boone	State NC	Zip Code 28607
Purpose of Expenditure Salary	Category/Type 001	Transaction ID : a4623c20-58cf-4a9f-b Date of Disbursement or Obligation MM / DD / YYYY 10 / 18 / 2014
Name of Federal Candidate Ms. Kay Hagan		Office Sought: ☐ House District: 00 ☒ Senate State: NC
Calendar Year-To-Date Per Election for Office Sought 1095959.94		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	58.80
(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]

Signature

Date

MM / DD / YYYY
05 / 18 / 2015

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 367 OF 3250
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M M / D D D / Y Y Y Y Y Y					
Full Name of Payee Jeremy Hollar			Date of Public Distribution/Dissemination 10 / 18 / 2014		
Mailing Address 121 Meadowview Drive			Amount 11.40		
City Boone		State NC	Zip Code 28607		Transaction ID : 50b7a6bb-766f-4f19-9
Purpose of Expenditure Mileage		Category/ Type 002		Date of Disbursement or Obligation 10 / 18 / 2014	
Name of Federal Candidate Ms. Kay Hagan			Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: NC ☐ Support ☒ Oppose		
Calendar Year-To-Date Per Election for Office Sought 1095959.94			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
Full Name of Payee Lindsey E Helms			Date of Public Distribution/Dissemination 10 / 18 / 2014		
Mailing Address 301 N Clinic Apt 3			Amount 60.00		
City Searcy		State AR	Zip Code 72143		Transaction ID : 7a964f2f-98c7-4923-a
Purpose of Expenditure Salary		Category/ Type 001		Date of Disbursement or Obligation 10 / 18 / 2014	
Name of Federal Candidate Mr. Mark L Pryor			Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: AR ☐ Support ☒ Oppose		
Calendar Year-To-Date Per Election for Office Sought 292370.62			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			71.40		
(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.					
Signature Ms. Emily Buchanan			Date 05 / 18 / 2015 [Electronically Filed]		

Full Name of Payee Judith A Murphy		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 18 / 2014	
Mailing Address PO Box 37		Amount 10.00	
City East Bend	State NC	Zip Code 27018	Transaction ID : d92e0017-db0c-43be-b Date of Disbursement or Obligation MM / DD / YYYY 10 / 18 / 2014
Purpose of Expenditure Salary	Category/ Type	001	
Name of Federal Candidate Ms. Kay Hagan	☐ Support ☒ Oppose	Office Sought: ☐ President ☒ Senate	District: 00 State: NC
Calendar Year-To-Date Per Election for Office Sought	1095959.94	Disbursement For: 2014 ☐ Other (specify) ▶	☐ Primary ☒ General

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	53.80
(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.

Date _____

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 369 OF 3250
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M M / D D D / Y Y Y Y Y Y				
Full Name of Payee Leslie D Moore			Date of Public Distribution/Dissemination 10 / 18 / 2014	
Mailing Address 1903 Swan Dr			Amount 60.00	
City Lenoir	State NC	Zip Code 28645	Transaction ID : e23b6710-f897-4948-b	
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation 10 / 18 / 2014	
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: NC	
Calendar Year-To-Date Per Election for Office Sought		1095959.94	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Leslie D Moore			Date of Public Distribution/Dissemination 10 / 18 / 2014	
Mailing Address 1903 Swan Dr			Amount 2.10	
City Lenoir	State NC	Zip Code 28645	Transaction ID : 6579c8b9-2fc5-4fc8-8	
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement or Obligation 10 / 18 / 2014	
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: NC	
Calendar Year-To-Date Per Election for Office Sought		1095959.94	Disbursement For: ☐ Primary ☒ 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 05 / 18 / 2015	
Signature				

Full Name of Payee Kacie Gleb		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 18 / 2014	
Mailing Address 3815 Robin Road		Amount 18.00	
City Ayden	State NC	Zip Code 28513	Transaction ID : 9adabcb9-3aaf-4c31-b Date of Disbursement or Obligation MM / DD / YYYY 10 / 18 / 2014
Purpose of Expenditure Salary		Category/ Type 001	
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: NC
Calendar Year-To-Date Per Election for Office Sought 1095959.94		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	

Full Name of Payee Matt Gleb		Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y 10 / 18 / 2014	
Mailing Address 3815 Robin Road		Amount 18.00	
City Ayden	State NC	Zip Code 28513	Transaction ID : d20b6231-5e4a-4c9d-a Date of Disbursement or Obligation M M / D D / Y Y Y Y Y 10 / 18 / 2014
Purpose of Expenditure Salary		Category/ Type 001	
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: NC
Calendar Year-To-Date Per Election for Office Sought		1095959.94	Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ►

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	36.00
(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.

Date _____

Signature

05 / 18 / 2015

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 371 OF 3250
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC		FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on		M M M / D D D / Y Y Y Y Y Y	
Full Name of Payee Matt Gleb		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 10 / 18 / 2014	
Mailing Address 3815 Robin Road		Amount 9.00	
City Ayden	State NC	Zip Code 28513	Transaction ID : cbd3b54f-ed12-4861-b
Purpose of Expenditure Mileage		Category/Type 002	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 10 / 18 / 2014
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: NC
Calendar Year-To-Date Per Election for Office Sought 1095959.94		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee John K Necaie III		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 10 / 18 / 2014	
Mailing Address 1905 Franklin Ave		Amount 40.00	
City New Orleans	State LA	Zip Code 70117	Transaction ID : d61313e3-9908-48f3-8
Purpose of Expenditure Salary		Category/Type 001	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 10 / 18 / 2014
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: LA
Calendar Year-To-Date Per Election for Office Sought 554635.78		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶		49.00	
(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.			
Signature Ms. Emily Buchanan		Date M M M / D D D / Y Y Y Y Y Y 05 / 18 / 2015	
		[Electronically Filed]	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 372 OF 3250
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC		FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on		M M M / D D D / Y Y Y Y Y Y	
Full Name of Payee John K Necaie III		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 10 / 18 / 2014	
Mailing Address 1905 Franklin Ave		Amount 9.99	
City New Orleans	State LA	Zip Code 70117	Transaction ID : 6179316c-6f34-469f-b
Purpose of Expenditure Mileage	Category/Type 002	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 10 / 18 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	
Office Sought: ☐ President ☒ Senate		District: 00 State: LA	
Calendar Year-To-Date Per Election for Office Sought 554635.78		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Quentin C Pool		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 10 / 18 / 2014	
Mailing Address 4091 E Horne Ave		Amount 25.00	
City Farmville	State NC	Zip Code 27828	Transaction ID : 391b741f-eccd-42d5-9
Purpose of Expenditure Salary	Category/Type 001	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 10 / 18 / 2014	
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	
Office Sought: ☐ President ☒ Senate		District: 00 State: NC	
Calendar Year-To-Date Per Election for Office Sought 1095959.94		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶		34.99	
(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.			
Signature Ms. Emily Buchanan		Date M M M / D D D / Y Y Y Y Y Y 05 / 18 / 2015	
		[Electronically Filed]	

Full Name of Payee Rachel L Anzalone			Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 18 / 2014		
Mailing Address 2319 West Oak			Amount 50.00		
City El Dorado	State AR	Zip Code 71730	Transaction ID : d51453b3-81be-48b2-9 Date of Disbursement or Obligation MM / DD / YYYY 10 / 18 / 2014		
Purpose of Expenditure Salary		Category/ Type 001			
Name of Federal Candidate Mr. Mark L Pryor		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: AR		
Calendar Year-To-Date Per Election for Office Sought		292370.62	Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ►		

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	59.00
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

Ms. Emily Buchanan

[Electronically Filed]

Date 05 / 18 / 2015

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 374 OF 3250
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC		FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on		M M M / D D D / Y Y Y Y Y Y	
Full Name of Payee Lauren E Heffington		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 10 / 18 / 2014	
Mailing Address 488 Broadwell Dr		Amount 50.00	
City Nashville	State TN	Zip Code 37220	Transaction ID : 5816684f-fd0e-47b1-b
Purpose of Expenditure Salary		Category/Type 001	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 10 / 18 / 2014
Name of Federal Candidate Mr. Mark L Pryor		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: AR
Calendar Year-To-Date Per Election for Office Sought 292370.62		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Lauren E Heffington		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 10 / 18 / 2014	
Mailing Address 488 Broadwell Dr		Amount 18.60	
City Nashville	State TN	Zip Code 37220	Transaction ID : c742f6e0-6f41-460c-a
Purpose of Expenditure Mileage		Category/Type 002	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 10 / 18 / 2014
Name of Federal Candidate Mr. Mark L Pryor		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: AR
Calendar Year-To-Date Per Election for Office Sought 292370.62		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶		68.60	
(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]	
Signature		Date M M M / D D D / Y Y Y Y Y Y 05 / 18 / 2015	

Full Name of Payee Eva M Johnston		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 18 / 2014	
Mailing Address 2517 N 47th St		Amount 30.00	
City Milwaukee	State WI	Zip Code 53210	Transaction ID : 5581367a-f932-48d5-9
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation MM / DD / YYYY 10 / 18 / 2014
Name of Federal Candidate Mr. Greg Orman		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: KS
Calendar Year-To-Date Per Election for Office Sought 261541.03		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	

Full Name of Payee Julia Perry		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 18 / 2014	
Mailing Address 2046 Perrin St Apt C		Amount 50.00	
City Shreveport	State LA	Zip Code 71101	Transaction ID : 30cc75ec-424d-4567-8 Date of Disbursement or Obligation MM / DD / YYYY 10 / 18 / 2014
Purpose of Expenditure Salary		Category/ Type 001	
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House ☒ Senate ☐ President ☐ Other
Calendar Year-To-Date Per Election for Office Sought 554635.78		Disbursement For: ☐ Primary ☒ General ☐ 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.

Date _____

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 376 OF 3250
 FOR LINE 24 OF FORM 3X

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

Full Name of Payee Corey S McKnight			Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 18 / 2014		
Mailing Address 1510 Bailey St			Amount 35.00		
City West Monroe	State LA	Zip Code 71292	Transaction ID : c4ad37fe-7d3a-4069-b Date of Disbursement or Obligation MM / DD / YYYY 10 / 18 / 2014		
Purpose of Expenditure Salary		Category/ Type 001	Name of Federal Candidate Ms. Mary L Landrieu		
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: LA		
Calendar Year-To-Date Per Election for Office Sought 554635.78			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		

Full Name of Payee James R Hooper			Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 18 / 2014		
Mailing Address 502 N Oak St			Amount 42.50		
City Little Rock	State AR	Zip Code 72205	Transaction ID : b0b431a2-ef19-462a-a Date of Disbursement or Obligation MM / DD / YYYY 10 / 18 / 2014		
Purpose of Expenditure Salary		Category/ Type 001	Name of Federal Candidate Mr. Mark L Pryor		
Name of Federal Candidate Mr. Mark L Pryor		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: AR		
Calendar Year-To-Date Per Election for Office Sought 292370.62			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	77.50
(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

MM / DD / YYYY
05 / 18 / 2015

Signature

Full Name of Payee Zachary R McCleese		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 18 / 2014	
Mailing Address 323 Rolling Pines Dr		Amount MM / DD / YYYY 80.00	
City Spring Lake	State NC	Zip Code 28390	Transaction ID : e613046c-16bb-4317-8 Date of Disbursement or Obligation MM / DD / YYYY 10 / 18 / 2014
Purpose of Expenditure Salary		Category/ Type 001	
Name of Federal Candidate Mr. Mark L Pryor		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: AR
Calendar Year-To-Date Per Election for Office Sought		MM / DD / YYYY 292370.62	Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	91.10
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

05 / 18 / 2015

FEC Schedule E (Form 3X) Rev. 09/2013

Full Name of Payee Michael D English		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 18 / 2014	
Mailing Address F4 Benton Ave Apt 4		Amount 80.00	
City Searcy	State AR	Zip Code 72149	Transaction ID : b973ef32-d7e5-4dc7-9 Date of Disbursement or Obligation MM / DD / YYYY 10 / 18 / 2014
Purpose of Expenditure Salary	Category/ Type 001		
Name of Federal Candidate Mr. Mark L Pryor	☐ Support ☒ Oppose	Office Sought: ☐ President ☒ Senate	District: 00 State: AR
Calendar Year-To-Date Per Election for Office Sought	292370.62	Disbursement For: ☐ Primary ☒ General ☐ 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.

Signature

Full Name of Payee Heather A Smith		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 18 / 2014	
Mailing Address 995 Clairborne Rd		Amount \$ 37.00	
City Calhoun	State LA	Zip Code 71225	Transaction ID : b7a2ecad-4e52-4410-8 Date of Disbursement or Obligation MM / DD / YYYY 10 / 18 / 2014
Purpose of Expenditure Salary		Category/ Type 001	
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: LA
Calendar Year-To-Date Per Election for Office Sought 554635.78		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	

Full Name of Payee Heather A Smith		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 18 / 2014	
Mailing Address 995 Clairborne Rd		Amount 21.30	
City Calhoun	State LA	Zip Code 71225	Transaction ID : ddb70c2b-44f8-43dc-8
Purpose of Expenditure Mileage	Category/ Type	002	Date of Disbursement or Obligation MM / DD / YYYY 10 / 18 / 2014
Name of Federal Candidate Ms. Mary L Landrieu	☐ Support ☒ Oppose	Office Sought: ☐ President ☒ Senate	District: 00 State: LA
Calendar Year-To-Date Per Election for Office Sought	554635.78		Disbursement For: 2014 ☐ Primary ☒ General ☐ 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.

Date _____

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

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 FOR LINE 24 OF FORM 3X

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

Full Name of Payee Michael A Stieben			Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 18 / 2014		
Mailing Address 16864 Stillwell			Amount 24.00		
City Bonner Springs	State KS	Zip Code 66012	Transaction ID : fd305973-ff09-448f-9 Date of Disbursement or Obligation MM / DD / YYYY 10 / 18 / 2014		
Purpose of Expenditure Salary		Category/ Type 001	Name of Federal Candidate Mr. Greg Orman		
Calendar Year-To-Date Per Election for Office Sought 261541.03		Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: KS Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶			

Full Name of Payee Michael A Stieben			Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 18 / 2014		
Mailing Address 16864 Stillwell			Amount 16.50		
City Bonner Springs	State KS	Zip Code 66012	Transaction ID : 049864fc-34ec-47c2-b Date of Disbursement or Obligation MM / DD / YYYY 10 / 18 / 2014		
Purpose of Expenditure Mileage		Category/ Type 002	Name of Federal Candidate Mr. Greg Orman		
Calendar Year-To-Date Per Election for Office Sought 261541.03		Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: KS Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶			

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	40.50
(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

MM / DD / YYYY
05 / 18 / 2015

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 381 OF 3250
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M M / D D D / Y Y Y Y Y Y					
Full Name of Payee Irene R Hoyer			Date of Public Distribution/Dissemination 10 / 18 / 2014		
Mailing Address 4310 N Mission Rd			Amount 10.00		
City Bel Aire		State KS	Zip Code 67226		Transaction ID : 0d932798-db4b-4ab4-a
Purpose of Expenditure Salary		Category/Type 001		Date of Disbursement or Obligation 10 / 18 / 2014	
Name of Federal Candidate Mr. Greg Orman			☐ Support ☒ Oppose Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>KS</u>		
Calendar Year-To-Date Per Election for Office Sought 261541.03			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶ _____		
Full Name of Payee Irene R Hoyer			Date of Public Distribution/Dissemination 10 / 18 / 2014		
Mailing Address 4310 N Mission Rd			Amount 1.50		
City Bel Aire		State KS	Zip Code 67226		Transaction ID : 2137da9b-6c78-42ff-b
Purpose of Expenditure Mileage		Category/Type 002		Date of Disbursement or Obligation 10 / 18 / 2014	
Name of Federal Candidate Mr. Greg Orman			☐ Support ☒ Oppose Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>KS</u>		
Calendar Year-To-Date Per Election for Office Sought 261541.03			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶ _____		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			11.50		
(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.					
Signature <u>Ms. Emily Buchanan</u> [Electronically Filed]			Date 05 / 18 / 2015		

Full Name of Payee Janet Morris		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 18 / 2014	
Mailing Address 620 Old Barbome Rd Lot 2		Amount 80.00	
City West Monroe	State LA	Zip Code 71291	Transaction ID : 9446fa92-6175-4b68-9 Date of Disbursement or Obligation MM / DD / YYYY 10 / 18 / 2014
Purpose of Expenditure Salary	Category/ Type 001		
Name of Federal Candidate Ms. Mary L Landrieu	☐ Support ☒ Oppose	Office Sought: ☐ President ☒ Senate	District: 00 State: LA
Calendar Year-To-Date Per Election for Office Sought	554635.78	Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	130.00
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

Ms. Emily Buchanan

[Electronically Filed]

Date 05 / 18 / 2015

Signature

Full Name of Payee Ronald W Ryckman		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 18 / 2014	
Mailing Address 503 N Cedar St		Amount 30.00	
City Meade	State KS	Zip Code 67864	Transaction ID : a4099c26-e8b9-4477-b Date of Disbursement or Obligation MM / DD / YYYY 10 / 18 / 2014
Purpose of Expenditure Mileage		Category/ Type 002	
Name of Federal Candidate Mr. Greg Orman		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: KS
Calendar Year-To-Date Per Election for Office Sought		261541.03	Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	90.00
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

Signature

Full Name of Payee Diane Smith		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 18 / 2014	
Mailing Address 4006 Wolkswalk Place		Amount 1.80	
City Raleigh	State NC	Zip Code 27610	Transaction ID : bc5051e5-e421-448e-8 Date of Disbursement or Obligation MM / DD / YYYY 10 / 18 / 2014
Purpose of Expenditure Mileage		Category/ Type 002	
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: NC
Calendar Year-To-Date Per Election for Office Sought		1095959.94	Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	41.80
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

Signature

Full Name of Payee Sheri J Peace		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 18 / 2014	
Mailing Address 9685 Paula St		Amount \$ 25.00	
City Keithville	State LA	Zip Code 71047	Transaction ID : f410a966-7ebe-43e8-a Date of Disbursement or Obligation MM / DD / YYYY 10 / 18 / 2014
Purpose of Expenditure Salary	Category/ Type 001		
Name of Federal Candidate Ms. Mary L Landrieu	☐ Support ☒ Oppose	Office Sought: ☐ President ☒ Senate	House District: 00 State: LA
Calendar Year-To-Date Per Election for Office Sought	554635.78	Disbursement For: 2014 ☐ Primary ☒ General ☐ Other (specify) ▶	

Full Name of Payee Sheri J Peace		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 18 / 2014	
Mailing Address 9685 Paula St		Amount 12.00	
City Keithville	State LA	Zip Code 71047	Transaction ID : cde27bc3-fb18-46ef-8
Purpose of Expenditure Mileage	Category/ Type	002	Date of Disbursement or Obligation MM / DD / YYYY 10 / 18 / 2014
Name of Federal Candidate Ms. Mary L Landrieu	☐ Support ☒ Oppose	Office Sought: ☐ President ☒ Senate	District: 00 State: LA
Calendar Year-To-Date Per Election for Office Sought	554635.78	Disbursement For: 2014 ☐ Primary ☒ General ☐ Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	37.00
(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.

Date / /

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 386 OF 3250
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC		FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on		M M M / D D D / Y Y Y Y Y Y	
Full Name of Payee Linda J Fueling		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 10 / 18 / 2014	
Mailing Address 6424 Purple Martin Ct		Amount 60.00	
City Wilmington	State NC	Zip Code 28411	Transaction ID : 9adb1846-b418-4190-9
Purpose of Expenditure Salary	Category/Type 001	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 10 / 18 / 2014	
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose ☐ President ☒ Senate	
Office Sought: District: 00 State: NC			
Calendar Year-To-Date Per Election for Office Sought 1095959.94		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Linda J Fueling		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 10 / 18 / 2014	
Mailing Address 6424 Purple Martin Ct		Amount 19.29	
City Wilmington	State NC	Zip Code 28411	Transaction ID : 84a0d051-3d13-4159-9
Purpose of Expenditure Mileage	Category/Type 002	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 10 / 18 / 2014	
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose ☐ President ☒ Senate	
Office Sought: District: 00 State: NC			
Calendar Year-To-Date Per Election for Office Sought 1095959.94		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶		79.29	
(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]	
Signature		Date 05 / 18 / 2015	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 387 OF 3250
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M M / D D D / Y Y Y Y Y Y					
Full Name of Payee Antoinette Franklin			Date of Public Distribution/Dissemination 10 / 18 / 2014		
Mailing Address 8822 Apple St			Amount 60.00		
City New Orleans		State LA	Zip Code 70188		Transaction ID : 8b4e1763-9288-48c1-9
Purpose of Expenditure Salary		Category/ Type 001		Date of Disbursement or Obligation 10 / 18 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu			Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: LA		
Calendar Year-To-Date Per Election for Office Sought 554635.78			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
Full Name of Payee Antoinette Franklin			Date of Public Distribution/Dissemination 10 / 18 / 2014		
Mailing Address 8822 Apple St			Amount 15.00		
City New Orleans		State LA	Zip Code 70188		Transaction ID : 0e73d288-d258-4af7-b
Purpose of Expenditure Mileage		Category/ Type 002		Date of Disbursement or Obligation 10 / 18 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu			Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: LA		
Calendar Year-To-Date Per Election for Office Sought 554635.78			Disbursement For: ☐ Primary ☒ 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.					
Signature Ms. Emily Buchanan			Date 05 / 18 / 2015		
[Electronically Filed]					

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

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 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M / D D / Y Y Y Y					
Full Name of Payee Tammy Williams			Date of Public Distribution/Dissemination 10 / 18 / 2014		
Mailing Address 924 N. Prieur St			Amount 60.00		
City New Orleans		State LA	Zip Code 70116		Transaction ID : 486d4ce3-39a0-4f33-b
Purpose of Expenditure Salary		Category/Type 001		Date of Disbursement or Obligation 10 / 18 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu			☐ Support ☒ Oppose Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: LA		
Calendar Year-To-Date Per Election for Office Sought			554635.78 Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
Full Name of Payee Tammy Williams			Date of Public Distribution/Dissemination 10 / 18 / 2014		
Mailing Address 924 N. Prieur St			Amount 15.00		
City New Orleans		State LA	Zip Code 70116		Transaction ID : d75994ec-eca2-4a7f-9
Purpose of Expenditure Mileage		Category/Type 002		Date of Disbursement or Obligation 10 / 18 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu			☐ Support ☒ Oppose Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: LA		
Calendar Year-To-Date Per Election for Office Sought			554635.78 Disbursement For: ☐ Primary ☒ 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.					
Signature <u>Ms. Emily Buchanan</u> [Electronically Filed]			Date 05 / 18 / 2015		

Full Name of Payee Bailey R Blair			Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 18 / 2014		
Mailing Address 402A N 10th St			Amount 39.00		
City Manhattan	State KS	Zip Code 66502	Transaction ID : f8b2ed78-1c28-4e78-b Date of Disbursement or Obligation MM / DD / YYYY 10 / 18 / 2014		
Purpose of Expenditure Mileage		Category/ Type 002			
Name of Federal Candidate Mr. Greg Orman		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: KS		
Calendar Year-To-Date Per Election for Office Sought		261541.03	Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ►		

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	59.00
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

FEC Schedule E (Form 3X) Rev. 09/2013

Full Name of Payee Caelan J Blair		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 18 / 2014	
Mailing Address 510 Haymaker Hall		Amount 39.00	
City Manhattan	State KS	Zip Code 66506	Transaction ID : 35b26ae0-021b-4446-9 Date of Disbursement or Obligation MM / DD / YYYY 10 / 18 / 2014
Purpose of Expenditure Mileage		Category/ Type 002	
Name of Federal Candidate Mr. Greg Orman		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: KS
Calendar Year-To-Date Per Election for Office Sought 261541.03		Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ►	

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	59.00
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

05 / 18 / 2015

FEC Schedule E (Form 3X) Rev. 09/2013

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 391 OF 3250
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M M / D D D / Y Y Y Y Y Y					
Full Name of Payee Paramount			Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 10 / 18 / 2014		
Mailing Address 525-K East Market Street 114			Amount 80.55		
City Leesburg		State VA	Zip Code 20176		Transaction ID : a8c2754a-8155-49ab-9
Purpose of Expenditure Blast Emails		Category/ Type 004		Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 10 / 18 / 2014	
Name of Federal Candidate Ms. Kay Hagan			☐ Support ☒ Oppose		Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: NC
Calendar Year-To-Date Per Election for Office Sought			1095959.94 Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
Full Name of Payee Paramount			Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 10 / 18 / 2014		
Mailing Address 525-K East Market Street 114			Amount 80.55		
City Leesburg		State VA	Zip Code 20176		Transaction ID : 86c58ee2-11d7-4d5e-8
Purpose of Expenditure Blast Emails		Category/ Type 004		Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 10 / 18 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu			☐ Support ☒ Oppose		Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: LA
Calendar Year-To-Date Per Election for Office Sought			554635.78 Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			161.10		
(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.					
Signature Ms. Emily Buchanan			[Electronically Filed]		Date M M M / D D D / Y Y Y Y Y Y 05 / 18 / 2015

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 392 OF 3250
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on			M M M / D D D / Y Y Y Y Y Y	
Full Name of Payee Paramount		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 10 / 18 / 2014		
Mailing Address 525-K East Market Street 114		Amount 80.55		
City Leesburg	State VA	Zip Code 20176	Transaction ID : 093991ee-94e4-4adc-9	
Purpose of Expenditure Blast Emails		Category/ Type 004	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 10 / 18 / 2014	
Name of Federal Candidate Mr. Greg Orman		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: KS	
Calendar Year-To-Date Per Election for Office Sought		261541.03	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Paramount		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 10 / 18 / 2014		
Mailing Address 525-K East Market Street 114		Amount 80.55		
City Leesburg	State VA	Zip Code 20176	Transaction ID : 016e46c2-0f1e-45fb-b	
Purpose of Expenditure Blast Emails		Category/ Type 004	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 10 / 18 / 2014	
Name of Federal Candidate Mr. Mark L Pryor		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: AR	
Calendar Year-To-Date Per Election for Office Sought		292370.62	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures.....		161.10		
(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.				
Signature Ms. Emily Buchanan		[Electronically Filed]		Date M M M / D D D / Y Y Y Y Y Y 05 / 18 / 2015

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 393 OF 3250
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M M / D D D / Y Y Y Y Y Y					
Full Name of Payee Paramount			Date of Public Distribution/Dissemination 10 / 18 / 2014		
Mailing Address 525-K East Market Street 114			Amount 80.55		
City Leesburg		State VA	Zip Code 20176		Transaction ID : 629ac7df-f724-46b2-8
Purpose of Expenditure Blast Emails		Category/ Type 004		Date of Disbursement or Obligation 10 / 18 / 2014	
Name of Federal Candidate Mr. Mark E Udall			Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: CO		
Calendar Year-To-Date Per Election for Office Sought 25437.15			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
Full Name of Payee Paramount			Date of Public Distribution/Dissemination 10 / 18 / 2014		
Mailing Address 525-K East Market Street 114			Amount 406.86		
City Leesburg		State VA	Zip Code 20176		Transaction ID : b7174380-f64c-43b1-a
Purpose of Expenditure Blast Emails		Category/ Type 004		Date of Disbursement or Obligation 10 / 18 / 2014	
Name of Federal Candidate Ms. Kay Hagan			Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: NC		
Calendar Year-To-Date Per Election for Office Sought 1095959.94			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			487.41		
(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.					
Signature Ms. Emily Buchanan			Date 05 / 18 / 2015		
[Electronically Filed]					

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 394 OF 3250
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M M / D D D / Y Y Y Y Y Y				
Full Name of Payee Leslie A Sowell			Date of Public Distribution/Dissemination 10 / 18 / 2014	
Mailing Address 126 Lincoln Way Lot 1			Amount 46.70	
City Longview	State TX	Zip Code 75603	Transaction ID : deeab002-71e6-48cb-b Date of Disbursement or Obligation 10 / 18 / 2014	
Purpose of Expenditure Salary		Category/ Type 001		
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>LA</u>	
Calendar Year-To-Date Per Election for Office Sought		554635.78	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Leslie A Sowell			Date of Public Distribution/Dissemination 10 / 18 / 2014	
Mailing Address 126 Lincoln Way Lot 1			Amount 39.00	
City Longview	State TX	Zip Code 75603	Transaction ID : 7eb01b18-db3e-4d86-a Date of Disbursement or Obligation 10 / 18 / 2014	
Purpose of Expenditure Mileage		Category/ Type 002		
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>LA</u>	
Calendar Year-To-Date Per Election for Office Sought		554635.78	Disbursement For: ☐ Primary ☒ 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.				
Signature Ms. Emily Buchanan		[Electronically Filed]		Date 05 / 18 / 2015

Full Name of Payee Andrea L Hammond		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 18 / 2014	
Mailing Address 12920 Kneeland Ln		Amount 100.00	
City Neosho	State MO	Zip Code 64850	Transaction ID : 88afcc17-c56c-4b74-9
Purpose of Expenditure Salary	Category/ Type	001	Date of Disbursement or Obligation MM / DD / YYYY 10 / 18 / 2014
Name of Federal Candidate Mr. Mark L Pryor	☐ Support ☒ Oppose	Office Sought: ☐ President ☒ Senate	District: 00 State: AR
Calendar Year-To-Date Per Election for Office Sought	292370.62	Disbursement For: 2014 ☐ Other (specify) ▶	☐ Primary ☒ General

Full Name of Payee Andrea L Hammond			Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 18 / 2014		
Mailing Address 12920 Kneeland Ln			Amount 34.50		
City Neosho	State MO	Zip Code 64850	Transaction ID : 2141f076-0b4b-4ee0-b		
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement or Obligation MM / DD / YYYY 10 / 18 / 2014		
Name of Federal Candidate Mr. Mark L Pryor		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: AR		
Calendar Year-To-Date Per Election for Office Sought		292370.62	Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ►		

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	134.50
(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.

Signature

Full Name of Payee Carol L Walters		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 18 / 2014	
Mailing Address 1900 Glen West Way		Amount Amount 57.60	
City Fort Smith	State AR	Zip Code 72916	Transaction ID : 2c14b3bb-a9d5-44f4-b Date of Disbursement or Obligation MM / DD / YYYY 10 / 18 / 2014
Purpose of Expenditure Mileage		Category/ Type 002	
Name of Federal Candidate Mr. Mark L Pryor		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: AR
Calendar Year-To-Date Per Election for Office Sought		Amount 292370.62	Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	152.60
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

FEC Schedule E (Form 3X) Rev. 09/2013

Full Name of Payee Jennifer E Smith		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 18 / 2014	
Mailing Address 4967 Dysartsville Rd		Amount 80.00	
City Morganton	State NC	Zip Code 28655	Transaction ID : 587a3f9d-7998-47de-9 Date of Disbursement or Obligation MM / DD / YYYY 10 / 18 / 2014
Purpose of Expenditure Salary		Category/ Type 001	
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: NC
Calendar Year-To-Date Per Election for Office Sought		1095959.94	Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	160.00
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

05 / 18 / 2015

FEC Schedule E (Form 3X) Rev. 09/2013

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 398 OF 3250
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC		FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M M / D D D / Y Y Y Y Y Y			
Full Name of Payee Jennifer E Smith		Date of Public Distribution/Dissemination 10 / 18 / 2014	
Mailing Address 4967 Dysartsville Rd		Amount 5.40	
City Morganton	State NC	Zip Code 28655	Transaction ID : 7f3c07b7-9b37-4b7b-9
Purpose of Expenditure Mileage	Category/ Type	002	Date of Disbursement or Obligation 10 / 18 / 2014
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>NC</u>
Calendar Year-To-Date Per Election for Office Sought		1095959.94	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶
Full Name of Payee Anthony W Stevens		Date of Public Distribution/Dissemination 10 / 18 / 2014	
Mailing Address 3405 German Shepherd Trail		Amount 25.00	
City Wake Forest	State NC	Zip Code 27587	Transaction ID : dc3f301d-44e7-40ec-8
Purpose of Expenditure Salary	Category/ Type	001	Date of Disbursement or Obligation 10 / 18 / 2014
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>NC</u>
Calendar Year-To-Date Per Election for Office Sought		1095959.94	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures.....▶		30.40	
(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.			
Signature Ms. Emily Buchanan		Date 05 / 18 / 2015	
		[Electronically Filed]	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 399 OF 3250
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC		FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on		M M M / D D D / Y Y Y Y Y Y	
Full Name of Payee Anthony W Stevens		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 10 / 18 / 2014	
Mailing Address 3405 German Shepherd Trail		Amount 4.86	
City Wake Forest	State NC	Zip Code 27587	Transaction ID : c83889c6-4d72-450d-9
Purpose of Expenditure Mileage	Category/Type 002	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 10 / 18 / 2014	
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose ☐ President ☒ Senate	
Office Sought: ☐ House ☒ Senate		District: 00 State: NC	
Calendar Year-To-Date Per Election for Office Sought 1095959.94		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Sharon t Craig		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 10 / 18 / 2014	
Mailing Address 1410 Bushville Dr		Amount 25.00	
City Lenoir	State NC	Zip Code 28645	Transaction ID : cf89dc8f-aff1-44c9-8
Purpose of Expenditure Salary	Category/Type 001	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 10 / 18 / 2014	
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose ☐ President ☒ Senate	
Office Sought: ☐ House ☒ Senate		District: 00 State: NC	
Calendar Year-To-Date Per Election for Office Sought 1095959.94		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶		29.86	
(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.			
Signature Ms. Emily Buchanan		Date M M M / D D D / Y Y Y Y Y Y 05 / 18 / 2015	
		[Electronically Filed]	

Full Name of Payee Carla K Pilgreen		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 18 / 2014	
Mailing Address 212 Stonecliff Dr		Amount 70.00	
City West Monro	State LA	Zip Code 71291	Transaction ID : c3c62937-d50e-415e-9 Date of Disbursement or Obligation MM / DD / YYYY 10 / 18 / 2014
Purpose of Expenditure Salary	Category/ Type 001		
Name of Federal Candidate Ms. Mary L Landrieu	☐ Support ☒ Oppose	Office Sought: ☐ President ☒ Senate	District: 00 State: LA
Calendar Year-To-Date Per Election for Office Sought	554635.78	Disbursement For: 2014 ☐ Other (specify) ▶	
		☐ Primary ☒ General	

(a) SUBTOTAL of Itemized Independent Expenditures.....	76.00
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures.....	

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 401 OF 3250
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC		FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on		M M M / D D D / Y Y Y Y Y Y	
Full Name of Payee Carla K Pilgreen		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 10 / 18 / 2014	
Mailing Address 212 Stonecliff Dr		Amount 11.10	
City West Monro	State LA	Zip Code 71291	Transaction ID : 444a87e7-669d-47a9-b
Purpose of Expenditure Mileage	Category/ Type 002	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 10 / 18 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	
Office Sought: ☐ President ☒ Senate		District: 00 State: LA	
Calendar Year-To-Date Per Election for Office Sought 554635.78		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Camille N Yearry		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 10 / 18 / 2014	
Mailing Address 2025 NE 67th St		Amount 40.00	
City Gladstone	State MO	Zip Code 64118	Transaction ID : 6b43f766-d000-4a36-9
Purpose of Expenditure Salary	Category/ Type 001	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 10 / 18 / 2014	
Name of Federal Candidate Mr. Mark L Pryor		☐ Support ☒ Oppose	
Office Sought: ☐ President ☒ Senate		District: 00 State: AR	
Calendar Year-To-Date Per Election for Office Sought 292370.62		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶		51.10	
(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.			
Signature Ms. Emily Buchanan		Date M M M / D D D / Y Y Y Y Y Y 05 / 18 / 2015	
		[Electronically Filed]	

Full Name of Payee Lydia H DeGisi		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 18 / 2014	
Mailing Address 9513 Beverly Dr		Amount 37.50	
City Overland Park	State KS	Zip Code 66207	Transaction ID : a7206a99-f418-4de9-9 Date of Disbursement or Obligation MM / DD / YYYY 10 / 18 / 2014
Purpose of Expenditure Salary	Category/ Type 001		
Name of Federal Candidate Mr. Greg Orman	☐ Support ☒ Oppose	Office Sought: ☐ President ☒ Senate	District: 00 State: KS
Calendar Year-To-Date Per Election for Office Sought	261541.03	Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....		76.26
(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.

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 403 OF 3250
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC		FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on		MM / DD / YYYY	
Full Name of Payee Lydia H DeGisi		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 18 / 2014	
Mailing Address 9513 Beverly Dr		Amount 6.00	
City Overland Park	State KS	Zip Code 66207	Transaction ID : 2a4372c3-cccb-4082-8
Purpose of Expenditure Mileage	Category/Type 002	Date of Disbursement or Obligation MM / DD / YYYY 10 / 18 / 2014	
Name of Federal Candidate Mr. Greg Orman		Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: KS	
Calendar Year-To-Date Per Election for Office Sought 261541.03		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Lucas H Hoyle		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 18 / 2014	
Mailing Address 282 Falls Ave		Amount 30.00	
City Granite Falls	State NC	Zip Code 28630	Transaction ID : f3c26d99-2399-4b1b-a
Purpose of Expenditure Salary	Category/Type 001	Date of Disbursement or Obligation MM / DD / YYYY 10 / 18 / 2014	
Name of Federal Candidate Ms. Kay Hagan		Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: NC	
Calendar Year-To-Date Per Election for Office Sought 1095959.94		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶		36.00	
(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]	
Signature		Date MM / DD / YYYY 05 / 18 / 2015	

Full Name of Payee Gary W Fuhrmann		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 18 / 2014	
Mailing Address 9425 Jessica Drive		Amount 87.50	
City Shreveport	State LA	Zip Code 71106	Transaction ID : 2137146e-7ac1-47e7-9 Date of Disbursement or Obligation MM / DD / YYYY 10 / 18 / 2014
Purpose of Expenditure Salary	Category/ Type 001		
Name of Federal Candidate Ms. Mary L Landrieu	☐ Support ☒ Oppose	Office Sought: ☐ President ☒ Senate	District: 00 State: LA
Calendar Year-To-Date Per Election for Office Sought	554635.78	Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	104.90
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

FEC Schedule E (Form 3X) Rev. 09/2013

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 405 OF 3250
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M M / D D D / Y Y Y Y Y Y					
Full Name of Payee Gary W Fuhrmann			Date of Public Distribution/Dissemination 10 / 18 / 2014		
Mailing Address 9425 Jessica Drive			Amount 19.80		
City Shreveport	State LA	Zip Code 71106	Transaction ID : 73ef3a95-593e-4d88-9		
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement or Obligation 10 / 18 / 2014		
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: LA		
Calendar Year-To-Date Per Election for Office Sought		554635.78	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
Full Name of Payee Marsha P Meroney			Date of Public Distribution/Dissemination 10 / 18 / 2014		
Mailing Address 513 Ray West Dr			Amount 29.20		
City Kernersville	State NC	Zip Code 27284	Transaction ID : 94cb040e-da62-4010-8		
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation 10 / 18 / 2014		
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: NC		
Calendar Year-To-Date Per Election for Office Sought		1095959.94	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			49.00		
(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.					
Signature Ms. Emily Buchanan		[Electronically Filed]		Date 05 / 18 / 2015	

Full Name of Payee Aleksandra B Padua		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 18 / 2014	
Mailing Address 110 Bridge gate Dr		Amount 9.39	
City Cary	State NC	Zip Code 27519	Transaction ID : d2dcafe6-f46b-46c2-9 Date of Disbursement or Obligation MM / DD / YYYY 10 / 18 / 2014
Purpose of Expenditure Mileage		Category/ Type 002	
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: NC
Calendar Year-To-Date Per Election for Office Sought		1095959.94	Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ►

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	39.39
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

Ms. Emily Buchanan

[Electronically Filed]

Date 05 / 18 / 2015

Signature

Full Name of Payee Rebecca A Robertson		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 18 / 2014	
Mailing Address 403 S Prescott St		Amount 3.00	
City Wichita	State KS	Zip Code 67209	Transaction ID : 13c11f65-ac12-4cf9-8
Purpose of Expenditure Mileage	Category/ Type	002	Date of Disbursement or Obligation MM / DD / YYYY 10 / 18 / 2014
Name of Federal Candidate Mr. Greg Orman		☐ Support ☒ Oppose	Office Sought: ☐ House ☒ Senate ☐ President ☐ Other
Calendar Year-To-Date Per Election for Office Sought		District: 00 State: KS Disbursement For: ☐ Primary ☒ General ☐ Other (specify)	
261541.03			

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	23.00
(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.

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 408 OF 3250
 FOR LINE 24 OF FORM 3X

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

Full Name of Payee John S Meroney Sr.		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 18 / 2014	
Mailing Address 513 Ray West Dr		Amount 29.20	
City Kernersville	State NC	Zip Code 27283	Transaction ID : bf07655f-596d-47dd-a
Purpose of Expenditure Salary	Category/ Type	001	Date of Disbursement or Obligation MM / DD / YYYY 10 / 18 / 2014
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: NC
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	

Full Name of Payee John S Meroney Sr.		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 18 / 2014	
Mailing Address 513 Ray West Dr		Amount 3.90	
City Kernersville	State NC	Zip Code 27283	Transaction ID : 087585e4-8d68-4d32-a
Purpose of Expenditure Mileage	Category/ Type	002	Date of Disbursement or Obligation MM / DD / YYYY 10 / 18 / 2014
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: NC
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	33.10
(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

MM / DD / YYYY
05 / 18 / 2015

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 409 OF 3250
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M M / D D D / Y Y Y Y Y Y					
Full Name of Payee Cayenne C Corbin			Date of Public Distribution/Dissemination 10 / 18 / 2014		
Mailing Address 1851 S Laura St			Amount 75.00		
City Wichita	State KS	Zip Code 67211	Transaction ID : 53a0d26c-1993-4d5d-8		
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation 10 / 18 / 2014		
Name of Federal Candidate Mr. Greg Orman		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: KS		
Calendar Year-To-Date Per Election for Office Sought		261541.03	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
Full Name of Payee Cayenne C Corbin			Date of Public Distribution/Dissemination 10 / 18 / 2014		
Mailing Address 1851 S Laura St			Amount 4.20		
City Wichita	State KS	Zip Code 67211	Transaction ID : 3be49fb7-0aab-4f23-a		
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement or Obligation 10 / 18 / 2014		
Name of Federal Candidate Mr. Greg Orman		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: KS		
Calendar Year-To-Date Per Election for Office Sought		261541.03	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			79.20		
(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.					
Signature Ms. Emily Buchanan		[Electronically Filed]		Date 05 / 18 / 2015	

Full Name of Payee Todd Ellis		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 18 / 2014	
Mailing Address P.O. Box 712		Amount 90.00	
City Alexander	State AR	Zip Code 72002	Transaction ID : 88cd9ddb-8528-4387-b
Purpose of Expenditure Salary	Category/ Type	001	Date of Disbursement or Obligation MM / DD / YYYY 10 / 18 / 2014
Name of Federal Candidate Mr. Mark L Pryor	☐ Support ☒ Oppose	Office Sought: ☐ President ☒ Senate	District: 00 State: AR
Calendar Year-To-Date Per Election for Office Sought	292370.62	Disbursement For: 2014 ☐ Other (specify) ▶	☐ Primary ☒ General

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	165.00
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

05 / 18 / 2015

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 411 OF 3250
 FOR LINE 24 OF FORM 3X

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

Full Name of Payee Todd Ellis		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 18 / 2014	
Mailing Address P.O. Box 712		Amount 36.00	
City Alexander	State AR	Zip Code 72002	Transaction ID : c4d983a9-00b4-4f9f-9
Purpose of Expenditure Mileage	Category/ Type	002	Date of Disbursement or Obligation MM / DD / YYYY 10 / 18 / 2014
Name of Federal Candidate Mr. Mark L Pryor		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: AR
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	

Full Name of Payee Julie M Gentry		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 18 / 2014	
Mailing Address 314 S Main St		Amount 81.70	
City Roxboro	State NC	Zip Code 27573	Transaction ID : 729518eb-637a-441d-9
Purpose of Expenditure Salary	Category/ Type	001	Date of Disbursement or Obligation MM / DD / YYYY 10 / 18 / 2014
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: NC
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	117.70
(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

MM / DD / YYYY
05 / 18 / 2015

Signature

Full Name of Payee Cebrina Ford			Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 18 / 2014		
Mailing Address 201 E Mt Vernon			Amount 70.00		
City Wichita	State KS	Zip Code 67211	Transaction ID : a9e5b536-6346-4f96-b Date of Disbursement or Obligation MM / DD / YYYY 10 / 18 / 2014		
Purpose of Expenditure Salary		Category/ Type 001			
Name of Federal Candidate Mr. Greg Orman		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: KS		
Calendar Year-To-Date Per Election for Office Sought		261541.03	Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ►		

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	87.88
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 413 OF 3250
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M M / D D D / Y Y Y Y Y Y				
Full Name of Payee William M Criswell			Date of Public Distribution/Dissemination 10 / 18 / 2014	
Mailing Address 115 Burns Mitchell Drive			Amount 45.00	
City Belmont	State NC	Zip Code 28012	Transaction ID : efea6874-76dd-46d9-8	
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation 10 / 18 / 2014	
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: NC	
Calendar Year-To-Date Per Election for Office Sought		1095959.94	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee William M Criswell			Date of Public Distribution/Dissemination 10 / 18 / 2014	
Mailing Address 115 Burns Mitchell Drive			Amount 5.70	
City Belmont	State NC	Zip Code 28012	Transaction ID : c6312de3-3740-4146-a	
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement or Obligation 10 / 18 / 2014	
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: NC	
Calendar Year-To-Date Per Election for Office Sought		1095959.94	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures.....▶			50.70	
(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 05 / 18 / 2015	
Signature				

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 414 OF 3250
 FOR LINE 24 OF FORM 3X

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

Full Name of Payee Jodi DeFrees			Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 18 / 2014		
Mailing Address 201 E Mt Vernon			Amount 70.00		
City Wichita	State KS	Zip Code 67211	Transaction ID : 9f2b721f-e253-4d09-8 Date of Disbursement or Obligation MM / DD / YYYY 10 / 18 / 2014		
Purpose of Expenditure Salary		Category/ Type 001	Name of Federal Candidate Mr. Greg Orman		
Calendar Year-To-Date Per Election for Office Sought 261541.03		Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: KS Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶			

Full Name of Payee Jodi DeFrees			Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 18 / 2014		
Mailing Address 201 E Mt Vernon			Amount 9.90		
City Wichita	State KS	Zip Code 67211	Transaction ID : 1fe93100-54c3-486b-b Date of Disbursement or Obligation MM / DD / YYYY 10 / 18 / 2014		
Purpose of Expenditure Mileage		Category/ Type 002	Name of Federal Candidate Mr. Greg Orman		
Calendar Year-To-Date Per Election for Office Sought 261541.03		Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: KS Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶			

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	79.90
(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

MM / DD / YYYY
05 / 18 / 2015

Signature

Full Name of Payee Marilyn A Holt		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 18 / 2014	
Mailing Address 314 Tumbleweed Dr		Amount MM / DD / YYYY 3.00	
City Winston Salem	State NC	Zip Code 27127	Transaction ID : cbaf287a-8e2d-443d-a Date of Disbursement or Obligation MM / DD / YYYY 10 / 18 / 2014
Purpose of Expenditure Mileage	Category/ Type	002	
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House ☒ Senate ☐ President
District: 00 State: NC		Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ▶	
Calendar Year-To-Date Per Election for Office Sought		MM / DD / YYYY 1095959.94	

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶ <table border="1" data-bbox="1120 1640 1359 1644"> <tr> <td data-bbox="1120 1640 1359 1644">48.00</td></tr> </table>	48.00
48.00		
(b) SUBTOTAL of Unitemized Independent Expenditures	▶ <table border="1" data-bbox="1120 1644 1359 1650"> <tr> <td data-bbox="1120 1644 1359 1650"></td></tr> </table>	
(c) TOTAL Independent Expenditures.....	▶ <table border="1" data-bbox="1120 1650 1359 1659"> <tr> <td data-bbox="1120 1650 1359 1659"></td></tr> </table>	

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.

Date _____

Signature

Three digital displays are shown side-by-side, separated by slashes. The first display shows '05' under 'MM' labels. The second display shows '18' under 'DD' labels. The third display shows '2015' under 'YYYY' labels.

Full Name of Payee Jeanne Tribou		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 18 / 2014	
Mailing Address 22369 Ponderosa Dr.		Amount 13.80	
City Mandeville	State LA	Zip Code 70471	Transaction ID : ab608623-0b36-4784-8 Date of Disbursement or Obligation MM / DD / YYYY 10 / 18 / 2014
Purpose of Expenditure Mileage		Category/ Type 002	
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: LA
Calendar Year-To-Date Per Election for Office Sought		554635.78	Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	83.80
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 417 OF 3250
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M / D D / Y Y Y Y Y Y				
Full Name of Payee Ruthie M Thompson			Date of Public Distribution/Dissemination 10 / 18 / 2014	
Mailing Address 286 Wrenn Drive			Amount 55.00	
City Lexington	State NC	Zip Code 27292	Transaction ID : 25633519-02de-417d-9	
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation 10 / 18 / 2014	
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: NC	
Calendar Year-To-Date Per Election for Office Sought		1095959.94	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Ruthie M Thompson			Date of Public Distribution/Dissemination 10 / 18 / 2014	
Mailing Address 286 Wrenn Drive			Amount 9.90	
City Lexington	State NC	Zip Code 27292	Transaction ID : 1bbd0a54-14bd-4c42-8	
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement or Obligation 10 / 18 / 2014	
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: NC	
Calendar Year-To-Date Per Election for Office Sought		1095959.94	Disbursement For: ☐ Primary ☒ 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 05 / 18 / 2015	
Signature				

Full Name of Payee Ashley T Reed		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 18 / 2014	
Mailing Address 1519 E Village Estates Dr		Amount 5.40	
City Park City	State KS	Zip Code 67216	Transaction ID : 4d0b4b06-8b58-4d27-a
Purpose of Expenditure Mileage	Category/ Type	002	Date of Disbursement or Obligation MM / DD / YYYY 10 / 18 / 2014
Name of Federal Candidate Mr. Greg Orman	☐ Support ☒ Oppose	Office Sought: ☐ President ☒ Senate	District: 00 State: KS
Calendar Year-To-Date Per Election for Office Sought	261541.03		Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....		30.40
(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.

Date _____

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 419 OF 3250
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC		FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on		M M M / D D D / Y Y Y Y Y Y	
Full Name of Payee Cameryn L Rasmussen		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 10 / 18 / 2014	
Mailing Address 4455 N Edaemoor Ct		Amount 25.00	
City Bel Aire	State KS	Zip Code 67220	Transaction ID : 4190ff7a-8a2b-49a0-b
Purpose of Expenditure Salary	Category/Type 001	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 10 / 18 / 2014	
Name of Federal Candidate Mr. Greg Orman		☐ Support ☒ Oppose	
		Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: KS	
Calendar Year-To-Date Per Election for Office Sought 261541.03		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Natalie M Foutch		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 10 / 18 / 2014	
Mailing Address 1057 Waldron Road		Amount 50.00	
City LaVergne	State TN	Zip Code 37086	Transaction ID : 531740d1-a630-4819-8
Purpose of Expenditure Salary	Category/Type 001	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 10 / 18 / 2014	
Name of Federal Candidate Mr. Mark L Pryor		☐ Support ☒ Oppose	
		Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: AR	
Calendar Year-To-Date Per Election for Office Sought 292370.62		Disbursement For: ☐ Primary ☒ 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.			
Signature Ms. Emily Buchanan		Date M M M / D D D / Y Y Y Y Y Y 05 / 18 / 2015	
		[Electronically Filed]	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 420 OF 3250
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M / D D / Y Y Y Y				
Full Name of Payee Jake Mathews			Date of Public Distribution/Dissemination 10 / 18 / 2014	
Mailing Address 6418 East 12 St			Amount 45.00	
City Wichita	State KS	Zip Code 67206	Transaction ID : 41b53235-8734-462d-8	
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation 10 / 18 / 2014	
Name of Federal Candidate Mr. Greg Orman		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: KS	
Calendar Year-To-Date Per Election for Office Sought		261541.03	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Jake Mathews			Date of Public Distribution/Dissemination 10 / 18 / 2014	
Mailing Address 6418 East 12 St			Amount 3.00	
City Wichita	State KS	Zip Code 67206	Transaction ID : 9f1cc6a0-a196-4b29-a	
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement or Obligation 10 / 18 / 2014	
Name of Federal Candidate Mr. Greg Orman		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: KS	
Calendar Year-To-Date Per Election for Office Sought		261541.03	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			48.00	
(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.				
Signature Ms. Emily Buchanan		[Electronically Filed]		Date 05 / 18 / 2015

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 421 OF 3250
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC		FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on		M M M / D D D / Y Y Y Y Y Y	
Full Name of Payee Kathryn M Wolfe		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 10 / 18 / 2014	
Mailing Address 204 W 9th St		Amount 24.50	
City Pittsburg	State KS	Zip Code 66762	Transaction ID : 97ba831a-9307-40b7-b
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 10 / 18 / 2014
Name of Federal Candidate Mr. Greg Orman		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: KS
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Kathryn M Wolfe		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 10 / 18 / 2014	
Mailing Address 204 W 9th St		Amount 3.00	
City Pittsburg	State KS	Zip Code 66762	Transaction ID : ec3a8e54-2f92-4157-a
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 10 / 18 / 2014
Name of Federal Candidate Mr. Greg Orman		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: KS
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: ☐ Primary ☒ 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]	
Signature		Date 05 / 18 / 2015	

Full Name of Payee Francis Richardson		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 18 / 2014	
Mailing Address 220 Doucet Rd		Amount 1.29	
City Lafayette	State LA	Zip Code 70503	Transaction ID : 9d221d6d-829f-475c-8
Purpose of Expenditure Mileage	Category/ Type	002	Date of Disbursement or Obligation MM / DD / YYYY 10 / 18 / 2014
Name of Federal Candidate Ms. Mary L Landrieu	☐ Support ☒ Oppose	Office Sought: ☐ President ☒ Senate	District: 00 State: LA
Calendar Year-To-Date Per Election for Office Sought	554635.78	Disbursement For: ☐ Primary ☒ General	☐ Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....		21.29
(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.

Date _____

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 423 OF 3250
 FOR LINE 24 OF FORM 3X

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

Full Name of Payee Hope Benner		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 18 / 2014	
Mailing Address 2073 A Clover Ave		Amount 80.00	
City Springdale	State AR	Zip Code 72764	Transaction ID : 1f2df4df-4395-4ba4-a
Purpose of Expenditure Salary	Category/ Type	001	Date of Disbursement or Obligation MM / DD / YYYY 10 / 18 / 2014
Name of Federal Candidate Mr. Mark L Pryor		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: AR
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	

Full Name of Payee Hope Benner		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 18 / 2014	
Mailing Address 2073 A Clover Ave		Amount 12.45	
City Springdale	State AR	Zip Code 72764	Transaction ID : e5492f29-3d94-4d11-9
Purpose of Expenditure Mileage	Category/ Type	002	Date of Disbursement or Obligation MM / DD / YYYY 10 / 18 / 2014
Name of Federal Candidate Mr. Mark L Pryor		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: AR
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	92.45
(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

MM / DD / YYYY
05 / 18 / 2015

Signature

Full Name of Payee Ceslie A Benner			Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 18 / 2014		
Mailing Address 2081 Knob Hill Rd			Amount 85.00		
City	State	Zip Code	Transaction ID : 74ad832a-3bba-4c12-9 Date of Disbursement or Obligation MM / DD / YYYY 10 / 18 / 2014		
Azle	TX	76020			
Purpose of Expenditure Salary		Category/ Type	001		
Name of Federal Candidate Mr. Mark L Pryor			☐ Support ☒ Oppose Office Sought: ☐ House ☒ Senate ☐ President ☐ Other (specify) _____		
Calendar Year-To-Date Per Election for Office Sought 292370.62			District: 00 State: AR Disbursement For: ☐ Primary ☒ General 2014		

Full Name of Payee Ceslie A Benner		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 18 / 2014	
Mailing Address 2081 Knob Hill Rd		Amount 18.00	
City Azle	State TX	Zip Code 76020	Transaction ID : b367bcc2-ff6c-4115-b Date of Disbursement or Obligation MM / DD / YYYY 10 / 18 / 2014
Purpose of Expenditure Mileage	Category/ Type 002		
Name of Federal Candidate Mr. Mark L Pryor	☐ Support ☒ Oppose	Office Sought: ☐ President ☒ Senate ☐ Other (specify) ▶	District: 00 State: AR Disbursement For: ☐ Primary ☒ General 2014
Calendar Year-To-Date Per Election for Office Sought	292370.62		

(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.

Date _____

Signature

05 / 18 / 2015

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 425 OF 3250
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M M / D D D / Y Y Y Y Y Y Y Y					
Full Name of Payee Melissa D Turner			Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y Y Y 10 / 18 / 2014		
Mailing Address 9653 Nations Dr			Amount 60.00		
City Springdale		State AR	Zip Code 72762		Transaction ID : 3cf9df8e-c917-4403-b
Purpose of Expenditure Salary		Category/ Type 001		Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y Y Y 10 / 18 / 2014	
Name of Federal Candidate Mr. Mark L Pryor			☐ Support ☒ Oppose		Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: AR
Calendar Year-To-Date Per Election for Office Sought 292370.62			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
Full Name of Payee Katie A Barros			Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y Y Y 10 / 18 / 2014		
Mailing Address PO Box 398			Amount 80.00		
City Neosho		State MO	Zip Code 64850		Transaction ID : ff9571c8-bf91-4c78-b
Purpose of Expenditure Salary		Category/ Type 001		Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y Y Y 10 / 18 / 2014	
Name of Federal Candidate Mr. Mark L Pryor			☐ Support ☒ Oppose		Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: AR
Calendar Year-To-Date Per Election for Office Sought 292370.62			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			140.00		
(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.					
Signature <i>Ms. Emily Buchanan</i>			[Electronically Filed]		Date M M M / D D D / Y Y Y Y Y Y Y Y 05 / 18 / 2015

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 426 OF 3250
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC		FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on		MM / DD / YYYY	

Full Name of Payee Katie A Barros		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 18 / 2014	
Mailing Address PO Box 398		Amount 31.50	
City Neosho	State MO	Zip Code 64850	Transaction ID : c23f20b4-78cb-4eae-9
Purpose of Expenditure Mileage	Category/Type 002	Date of Disbursement or Obligation MM / DD / YYYY 10 / 18 / 2014	
Name of Federal Candidate Mr. Mark L Pryor		Office Sought: ☐ House District: 00 ☒ Senate State: AR	
Calendar Year-To-Date Per Election for Office Sought 292370.62		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	

Full Name of Payee Brenda K Billington		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 18 / 2014	
Mailing Address 437 Roberson Creek Rd		Amount 20.00	
City Pittsboro	State NC	Zip Code 27312	Transaction ID : eb479109-c4ef-4ee0-a
Purpose of Expenditure Salary	Category/Type 001	Date of Disbursement or Obligation MM / DD / YYYY 10 / 18 / 2014	
Name of Federal Candidate Ms. Kay Hagan		Office Sought: ☐ House District: 00 ☒ Senate State: NC	
Calendar Year-To-Date Per Election for Office Sought 1095959.94		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	51.50
(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]

Signature

Date

MM / DD / YYYY
05 / 18 / 2015

Full Name of Payee Rhonda Moback		Date of Public Distribution/Dissemination M M / D D / Y Y Y Y 10 / 18 / 2014	
Mailing Address 2704 E Glen Oaks Dr		Amount 20.00	
City Wichita	State KS	Zip Code 67216	Transaction ID : 14f66c10-2f6e-4cd3-b Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 10 / 18 / 2014
Purpose of Expenditure Salary		Category/ Type 001	
Name of Federal Candidate Mr. Greg Orman		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: KS
Calendar Year-To-Date Per Election for Office Sought		261541.03	Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ►

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	23.30
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 428 OF 3250
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M M / D D D / Y Y Y Y Y Y					
Full Name of Payee Rhonda Moback			Date of Public Distribution/Dissemination 10 / 18 / 2014		
Mailing Address 2704 E Glen Oaks Dr			Amount 7.20		
City Wichita	State KS	Zip Code 67216	Transaction ID : fed27e5b-5516-4d90-b		
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement or Obligation 10 / 18 / 2014		
Name of Federal Candidate Mr. Greg Orman		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: KS		
Calendar Year-To-Date Per Election for Office Sought 261541.03			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
Full Name of Payee Rachel H Young			Date of Public Distribution/Dissemination 10 / 18 / 2014		
Mailing Address Box #11543 915 E Market Ave			Amount 50.00		
City Searcy	State AR	Zip Code 72149	Transaction ID : f07bd7ad-5da8-4722-9		
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation 10 / 18 / 2014		
Name of Federal Candidate Mr. Mark L Pryor		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: AR		
Calendar Year-To-Date Per Election for Office Sought 292370.62			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			57.20		
(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.					
Signature Ms. Emily Buchanan		[Electronically Filed]		Date 05 / 18 / 2015	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 429 OF 3250
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M M / D D D / Y Y Y Y Y Y					
Full Name of Payee Rachel H Young			Date of Public Distribution/Dissemination 10 / 18 / 2014		
Mailing Address Box #11543 915 E Market Ave			Amount 52.53		
City Searcy		State AR	Zip Code 72149		Transaction ID : 17c0ec8c-077c-4bc7-8
Purpose of Expenditure Mileage		Category/Type 002		Date of Disbursement or Obligation 10 / 18 / 2014	
Name of Federal Candidate Mr. Mark L Pryor			Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>AR</u>		
Calendar Year-To-Date Per Election for Office Sought 292370.62			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶ _____		
Full Name of Payee Billy Martin			Date of Public Distribution/Dissemination 10 / 18 / 2014		
Mailing Address 250 JS Brewton rd			Amount 50.00		
City goldonna		State LA	Zip Code 71031		Transaction ID : 0224eb62-4c52-4ef6-a
Purpose of Expenditure Salary		Category/Type 001		Date of Disbursement or Obligation 10 / 18 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu			Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>LA</u>		
Calendar Year-To-Date Per Election for Office Sought 554635.78			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶ _____		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			102.53		
(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.					
Signature <u>Ms. Emily Buchanan</u>			Date 05 / 18 / 2015		
[Electronically Filed]					

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 430 OF 3250
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M / D D / Y Y Y Y					
Full Name of Payee Billy Martin			Date of Public Distribution/Dissemination 10 / 18 / 2014		
Mailing Address 250 JS Brewton rd			Amount 3.60		
City goldonna	State LA	Zip Code 71031	Transaction ID : 452bde80-e9cf-4a0e-b Date of Disbursement or Obligation 10 / 18 / 2014		
Purpose of Expenditure Mileage		Category/ Type 002			
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>LA</u>		
Calendar Year-To-Date Per Election for Office Sought 554635.78			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶ _____		
Full Name of Payee Anselma A Trinidad			Date of Public Distribution/Dissemination 10 / 18 / 2014		
Mailing Address 7915 Curtina Ln			Amount 80.00		
City Lewisville	State NC	Zip Code 27023	Transaction ID : 67f43fd3-8cf6-4560-8 Date of Disbursement or Obligation 10 / 18 / 2014		
Purpose of Expenditure Salary		Category/ Type 001			
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>NC</u>		
Calendar Year-To-Date Per Election for Office Sought 1095959.94			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶ _____		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			83.60		
(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 _____ Signature		[Electronically Filed]		Date 05 / 18 / 2015	

Full Name of Payee Kevin L Battle		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 18 / 2014	
Mailing Address 3300 Asher Ave		Amount 37.50	
City Little Rock	State AR	Zip Code 72204	Transaction ID : e3a9580d-0264-45b5-9 Date of Disbursement or Obligation MM / DD / YYYY 10 / 18 / 2014
Purpose of Expenditure Mileage		Category/ Type 002	
Name of Federal Candidate Mr. Mark L Pryor		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: AR
Calendar Year-To-Date Per Election for Office Sought 292370.62		Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ►	

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	117.50
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

Ms. Emily Buchanan

[Electronically Filed]

Date 05 / 18 / 2015

Signature _____

Full Name of Payee Erissia Anderson		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 18 / 2014	
Mailing Address 11005 Oak Forest Pkwy Dr Apt F		Amount Amount 50.00	
City Saint Louis	State MO	Zip Code 63146	Transaction ID : db6201a7-0782-4be7-9 Date of Disbursement or Obligation MM / DD / YYYY 10 / 18 / 2014
Purpose of Expenditure Salary		Category/ Type 001	
Name of Federal Candidate Mr. Mark L Pryor		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: AR
Calendar Year-To-Date Per Election for Office Sought Amount 292370.62		Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....	130.00
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures.....	

05 / 18 / 2015

FEC Schedule E (Form 3X) Rev. 09/2013

Full Name of Payee Lilly Green		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 18 / 2014	
Mailing Address 205 Medallion Circle		Amount 47.10	
City Shreveport	State LA	Zip Code 71119	Transaction ID : 3471d411-e0f3-4d2b-9 Date of Disbursement or Obligation MM / DD / YYYY 10 / 18 / 2014
Purpose of Expenditure Mileage	Category/ Type	002	
Name of Federal Candidate Ms. Mary L Landrieu	☐ Support ☒ Oppose	Office Sought: ☐ President ☒ Senate	District: 00 State: LA
Calendar Year-To-Date Per Election for Office Sought	554635.78		Disbursement For: 2014 ☐ Other (specify) ▶
		☐ Primary	☒ General

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	127.10
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

Full Name of Payee Elizabeth H Newlun		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 18 / 2014	
Mailing Address 19762 Waldon Rd		Amount 6.90	
City Rogers	State AR	Zip Code 72756	Transaction ID : 79c34126-bab4-49c1-a
Purpose of Expenditure Mileage	Category/ Type	002	Date of Disbursement or Obligation MM / DD / YYYY 10 / 18 / 2014
Name of Federal Candidate Mr. Mark L Pryor	☐ Support ☒ Oppose	Office Sought: ☐ President ☒ Senate	District: 00 State: AR
Calendar Year-To-Date Per Election for Office Sought	292370.62	Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	66.90
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 435 OF 3250
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC		FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on		M M M / D D D / Y Y Y Y Y Y	
Full Name of Payee Adam K Plunkett		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 10 / 18 / 2014	
Mailing Address 9760 N Pomona Ave		Amount 80.00	
City Kansas Cuty	State MO	Zip Code 64153	Transaction ID : a206debe-592d-4d56-b
Purpose of Expenditure Salary	Category/ Type 001	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 10 / 18 / 2014	
Name of Federal Candidate Mr. Greg Orman		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: KS
Calendar Year-To-Date Per Election for Office Sought 261541.03		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Adam K Plunkett		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 10 / 18 / 2014	
Mailing Address 9760 N Pomona Ave		Amount 66.54	
City Kansas Cuty	State MO	Zip Code 64153	Transaction ID : ff3f2cc3-53a6-4e94-9
Purpose of Expenditure Mileage	Category/ Type 002	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 10 / 18 / 2014	
Name of Federal Candidate Mr. Greg Orman		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: KS
Calendar Year-To-Date Per Election for Office Sought 261541.03		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶		146.54	
(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.			
Signature Ms. Emily Buchanan		Date M M M / D D D / Y Y Y Y Y Y 05 / 18 / 2015	
		[Electronically Filed]	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 436 OF 3250
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on			M M M / D D D / Y Y Y Y Y Y	
Full Name of Payee Lisa Booth		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 10 / 18 / 2014		
Mailing Address 1434 South Avenue		Amount 100.00		
City Eden	State NC	Zip Code 27288	Transaction ID : 1217e77f-f5a2-4798-9	
Purpose of Expenditure Salary		Category/Type 001	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 10 / 18 / 2014	
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: NC	
Calendar Year-To-Date Per Election for Office Sought		1095959.94	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Lisa Booth		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 10 / 18 / 2014		
Mailing Address 1434 South Avenue		Amount 21.00		
City Eden	State NC	Zip Code 27288	Transaction ID : 7be1688a-80cb-4d4d-a	
Purpose of Expenditure Mileage		Category/Type 002	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 10 / 18 / 2014	
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: NC	
Calendar Year-To-Date Per Election for Office Sought		1095959.94	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures.....		121.00		
(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.				
Signature Ms. Emily Buchanan		[Electronically Filed]		Date M M M / D D D / Y Y Y Y Y Y 05 / 18 / 2015

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 437 OF 3250
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC		FEC IDENTIFICATION NUMBER ▼ C C00530766
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on		MM / DD / YYYY

Full Name of Payee Lee R Carter		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 18 / 2014
Mailing Address 3110 Brentwood Rd		Amount 50.00
City Raleigh	State NC	Zip Code 27604
Purpose of Expenditure Salary		Category/Type 001
Name of Federal Candidate Ms. Kay Hagan		Office Sought: ☐ House ☒ Senate ☐ President ☒ Senate
Calendar Year-To-Date Per Election for Office Sought 1095959.94		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶

Full Name of Payee Lee R Carter		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 18 / 2014
Mailing Address 3110 Brentwood Rd		Amount 15.00
City Raleigh	State NC	Zip Code 27604
Purpose of Expenditure Mileage		Category/Type 002
Name of Federal Candidate Ms. Kay Hagan		Office Sought: ☐ House ☒ Senate ☐ President ☒ Senate
Calendar Year-To-Date Per Election for Office Sought 1095959.94		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	65.00
(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

MM / DD / YYYY
05 / 18 / 2015

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 438 OF 3250
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M / D D / Y Y Y Y Y Y				
Full Name of Payee Gregory Green			Date of Public Distribution/Dissemination 10 / 18 / 2014	
Mailing Address 2506 Bolch Street			Amount 80.00	
City Shreveport	State LA	Zip Code 71104	Transaction ID : d6e4829d-bcf0-4f06-a Date of Disbursement or Obligation 10 / 18 / 2014	
Purpose of Expenditure Salary		Category/ Type 001		
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: LA	
Calendar Year-To-Date Per Election for Office Sought		554635.78	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Gregory Green			Date of Public Distribution/Dissemination 10 / 18 / 2014	
Mailing Address 2506 Bolch Street			Amount 37.20	
City Shreveport	State LA	Zip Code 71104	Transaction ID : 9fffb70e-f4a5-4315-a Date of Disbursement or Obligation 10 / 18 / 2014	
Purpose of Expenditure Mileage		Category/ Type 002		
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: LA	
Calendar Year-To-Date Per Election for Office Sought		554635.78	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures.....▶			117.20	
(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 05 / 18 / 2015	
Signature				

Full Name of Payee Hannah J Landry		Date of Public Distribution/Dissemination M M / D D / Y Y Y Y 10 / 18 / 2014	
Mailing Address 1110 N Coolidge		Amount 5.22	
City Gonzales	State LA	Zip Code 70737	Transaction ID : c1768c26-6a9c-4b51-9 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 10 / 18 / 2014
Purpose of Expenditure Mileage		Category/ Type 002	
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: LA
Calendar Year-To-Date Per Election for Office Sought		554635.78	Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ►

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	45.22
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 440 OF 3250
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M M / D D D / Y Y Y Y Y Y				
Full Name of Payee Mary C Lee			Date of Public Distribution/Dissemination 10 / 18 / 2014	
Mailing Address 1030 N Coolidge Ave			Amount 40.00	
City Gonzales	State LA	Zip Code 70737	Transaction ID : 4dcdd0fa-434f-4223-b Date of Disbursement or Obligation 10 / 18 / 2014	
Purpose of Expenditure Salary		Category/ Type 001		
Name of Federal Candidate Ms. Mary L Landrieu			Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: LA	
Calendar Year-To-Date Per Election for Office Sought 554635.78			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Mary C Lee			Date of Public Distribution/Dissemination 10 / 18 / 2014	
Mailing Address 1030 N Coolidge Ave			Amount 5.22	
City Gonzales	State LA	Zip Code 70737	Transaction ID : 3dad77c5-0da9-4729-9 Date of Disbursement or Obligation 10 / 18 / 2014	
Purpose of Expenditure Mileage		Category/ Type 002		
Name of Federal Candidate Ms. Mary L Landrieu			Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: LA	
Calendar Year-To-Date Per Election for Office Sought 554635.78			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			45.22	
(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.				
Signature Ms. Emily Buchanan			Date 05 / 18 / 2015	
[Electronically Filed]				

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 441 OF 3250
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC		FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on		M M M / D D D / Y Y Y Y Y Y	
Full Name of Payee Theresa a Youngblood		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 10 / 18 / 2014	
Mailing Address 102 S Main Street Apt A2		Amount 100.00	
City Berryville	State VA	Zip Code 22611	Transaction ID : 43ec2284-6f86-4e71-8
Purpose of Expenditure Salary	Category/Type 001	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 10 / 18 / 2014	
Name of Federal Candidate Mr. Greg Orman		☐ Support ☒ Oppose	
Office Sought: ☐ House ☒ Senate		District: 00 State: KS	
Calendar Year-To-Date Per Election for Office Sought 261541.03		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Nicholas O Wilcox		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 10 / 18 / 2014	
Mailing Address 1981 Cherokee St		Amount 25.00	
City Baton Rouge	State LA	Zip Code 70806	Transaction ID : 21758e1c-202b-493c-9
Purpose of Expenditure Salary	Category/Type 001	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 10 / 18 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	
Office Sought: ☐ House ☒ Senate		District: 00 State: LA	
Calendar Year-To-Date Per Election for Office Sought 554635.78		Disbursement For: ☐ Primary ☒ 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.			
Signature Ms. Emily Buchanan		Date M M M / D D D / Y Y Y Y Y Y 05 / 18 / 2015	
		[Electronically Filed]	

Full Name of Payee Nicholas O Wilcox		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 18 / 2014	
Mailing Address 1981 Cherokee St		Amount 1.38	
City Baton Rouge	State LA	Zip Code 70806	Transaction ID : 39b206ac-4720-42ef-b Date of Disbursement or Obligation MM / DD / YYYY 10 / 18 / 2014
Purpose of Expenditure Mileage	Category/ Type	002	
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: LA
Calendar Year-To-Date Per Election for Office Sought		554635.78	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶

Full Name of Payee Michael Vidrine		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 18 / 2014	
Mailing Address 1103 West Wilson Street		Amount 55.00	
City Ville Platte	State LA	Zip Code 70586	Transaction ID : 77f3f2bb-d93c-4d3c-b
Purpose of Expenditure Salary	Category/ Type	001	Date of Disbursement or Obligation MM / DD / YYYY 10 / 18 / 2014
Name of Federal Candidate Ms. Mary L Landrieu	☐ Support ☒ Oppose	Office Sought: ☐ President ☒ Senate	District: 00 State: LA
Calendar Year-To-Date Per Election for Office Sought	554635.78	Disbursement For: 2014 ☐ Other (specify) ▶	☐ Primary ☒ General

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	56.38
(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.

Date _____

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 443 OF 3250
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC		FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on		MM / DD / YYYY	
Full Name of Payee Michael Vidrine		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 18 / 2014	
Mailing Address 1103 West Wilson Street		Amount 22.50	
City Ville Platte	State LA	Zip Code 70586	Transaction ID : 41a9ba2c-e739-437d-b
Purpose of Expenditure Mileage	Category/Type 002	Date of Disbursement or Obligation MM / DD / YYYY 10 / 18 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	
Office Sought: ☐ House ☒ Senate		District: 00 State: LA	
Calendar Year-To-Date Per Election for Office Sought 554635.78		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Kelly Dolan		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 18 / 2014	
Mailing Address 543 S 2nd St		Amount 70.00	
City Bellaire	State NC	Zip Code 77401	Transaction ID : 6e32020f-fe9e-4cfb-8
Purpose of Expenditure Salary	Category/Type 001	Date of Disbursement or Obligation MM / DD / YYYY 10 / 18 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	
Office Sought: ☐ House ☒ Senate		District: 00 State: LA	
Calendar Year-To-Date Per Election for Office Sought 554635.78		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶		92.50	
(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.			
Signature Ms. Emily Buchanan		Date MM / DD / YYYY 05 / 18 / 2015	
[Electronically Filed]			

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 444 OF 3250
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC		FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on		M M M / D D D / Y Y Y Y Y Y	
Full Name of Payee Kelly Dolan		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 10 / 18 / 2014	
Mailing Address 543 S 2nd St		Amount 5.10	
City Bellaire	State NC	Zip Code 77401	Transaction ID : 9a75b9d2-69dc-4804-9
Purpose of Expenditure Mileage	Category/Type 002	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 10 / 18 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu		Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: LA	
Calendar Year-To-Date Per Election for Office Sought 554635.78		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Raynette M Domingo		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 10 / 18 / 2014	
Mailing Address 94-468 Hamu St		Amount 10.00	
City Waipahu	State HI	Zip Code 96797	Transaction ID : 552f78f8-e71c-48d9-9
Purpose of Expenditure Salary	Category/Type 001	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 10 / 18 / 2014	
Name of Federal Candidate Mr. Greg Orman		Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: KS	
Calendar Year-To-Date Per Election for Office Sought 261541.03		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶		15.10	
(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.			
Signature Ms. Emily Buchanan		Date M M M / D D D / Y Y Y Y Y Y 05 / 18 / 2015	
		[Electronically Filed]	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 445 OF 3250
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC		FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on		M M M / D D D / Y Y Y Y Y Y	
Full Name of Payee Shelbi L Randall		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 10 / 18 / 2014	
Mailing Address 202 East Park Ave Apt 40		Amount 85.00	
City Searcy	State AR	Zip Code 72143	Transaction ID : b9d95399-5925-4a4b-a
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 10 / 18 / 2014
Name of Federal Candidate Mr. Mark L Pryor		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: AR
Calendar Year-To-Date Per Election for Office Sought 292370.62		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Taylor N Randall		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 10 / 18 / 2014	
Mailing Address 2002 E Park Ave Apt 40		Amount 85.00	
City Searcy	State AR	Zip Code 72143	Transaction ID : 05a9fbe0-6b88-4a2c-b
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 10 / 18 / 2014
Name of Federal Candidate Mr. Mark L Pryor		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: AR
Calendar Year-To-Date Per Election for Office Sought 292370.62		Disbursement For: ☐ Primary ☒ 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.			
Signature Ms. Emily Buchanan		Date M M M / D D D / Y Y Y Y Y Y 05 / 18 / 2015	
		[Electronically Filed]	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 446 OF 3250
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC		FEC IDENTIFICATION NUMBER ▼ C C00530766
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on		MM / DD / YYYY

Full Name of Payee Taylor N Randall		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 18 / 2014
Mailing Address 2002 E Park Ave Apt 40		Amount 31.65
City Searcy	State AR	Zip Code 72143
Purpose of Expenditure Mileage	Category/ Type 002	Transaction ID : 0d0bfd32-28de-4b6d-a Date of Disbursement or Obligation MM / DD / YYYY 10 / 18 / 2014
Name of Federal Candidate Mr. Mark L Pryor		Office Sought: ☐ House District: <u>00</u> ☒ Senate State: <u>AR</u>
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶
		292370.62

Full Name of Payee Gabriela P Sosa		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 18 / 2014
Mailing Address 2530 Brook Stone Dr		Amount 80.00
City Clemmons	State NC	Zip Code 27012
Purpose of Expenditure Salary	Category/ Type 001	Transaction ID : f68cef17-c84f-4df6-b Date of Disbursement or Obligation MM / DD / YYYY 10 / 18 / 2014
Name of Federal Candidate Ms. Kay Hagan		Office Sought: ☐ House District: <u>00</u> ☒ Senate State: <u>NC</u>
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶
		1095959.94

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	111.65
(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]

Signature

Date

MM / DD / YYYY
05 / 18 / 2015

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 447 OF 3250
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC		FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on / /			
Full Name of Payee Gabriela P Sosa		Date of Public Distribution/Dissemination / / 10 / 18 / 2014	
Mailing Address 2530 Brook Stone Dr		Amount 17.70	
City Clemmons	State NC	Zip Code 27012	Transaction ID : 1789a08c-111f-4c6f-a Date of Disbursement or Obligation / / 10 / 18 / 2014
Purpose of Expenditure Mileage		Category/ Type 002	
Name of Federal Candidate Ms. Kay Hagan		Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>NC</u>	
Calendar Year-To-Date Per Election for Office Sought 1095959.94		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶ _____	
Full Name of Payee Joshua D Syrotchen		Date of Public Distribution/Dissemination / / 10 / 18 / 2014	
Mailing Address 915 East Market Ave		Amount 110.00	
City Searcy	State AR	Zip Code 72149	Transaction ID : 9ee59aea-4edc-4f69-9 Date of Disbursement or Obligation / / 10 / 18 / 2014
Purpose of Expenditure Salary		Category/ Type 001	
Name of Federal Candidate Mr. Mark L Pryor		Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>AR</u>	
Calendar Year-To-Date Per Election for Office Sought 292370.62		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶ _____	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶		 127.70	
(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.			
Signature <i>Ms. Emily Buchanan</i>		Date / / 05 / 18 / 2015	
<i>[Electronically Filed]</i>			

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

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 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M / D D / Y Y Y Y Y Y					
Full Name of Payee Joshua D Syrotchen			Date of Public Distribution/Dissemination 10 / 18 / 2014		
Mailing Address 915 East Market Ave			Amount 110.40		
City Searcy	State AR	Zip Code 72149	Transaction ID : 393eca84-a442-4078-a Date of Disbursement or Obligation 10 / 18 / 2014		
Purpose of Expenditure Mileage		Category/ Type 002			
Name of Federal Candidate Mr. Mark L Pryor			Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: AR ☐ Other (specify) ▶		
Calendar Year-To-Date Per Election for Office Sought 292370.62			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
Full Name of Payee Courtney Goldstein			Date of Public Distribution/Dissemination 10 / 18 / 2014		
Mailing Address 1809 N Woodlawn			Amount 35.00		
City Metairie	State LA	Zip Code 70001	Transaction ID : 72a072a5-d953-418f-9 Date of Disbursement or Obligation 10 / 18 / 2014		
Purpose of Expenditure Salary		Category/ Type 001			
Name of Federal Candidate Ms. Mary L Landrieu			Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: LA ☐ Other (specify) ▶		
Calendar Year-To-Date Per Election for Office Sought 554635.78			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			145.40		
(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.					
Signature <u>Ms. Emily Buchanan</u> [Electronically Filed]			Date 05 / 18 / 2015		

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 449 OF 3250
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M M / D D D / Y Y Y Y Y Y					
Full Name of Payee Courtney Goldstein			Date of Public Distribution/Dissemination 10 / 18 / 2014		
Mailing Address 1809 N Woodlawn			Amount 6.60		
City Metairie	State LA	Zip Code 70001	Transaction ID : 6dd1d244-503c-40be-a Date of Disbursement or Obligation 10 / 18 / 2014		
Purpose of Expenditure Mileage		Category/ Type 002			
Name of Federal Candidate Ms. Mary L Landrieu			☐ Support Office Sought: ☐ House District: 00 ☒ Oppose ☐ President ☒ Senate State: LA		
Calendar Year-To-Date Per Election for Office Sought 554635.78			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
Full Name of Payee Jeffrey Hampton			Date of Public Distribution/Dissemination 10 / 18 / 2014		
Mailing Address 1700 E Part Ave			Amount 33.00		
City Searcy	State AR	Zip Code 72149	Transaction ID : e5604e43-e25e-49f9-9 Date of Disbursement or Obligation 10 / 18 / 2014		
Purpose of Expenditure Salary		Category/ Type 001			
Name of Federal Candidate Mr. Mark L Pryor			☐ Support Office Sought: ☐ House District: 00 ☒ Oppose ☐ President ☒ Senate State: AR		
Calendar Year-To-Date Per Election for Office Sought 292370.62			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			39.60		
(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.					
Signature <u>Ms. Emily Buchanan</u> [Electronically Filed]			Date 05 / 18 / 2015		

Full Name of Payee Kinsey E Beck		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 18 / 2014	
Mailing Address 103 Glenhaven Ct		Amount 45.00	
City Harvest	State AL	Zip Code 35749	Transaction ID : 763d7953-af03-4b3f-8 Date of Disbursement or Obligation MM / DD / YYYY 10 / 18 / 2014
Purpose of Expenditure Salary	Category/ Type 001		
Name of Federal Candidate Mr. Mark L Pryor	☐ Support ☒ Oppose	Office Sought: ☐ President ☒ Senate ☐ Other (specify) ▶	District: 00 State: AR
Calendar Year-To-Date Per Election for Office Sought	292370.62	Disbursement For: 2014 ☐ Primary ☒ General	

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	77.25
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

Signature

Full Name of Payee Heather N Montgomery		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 18 / 2014	
Mailing Address 106 Wyncrest Ct		Amount 75.00	
City Hendersonville	State TN	Zip Code 37075	Transaction ID : 823a79e6-ff1b-479a-8 Date of Disbursement or Obligation MM / DD / YYYY 10 / 18 / 2014
Purpose of Expenditure Salary		Category/ Type 001	
Name of Federal Candidate Mr. Mark L Pryor		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: AR
Calendar Year-To-Date Per Election for Office Sought		292370.62	Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	90.60
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

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 FOR LINE 24 OF FORM 3X

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

Full Name of Payee Heather N Montgomery		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 18 / 2014	
Mailing Address 106 Wyncrest Ct		Amount 43.20	
City Hendersonville	State TN	Zip Code 37075	Transaction ID : eac5d960-d84d-49ef-9
Purpose of Expenditure Mileage	Category/Type 002	Date of Disbursement or Obligation MM / DD / YYYY 10 / 18 / 2014	
Name of Federal Candidate Mr. Mark L Pryor		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: AR
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	

Full Name of Payee Stuart T Haley		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 18 / 2014	
Mailing Address 600 W Vine Ave		Amount 85.00	
City Searcy	State AR	Zip Code 72143	Transaction ID : 84f10344-a559-4ca2-9
Purpose of Expenditure Salary	Category/Type 001	Date of Disbursement or Obligation MM / DD / YYYY 10 / 18 / 2014	
Name of Federal Candidate Mr. Mark L Pryor		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: AR
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	128.20
(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

MM / DD / YYYY
05 / 18 / 2015

Signature

Full Name of Payee Amelia Brackett		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 18 / 2014	
Mailing Address 804 Roundabout Circle		Amount 130.00	
City	State	Zip Code	Transaction ID : 628a6129-6c58-4e42-b Date of Disbursement or Obligation MM / DD / YYYY 10 / 18 / 2014
Searcy	AR	72143	
Purpose of Expenditure Salary		Category/ Type	001
Name of Federal Candidate Mr. Mark L Pryor		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: AR
Calendar Year-To-Date Per Election for Office Sought		292370.62	Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	199.00
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

05 / 18 / 2015

FEC Schedule E (Form 3X) Rev. 09/2013

Full Name of Payee Corban L Barnett		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 18 / 2014	
Mailing Address 1001 N Prospect		Amount 6.00	
City Liberal	State KS	Zip Code 67901	Transaction ID : b3390dd3-c78d-4ccb-8
Purpose of Expenditure Mileage	Category/ Type	002	Date of Disbursement or Obligation MM / DD / YYYY 10 / 18 / 2014
Name of Federal Candidate Mr. Greg Orman	☐ Support ☒ Oppose	Office Sought: ☐ President ☒ Senate	District: 00 State: KS
Calendar Year-To-Date Per Election for Office Sought	261541.03		Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶ 133.50
(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.

Date _____

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 455 OF 3250
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on			M M M / D D D / Y Y Y Y Y Y	
Full Name of Payee Adena V Smith		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 10 / 18 / 2014		
Mailing Address 450 Judson Dr		Amount 25.00		
City Wake Forest	State NC	Zip Code 27587	Transaction ID : a5e9c26e-3fe6-4d7b-b	
Purpose of Expenditure Salary		Category/Type 001	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 10 / 18 / 2014	
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: NC	
Calendar Year-To-Date Per Election for Office Sought		1095959.94	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Benjamin Hernandez		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 10 / 18 / 2014		
Mailing Address 915 E Market Ave		Amount 75.00		
City Searcy	State AR	Zip Code 72149	Transaction ID : 9025a305-327b-4a74-b	
Purpose of Expenditure Salary		Category/Type 001	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 10 / 18 / 2014	
Name of Federal Candidate Mr. Mark L Pryor		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: AR	
Calendar Year-To-Date Per Election for Office Sought		292370.62	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures.....		100.00		
(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.				
Signature Ms. Emily Buchanan		[Electronically Filed]		Date M M M / D D D / Y Y Y Y Y Y 05 / 18 / 2015

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 456 OF 3250
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M M / D D D / Y Y Y Y Y Y					
Full Name of Payee Benjamin Hernandez			Date of Public Distribution/Dissemination 10 / 18 / 2014		
Mailing Address 915 E Market Ave			Amount 45.00		
City Searcy		State AR	Zip Code 72149		Transaction ID : 3b652508-8208-46d7-b
Purpose of Expenditure Mileage		Category/ Type 002		Date of Disbursement or Obligation 10 / 18 / 2014	
Name of Federal Candidate Mr. Mark L Pryor			☐ Support ☒ Oppose Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: AR		
Calendar Year-To-Date Per Election for Office Sought 292370.62			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
Full Name of Payee Jacob W Joosten			Date of Public Distribution/Dissemination 10 / 17 / 2014		
Mailing Address 1906 S Pine Apt B			Amount 90.00		
City Pittsburg		State KS	Zip Code 66762		Transaction ID : 96e94fb5-e423-4c0d-8
Purpose of Expenditure Salary		Category/ Type 001		Date of Disbursement or Obligation 10 / 17 / 2014	
Name of Federal Candidate Mr. Greg Orman			☐ Support ☒ Oppose Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: KS		
Calendar Year-To-Date Per Election for Office Sought 261541.03			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			135.00		
(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.					
Signature <i>Ms. Emily Buchanan</i>			[Electronically Filed] Date 05 / 18 / 2015		

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

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 FOR LINE 24 OF FORM 3X

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

Full Name of Payee Jacob W Joosten		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 17 / 2014	
Mailing Address 1906 S Pine Apt B		Amount 15.60	
City Pittsburg	State KS	Zip Code 66762	Transaction ID : de37e27e-7c18-4edf-9 Date of Disbursement or Obligation MM / DD / YYYY 10 / 17 / 2014
Purpose of Expenditure Mileage		Category/Type 002	
Name of Federal Candidate Mr. Greg Orman		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: KS
Calendar Year-To-Date Per Election for Office Sought		261541.03	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶

Full Name of Payee Jacob W Joosten		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 16 / 2014	
Mailing Address 1906 S Pine Apt B		Amount 40.00	
City Pittsburg	State KS	Zip Code 66762	Transaction ID : e4f64a56-f35d-40fe-a Date of Disbursement or Obligation MM / DD / YYYY 10 / 16 / 2014
Purpose of Expenditure Salary		Category/Type 001	
Name of Federal Candidate Mr. Greg Orman		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: KS
Calendar Year-To-Date Per Election for Office Sought		261541.03	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	55.60
(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

MM / DD / YYYY
05 / 18 / 2015

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 458 OF 3250
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on MM / DD / YYYY				
Full Name of Payee Jacob W Joosten			Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 16 / 2014	
Mailing Address 1906 S Pine Apt B			Amount 6.00	
City Pittsburg	State KS	Zip Code 66762	Transaction ID : a00f5785-6b63-426e-9	
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement or Obligation MM / DD / YYYY 10 / 16 / 2014	
Name of Federal Candidate Mr. Greg Orman		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: KS	
Calendar Year-To-Date Per Election for Office Sought		261541.03	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Lindsey N Rose			Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 18 / 2014	
Mailing Address 615 Live Oak Dr			Amount 60.00	
City searcy	State AR	Zip Code 72143	Transaction ID : c7a442cf-6cf3-4bce-8	
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation MM / DD / YYYY 10 / 18 / 2014	
Name of Federal Candidate Mr. Mark L Pryor		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: AR	
Calendar Year-To-Date Per Election for Office Sought		292370.62	Disbursement For: ☐ Primary ☒ 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.				
Signature Ms. Emily Buchanan		[Electronically Filed]		Date MM / DD / YYYY 05 / 18 / 2015

Full Name of Payee Kaitlyn B Allen		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 18 / 2014	
Mailing Address 2121 Daniel Dr		Amount 65.70	
City Searcy	State AR	Zip Code 72143	Transaction ID : 790f2d77-4301-4551-9
Purpose of Expenditure Mileage	Category/ Type	002	Date of Disbursement or Obligation MM / DD / YYYY 10 / 18 / 2014
Name of Federal Candidate Mr. Mark L Pryor	☐ Support ☒ Oppose	Office Sought: ☐ President ☒ Senate	District: 00 State: AR
Calendar Year-To-Date Per Election for Office Sought	292370.62		Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶		195.70
(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.

Signature

Full Name of Payee Ashley n Thompson		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 18 / 2014	
Mailing Address 272 Westgate Ct Apt 6		Amount 9.00	
City Lexington	State NC	Zip Code 27295	Transaction ID : 536f7ebc-5451-438d-b Date of Disbursement or Obligation MM / DD / YYYY 10 / 18 / 2014
Purpose of Expenditure Mileage		Category/ Type 002	
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: NC
Calendar Year-To-Date Per Election for Office Sought		1095959.94	Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ►

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	59.00
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 461 OF 3250
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC		FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M M / D D D / Y Y Y Y Y Y			
Full Name of Payee Randy G Lookabill		Date of Public Distribution/Dissemination 10 / 18 / 2014	
Mailing Address 200 Carawood Lane		Amount 80.00	
City Lexington	State NC	Zip Code 27295	Transaction ID : 9d1e8565-6f0e-499b-8
Purpose of Expenditure Salary	Category/ Type	001	Date of Disbursement or Obligation 10 / 18 / 2014
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>NC</u>
Calendar Year-To-Date Per Election for Office Sought		1095959.94	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶
Full Name of Payee Randy G Lookabill		Date of Public Distribution/Dissemination 10 / 18 / 2014	
Mailing Address 200 Carawood Lane		Amount 18.00	
City Lexington	State NC	Zip Code 27295	Transaction ID : d5044b75-c867-4301-8
Purpose of Expenditure Mileage	Category/ Type	002	Date of Disbursement or Obligation 10 / 18 / 2014
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>NC</u>
Calendar Year-To-Date Per Election for Office Sought		1095959.94	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures.....		98.00	
(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]	
Signature		Date 05 / 18 / 2015	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 462 OF 3250
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC		FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on		M M M / D D D / Y Y Y Y Y Y	

Full Name of Payee ERIC TABARY		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 10 / 18 / 2014	
Mailing Address 6101 NORA ST		Amount 70.00	
City METAIRIE	State LA	Zip Code 70003	Transaction ID : 9ca3b80e-0121-4ce2-b
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 10 / 18 / 2014
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: LA
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	

Full Name of Payee Danielle McCoy		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 10 / 18 / 2014	
Mailing Address 1025 Cayley Ct		Amount 105.00	
City High Point	State NC	Zip Code 27260	Transaction ID : 094bf9ff-53c5-4a9a-a
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 10 / 18 / 2014
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: NC
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	175.00
(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]

Signature

Date

M M M / D D D / Y Y Y Y Y Y
05 / 18 / 2015

Full Name of Payee Tabitha J Barnett			Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 18 / 2014		
Mailing Address 1001 N Prospect			Amount 107.50		
City Liberal	State KS	Zip Code 67901	Transaction ID : c2648ada-351e-4f94-8 Date of Disbursement or Obligation MM / DD / YYYY 10 / 18 / 2014		
Purpose of Expenditure Salary		Category/ Type 001			
Name of Federal Candidate Mr. Greg Orman		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: KS		
Calendar Year-To-Date Per Election for Office Sought		261541.03	Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ►		

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	131.20
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

FEC Schedule E (Form 3X) Rev. 09/2013

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 464 OF 3250
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC		FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on		M M M / D D D / Y Y Y Y Y Y	
Full Name of Payee Tabitha J Barnett		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 10 / 18 / 2014	
Mailing Address 1001 N Prospect		Amount 12.33	
City Liberal	State KS	Zip Code 67901	Transaction ID : 7887a8ef-1db4-435f-b
Purpose of Expenditure Mileage		Category/Type 002	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 10 / 18 / 2014
Name of Federal Candidate Mr. Greg Orman		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: KS
Calendar Year-To-Date Per Election for Office Sought 261541.03		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Colton R Overcash		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 10 / 18 / 2014	
Mailing Address 121 Ohara Dr		Amount 70.00	
City Salisbury	State NC	Zip Code 28147	Transaction ID : 8fffd29d-dc64-45a0-9
Purpose of Expenditure Salary		Category/Type 001	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 10 / 18 / 2014
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: NC
Calendar Year-To-Date Per Election for Office Sought 1095959.94		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶		82.33	
(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.			
Signature Ms. Emily Buchanan		Date M M M / D D D / Y Y Y Y Y Y 05 / 18 / 2015	
		[Electronically Filed]	

Full Name of Payee Colton R Overcash		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 18 / 2014	
Mailing Address 121 Ohara Dr		Amount 95.70	
City Salisbury	State NC	Zip Code 28147	Transaction ID : b9089b66-2a9f-4545-8
Purpose of Expenditure Mileage	Category/ Type	002	Date of Disbursement or Obligation MM / DD / YYYY 10 / 18 / 2014
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: NC
Calendar Year-To-Date Per Election for Office Sought		1095959.94	Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ▶

Full Name of Payee Krystal A Wilson		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 18 / 2014	
Mailing Address 448 Judson Dr		Amount Amount 25.00	
City Wake Forest	State NC	Zip Code 27587	Transaction ID : a2cebd84-5db3-4bec-b Date of Disbursement or Obligation MM / DD / YYYY 10 / 18 / 2014
Purpose of Expenditure Salary		Category/ Type	001
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House ☒ Senate ☐ President ☒ Senate District: 00 State: NC
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	120.70
(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.

Date _____

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 466 OF 3250
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC		FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M M / D D D / Y Y Y Y Y Y			
Full Name of Payee Krystal A Wilson		Date of Public Distribution/Dissemination 10 / 18 / 2014	
Mailing Address 448 Judson Dr		Amount 2.10	
City Wake Forest	State NC	Zip Code 27587	Transaction ID : 7fb8a8aa-2952-40da-9
Purpose of Expenditure Mileage	Category/ Type 002	Date of Disbursement or Obligation 10 / 18 / 2014	
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>NC</u>
Calendar Year-To-Date Per Election for Office Sought 1095959.94		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Maurice A Wilson		Date of Public Distribution/Dissemination 10 / 18 / 2014	
Mailing Address 448 Judson Dr		Amount 25.00	
City Wake Forest	State NC	Zip Code 27587	Transaction ID : b90af187-f13e-425f-b
Purpose of Expenditure Salary	Category/ Type 001	Date of Disbursement or Obligation 10 / 18 / 2014	
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>NC</u>
Calendar Year-To-Date Per Election for Office Sought 1095959.94		Disbursement For: ☐ Primary ☒ 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]	
Signature		Date 05 / 18 / 2015	

Full Name of Payee Ronald E Brown			Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 18 / 2014		
Mailing Address 1211 Treaty Rd			Amount 60.00		
City Delphos	State KS	Zip Code 67436	Transaction ID : 1f458db5-5ee1-41c8-9 Date of Disbursement or Obligation MM / DD / YYYY 10 / 18 / 2014		
Purpose of Expenditure Salary		Category/ Type 001			
Name of Federal Candidate Mr. Greg Orman		☐ Support ☒ Oppose	Office Sought: ☐ House ☒ Senate District: 00 ☐ President State: KS		
Calendar Year-To-Date Per Election for Office Sought		261541.03	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		

Full Name of Payee Ronald E Brown			Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 18 / 2014		
Mailing Address 1211 Treaty Rd			Amount 19.50		
City Delphos	State KS	Zip Code 67436	Transaction ID : bc434430-edab-42f3-a Date of Disbursement or Obligation MM / DD / YYYY 10 / 18 / 2014		
Purpose of Expenditure Mileage		Category/ Type 002			
Name of Federal Candidate Mr. Greg Orman		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: KS		
Calendar Year-To-Date Per Election for Office Sought		261541.03	Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ►		

(a) SUBTOTAL of Itemized Independent Expenditures.....	79.50
(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.

Date _____

Signature

05 / 18 / 2015

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 468 OF 3250
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M / D D / Y Y Y Y				
Full Name of Payee Phillip Williams			Date of Public Distribution/Dissemination 10 / 18 / 2014	
Mailing Address 3007 Darden Rd			Amount 80.00	
City Greensboro	State NC	Zip Code 27407	Transaction ID : 0fce45bc-2705-4300-b	
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation 10 / 18 / 2014	
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>NC</u>	
Calendar Year-To-Date Per Election for Office Sought		1095959.94	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Phillip Williams			Date of Public Distribution/Dissemination 10 / 18 / 2014	
Mailing Address 3007 Darden Rd			Amount 10.80	
City Greensboro	State NC	Zip Code 27407	Transaction ID : 54cc2a50-a4d0-444a-9	
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement or Obligation 10 / 18 / 2014	
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>NC</u>	
Calendar Year-To-Date Per Election for Office Sought		1095959.94	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			90.80	
(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.				
Signature Ms. Emily Buchanan		[Electronically Filed]		Date 05 / 18 / 2015

Full Name of Payee LaVonna A Brown			Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 18 / 2014		
Mailing Address 1211 Treaty Rd			Amount 60.00		
City Delphos	State KS	Zip Code 67436	Transaction ID : 662c0a5f-baa6-4d7f-9 Date of Disbursement or Obligation MM / DD / YYYY 10 / 18 / 2014		
Purpose of Expenditure Salary		Category/ Type 001			
Name of Federal Candidate Mr. Greg Orman		☐ Support ☒ Oppose	Office Sought: ☐ House ☒ Senate ☐ President ☒ Senate District: 00 State: KS		
Calendar Year-To-Date Per Election for Office Sought		261541.03	Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ▶		

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	140.00
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

Ms. Emily Buchanan

[Electronically Filed]

Date 05 / 18 / 2015

Signature _____

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 470 OF 3250
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC		FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on		M M M / D D D / Y Y Y Y Y Y	
Full Name of Payee Patrice Wolfe		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 10 / 18 / 2014	
Mailing Address 9909 Treasure Hill Rd		Amount 12.50	
City Little Rock	State AR	Zip Code 72205	Transaction ID : cdeb9523-bede-42f0-b
Purpose of Expenditure Salary	Category/Type 001	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 10 / 18 / 2014	
Name of Federal Candidate Mr. Mark L Pryor		Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: AR	
Calendar Year-To-Date Per Election for Office Sought 292370.62		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Patrice Wolfe		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 10 / 18 / 2014	
Mailing Address 9909 Treasure Hill Rd		Amount 6.60	
City Little Rock	State AR	Zip Code 72205	Transaction ID : cc595be2-d500-41ba-9
Purpose of Expenditure Mileage	Category/Type 002	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 10 / 18 / 2014	
Name of Federal Candidate Mr. Mark L Pryor		Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: AR	
Calendar Year-To-Date Per Election for Office Sought 292370.62		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶		19.10	
(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 Signature		[Electronically Filed] Date M M M / D D D / Y Y Y Y Y Y 05 / 18 / 2015	

Full Name of Payee Parker H Morrow		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 18 / 2014	
Mailing Address 506 N Horton Street		Amount 30.30	
City Searcy	State AR	Zip Code 72143	Transaction ID : f2803ee6-29e6-425a-8 Date of Disbursement or Obligation MM / DD / YYYY 10 / 18 / 2014
Purpose of Expenditure Mileage		Category/ Type 002	
Name of Federal Candidate Mr. Mark L Pryor		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: AR
Calendar Year-To-Date Per Election for Office Sought 292370.62		Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....	130.30
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures.....	

05 / 18 / 2015

FEC Schedule E (Form 3X) Rev. 09/2013

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 472 OF 3250
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC		FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on		M M M / D D D / Y Y Y Y Y Y	
Full Name of Payee Rebecca A Shearer		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 10 / 18 / 2014	
Mailing Address 6544 Arno College Grove Rd		Amount 100.00	
City College Grove	State TN	Zip Code 37046	Transaction ID : d95961ff-b78c-41e4-9
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 10 / 18 / 2014
Name of Federal Candidate Mr. Mark L Pryor		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: AR
Calendar Year-To-Date Per Election for Office Sought 292370.62		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Rebecca A Shearer		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 10 / 18 / 2014	
Mailing Address 6544 Arno College Grove Rd		Amount 30.30	
City College Grove	State TN	Zip Code 37046	Transaction ID : 7d9076c2-1c96-4768-8
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 10 / 18 / 2014
Name of Federal Candidate Mr. Mark L Pryor		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: AR
Calendar Year-To-Date Per Election for Office Sought 292370.62		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶		130.30	
(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]	
Signature		Date M M M / D D D / Y Y Y Y Y Y 05 / 18 / 2015	

Full Name of Payee Kaleigh J Wagner		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 18 / 2014	
Mailing Address 18065 Wayne Rd		Amount 170.00	
City Odessa	State FL	Zip Code 33556	Transaction ID : 0a2b2973-608f-4733-8
Purpose of Expenditure Salary	Category/ Type	001	Date of Disbursement or Obligation MM / DD / YYYY 10 / 18 / 2014
Name of Federal Candidate Mr. Mark L Pryor	☐ Support ☒ Oppose	Office Sought: ☐ President ☒ Senate	District: 00 State: AR
Calendar Year-To-Date Per Election for Office Sought	292370.62		Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	270.00
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

05 / 18 / 2015

FEC Schedule E (Form 3X) Rev. 09/2013

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 474 OF 3250
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC		FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on		M M M / D D D / Y Y Y Y Y Y	
Full Name of Payee Randy M Gold		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 10 / 18 / 2014	
Mailing Address 1436 Haigs Creek Dr		Amount 170.00	
City Elgin	State SC	Zip Code 29045	Transaction ID : 8ef2e689-7f43-4850-9
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 10 / 18 / 2014
Name of Federal Candidate Mr. Mark L Pryor		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: AR
Calendar Year-To-Date Per Election for Office Sought 292370.62		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Randy M Gold		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 10 / 18 / 2014	
Mailing Address 1436 Haigs Creek Dr		Amount 125.61	
City Elgin	State SC	Zip Code 29045	Transaction ID : dd0eb657-a286-4e17-8
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 10 / 18 / 2014
Name of Federal Candidate Mr. Mark L Pryor		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: AR
Calendar Year-To-Date Per Election for Office Sought 292370.62		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶		295.61	
(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]	
Signature		Date M M M / D D D / Y Y Y Y Y Y 05 / 18 / 2015	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 475 OF 3250
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC		FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on		MM / DD / YYYY	
Full Name of Payee Brenda L McCune		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 18 / 2014	
Mailing Address 1254 Fleming St Apt 6		Amount 40.00	
City Conway	State AR	Zip Code 72032	Transaction ID : cc44d9dc-aecd-473b-b
Purpose of Expenditure Salary	Category/Type 001	Date of Disbursement or Obligation MM / DD / YYYY 10 / 18 / 2014	
Name of Federal Candidate Mr. Mark L Pryor		Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: AR	
Calendar Year-To-Date Per Election for Office Sought 292370.62		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Brenda L McCune		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 18 / 2014	
Mailing Address 1254 Fleming St Apt 6		Amount 28.20	
City Conway	State AR	Zip Code 72032	Transaction ID : d3c1fed7-b8dc-4050-a
Purpose of Expenditure Mileage	Category/Type 002	Date of Disbursement or Obligation MM / DD / YYYY 10 / 18 / 2014	
Name of Federal Candidate Mr. Mark L Pryor		Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: AR	
Calendar Year-To-Date Per Election for Office Sought 292370.62		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶		68.20	
(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.			
Signature Ms. Emily Buchanan		Date MM / DD / YYYY 05 / 18 / 2015	
		[Electronically Filed]	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 476 OF 3250
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M M / D D D / Y Y Y Y Y Y				
Full Name of Payee Brandon Wheeler			Date of Public Distribution/Dissemination 10 / 18 / 2014	
Mailing Address 10112 Piney Creek Ct			Amount 40.00	
City Charolette	State NC	Zip Code 28215	Transaction ID : 758cec91-db2c-430c-9	
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation 10 / 18 / 2014	
Name of Federal Candidate Mr. Mark L Pryor		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: AR	
Calendar Year-To-Date Per Election for Office Sought		292370.62	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Brandon Wheeler			Date of Public Distribution/Dissemination 10 / 18 / 2014	
Mailing Address 10112 Piney Creek Ct			Amount 19.50	
City Charolette	State NC	Zip Code 28215	Transaction ID : 17ad3693-ddcf-420b-b	
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement or Obligation 10 / 18 / 2014	
Name of Federal Candidate Mr. Mark L Pryor		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: AR	
Calendar Year-To-Date Per Election for Office Sought		292370.62	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			59.50	
(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 05 / 18 / 2015	
Signature				

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 477 OF 3250
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M / D D / Y Y Y Y				
Full Name of Payee John P Hilkert			Date of Public Distribution/Dissemination 10 / 18 / 2014	
Mailing Address 7 Bards Lane			Amount 80.00	
City Fletcher	State NC	Zip Code 28732	Transaction ID : 3ad6b594-00ea-4c74-b Date of Disbursement or Obligation 10 / 18 / 2014	
Purpose of Expenditure Salary		Category/ Type 001		
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: NC	
Calendar Year-To-Date Per Election for Office Sought		1095959.94	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee John P Hilkert			Date of Public Distribution/Dissemination 10 / 18 / 2014	
Mailing Address 7 Bards Lane			Amount 18.30	
City Fletcher	State NC	Zip Code 28732	Transaction ID : bb4ee4c1-355a-4b0f-b Date of Disbursement or Obligation 10 / 18 / 2014	
Purpose of Expenditure Mileage		Category/ Type 002		
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: NC	
Calendar Year-To-Date Per Election for Office Sought		1095959.94	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			98.30	
(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.				
Signature Ms. Emily Buchanan		[Electronically Filed]		Date 05 / 18 / 2015

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 478 OF 3250
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC		FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on		M M M / D D D / Y Y Y Y Y Y	
Full Name of Payee Brittnie W Campbell		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 10 / 19 / 2014	
Mailing Address 5828 Rena Road		Amount 47.50	
City Hamptonville	State NC	Zip Code 27020	Transaction ID : c89f7f89-02a4-46de-a
Purpose of Expenditure Salary	Category/Type 001	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 10 / 19 / 2014	
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	
Office Sought: ☐ President ☒ Senate		District: 00 State: NC	
Calendar Year-To-Date Per Election for Office Sought 1095959.94		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Brittnie W Campbell		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 10 / 19 / 2014	
Mailing Address 5828 Rena Road		Amount 15.90	
City Hamptonville	State NC	Zip Code 27020	Transaction ID : 1bbc38a7-57ff-417f-9
Purpose of Expenditure Mileage	Category/Type 002	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 10 / 19 / 2014	
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	
Office Sought: ☐ President ☒ Senate		District: 00 State: NC	
Calendar Year-To-Date Per Election for Office Sought 1095959.94		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶		63.40	
(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.			
Signature Ms. Emily Buchanan		Date M M M / D D D / Y Y Y Y Y Y 05 / 18 / 2015	
		[Electronically Filed]	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

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 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M / D D / Y Y Y Y					
Full Name of Payee Judith A Murphy			Date of Public Distribution/Dissemination 10 / 19 / 2014		
Mailing Address PO Box 37			Amount 5.00		
City East Bend	State NC	Zip Code 27018	Transaction ID : 704dfae7-2deb-4753-9		
Purpose of Expenditure Salary		Category/Type 001	Date of Disbursement or Obligation 10 / 19 / 2014		
Name of Federal Candidate Ms. Kay Hagan			Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>NC</u>		
Calendar Year-To-Date Per Election for Office Sought 1095959.94			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶ _____		
Full Name of Payee Maurice A Wilson			Date of Public Distribution/Dissemination 10 / 19 / 2014		
Mailing Address 448 Judson Dr			Amount 22.50		
City Wake Forest	State NC	Zip Code 27587	Transaction ID : 1314530d-1c96-48ae-9		
Purpose of Expenditure Salary		Category/Type 001	Date of Disbursement or Obligation 10 / 19 / 2014		
Name of Federal Candidate Ms. Kay Hagan			Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>NC</u>		
Calendar Year-To-Date Per Election for Office Sought 1095959.94			Disbursement For: ☐ Primary ☒ 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.					
Signature <u>Ms. Emily Buchanan</u> [Electronically Filed]			Date 05 / 18 / 2015		

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 480 OF 3250
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on			M M M / D D D / Y Y Y Y Y Y	
Full Name of Payee Maurice A Wilson		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 10 / 19 / 2014		
Mailing Address 448 Judson Dr		Amount 1.20		
City Wake Forest	State NC	Zip Code 27587	Transaction ID : afb8e29f-d279-4fcd-8	
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 10 / 19 / 2014	
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: NC	
Calendar Year-To-Date Per Election for Office Sought		1095959.94	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Kathryn M Wolfe		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 10 / 19 / 2014		
Mailing Address 204 W 9th St		Amount 10.00		
City Pittsburg	State KS	Zip Code 66762	Transaction ID : 60ff282b-fea4-4b38-a	
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 10 / 19 / 2014	
Name of Federal Candidate Mr. Greg Orman		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: KS	
Calendar Year-To-Date Per Election for Office Sought		261541.03	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures.....		11.20		
(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.				
Signature Ms. Emily Buchanan		[Electronically Filed]		Date M M M / D D D / Y Y Y Y Y Y 05 / 18 / 2015

Full Name of Payee Benjamin L Heitman		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 19 / 2014	
Mailing Address 2520 Helmstetler Rd		Amount 10.00	
City Lexington	State NC	Zip Code 27295	Transaction ID : c324bdc-b-faa5-4ec8-a Date of Disbursement or Obligation MM / DD / YYYY 10 / 19 / 2014
Purpose of Expenditure Salary	Category/ Type 001		
Name of Federal Candidate Ms. Kay Hagan	☐ Support ☒ Oppose	Office Sought: ☐ President ☒ Senate	District: 00 State: NC
Calendar Year-To-Date Per Election for Office Sought	1095959.94	Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	
(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.

Date _____

Signature

Three digital displays are shown side-by-side, separated by slashes. The first display shows '05' under 'MM' labels. The second display shows '18' under 'DD' labels. The third display shows '2015' under 'YYYY' labels.

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 482 OF 3250
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC		FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on		M M M / D D D / Y Y Y Y Y Y	
Full Name of Payee Benjamin L Heitman		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 10 / 19 / 2014	
Mailing Address 2520 Helmstetler Rd		Amount 1.20	
City Lexington	State NC	Zip Code 27295	Transaction ID : 0f1bdfa6-ba3c-4a1b-8
Purpose of Expenditure Mileage	Category/Type 002	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 10 / 19 / 2014	
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose ☐ President ☒ Senate	
Office Sought: District: 00 State: NC			
Calendar Year-To-Date Per Election for Office Sought 1095959.94		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Claire A Smith		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 10 / 19 / 2014	
Mailing Address 6610 Walcott Rd		Amount 35.00	
City Paragoud	State AR	Zip Code 72450	Transaction ID : dd609d0d-c248-482b-b
Purpose of Expenditure Salary	Category/Type 001	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 10 / 19 / 2014	
Name of Federal Candidate Mr. Mark L Pryor		☐ Support ☒ Oppose ☐ President ☒ Senate	
Office Sought: District: 00 State: AR			
Calendar Year-To-Date Per Election for Office Sought 292370.62		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶		36.20	
(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.			
Signature Ms. Emily Buchanan		Date M M M / D D D / Y Y Y Y Y Y 05 / 18 / 2015	
		[Electronically Filed]	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

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 FOR LINE 24 OF FORM 3X

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

Full Name of Payee Brian A Sherwood Originally reported against Kay Hagan, corrected with filing		Date of Public Distribution/Dissemination 10 19 2014	
Mailing Address 1003 W 5th St		Amount 20.00	
City Coffeyville	State KS	Zip Code 67337	Transaction ID : f88f36a3-f97d-4298-8 Date of Disbursement or Obligation 10 19 2014
Purpose of Expenditure Salary	Category/Type 001		
Name of Federal Candidate Mr. Greg Orman		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: KS
Calendar Year-To-Date Per Election for Office Sought		261541.03	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶

Full Name of Payee Brian A Sherwood Originally reported against Kay Hagan, corrected with filing		Date of Public Distribution/Dissemination 10 19 2014	
Mailing Address 1003 W 5th St		Amount 0.90	
City Coffeyville	State KS	Zip Code 67337	Transaction ID : b9c8b7fb-ddc1-4557-8 Date of Disbursement or Obligation 10 19 2014
Purpose of Expenditure Mileage	Category/Type 002		
Name of Federal Candidate Mr. Greg Orman		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: KS
Calendar Year-To-Date Per Election for Office Sought		261541.03	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	20.90
(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

05

18

2015

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 484 OF 3250
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC		FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M M / D D D / Y Y Y Y Y Y			
Full Name of Payee Dylan J Sparks		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 10 / 19 / 2014	
Mailing Address 915 East Market Ave		Amount 80.00	
City Searcy	State AR	Zip Code 72149	Transaction ID : 4dd1f11f-81de-4fe7-a Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 10 / 19 / 2014
Purpose of Expenditure Salary		Category/ Type 001	
Name of Federal Candidate Mr. Mark L Pryor		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: AR
Calendar Year-To-Date Per Election for Office Sought		292370.62	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶
Full Name of Payee Dylan J Sparks		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 10 / 19 / 2014	
Mailing Address 915 East Market Ave		Amount 55.80	
City Searcy	State AR	Zip Code 72149	Transaction ID : 80604666-d405-4452-b Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 10 / 19 / 2014
Purpose of Expenditure Mileage		Category/ Type 002	
Name of Federal Candidate Mr. Mark L Pryor		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: AR
Calendar Year-To-Date Per Election for Office Sought		292370.62	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶		135.80	
(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.			
Signature Ms. Emily Buchanan		Date M M M / D D D / Y Y Y Y Y Y 05 / 18 / 2015	
[Electronically Filed]			

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 485 OF 3250
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M / D D / Y Y Y Y Y Y				
Full Name of Payee Camille N Yearry			Date of Public Distribution/Dissemination 10 / 19 / 2014	
Mailing Address 2025 NE 67th St			Amount 35.00	
City Gladstone	State MO	Zip Code 64118	Transaction ID : 2aabfd43-865c-4a80-9	
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation 10 / 19 / 2014	
Name of Federal Candidate Mr. Mark L Pryor		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: AR	
Calendar Year-To-Date Per Election for Office Sought		292370.62	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Camille N Yearry			Date of Public Distribution/Dissemination 10 / 19 / 2014	
Mailing Address 2025 NE 67th St			Amount 18.24	
City Gladstone	State MO	Zip Code 64118	Transaction ID : 52bb48ab-2742-44dd-9	
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement or Obligation 10 / 19 / 2014	
Name of Federal Candidate Mr. Mark L Pryor		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: AR	
Calendar Year-To-Date Per Election for Office Sought		292370.62	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			53.24	
(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.				
Signature Ms. Emily Buchanan		[Electronically Filed]		Date 05 / 18 / 2015

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 486 OF 3250
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC		FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on		MM / DD / YYYY	
Full Name of Payee Brett D Axsom		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 19 / 2014	
Mailing Address 808 Windsor Perrineville Rd		Amount 30.00	
City East Windsor	State NJ	Zip Code 08520	Transaction ID : eef9624a-2b1c-43d9-8
Purpose of Expenditure Salary	Category/ Type	001	Date of Disbursement or Obligation MM / DD / YYYY 10 / 19 / 2014
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: LA
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Brett D Axsom		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 19 / 2014	
Mailing Address 808 Windsor Perrineville Rd		Amount 5.10	
City East Windsor	State NJ	Zip Code 08520	Transaction ID : 2f125f0d-02ae-4899-b
Purpose of Expenditure Mileage	Category/ Type	002	Date of Disbursement or Obligation MM / DD / YYYY 10 / 19 / 2014
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: LA
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures.....		35.10	
(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]	
Signature		Date MM / DD / YYYY 05 / 18 / 2015	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 487 OF 3250
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M M / D D D / Y Y Y Y Y Y					
Full Name of Payee Dedrick W Dunbar			Date of Public Distribution/Dissemination 10 / 19 / 2014		
Mailing Address 6667 Avocado Dr			Amount 30.00		
City Baton Rouge		State LA	Zip Code 70812		Transaction ID : 19139221-445c-410a-b
Purpose of Expenditure Salary		Category/ Type 001		Date of Disbursement or Obligation 10 / 19 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu			Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: LA		
Calendar Year-To-Date Per Election for Office Sought 554635.78			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
Full Name of Payee Christopher L Gilbert			Date of Public Distribution/Dissemination 10 / 19 / 2014		
Mailing Address 55 Lovell Johnson Rd			Amount 52.50		
City Picayune		State MS	Zip Code 39466		Transaction ID : bfa77570-f837-41a5-b
Purpose of Expenditure Salary		Category/ Type 001		Date of Disbursement or Obligation 10 / 19 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu			Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: LA		
Calendar Year-To-Date Per Election for Office Sought 554635.78			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			82.50		
(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.					
Signature Ms. Emily Buchanan			Date 05 / 18 / 2015		
[Electronically Filed]					

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 488 OF 3250
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M M / D D D / Y Y Y Y Y Y					
Full Name of Payee Christopher L Gilbert			Date of Public Distribution/Dissemination 10 / 19 / 2014		
Mailing Address 55 Lovell Johnson Rd			Amount 29.40		
City Picayune		State MS	Zip Code 39466		Transaction ID : 888f9655-fa3a-4475-a
Purpose of Expenditure Mileage		Category/ Type 002		Date of Disbursement or Obligation 10 / 19 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu			Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: LA		
Calendar Year-To-Date Per Election for Office Sought 554635.78			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
Full Name of Payee Alexa S Dudley			Date of Public Distribution/Dissemination 10 / 19 / 2014		
Mailing Address 4367 Splitlog Rd			Amount 55.00		
City Goodman		State MO	Zip Code 64843		Transaction ID : 7689d4b5-d8b1-4d50-a
Purpose of Expenditure Salary		Category/ Type 001		Date of Disbursement or Obligation 10 / 19 / 2014	
Name of Federal Candidate Mr. Mark L Pryor			Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: AR		
Calendar Year-To-Date Per Election for Office Sought 292370.62			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			84.40		
(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.					
Signature Ms. Emily Buchanan			Date 05 / 18 / 2015		
[Electronically Filed]					

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 489 OF 3250
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on / /					
Full Name of Payee Alexa S Dudley			Date of Public Distribution/Dissemination / / 10 / 19 / 2014		
Mailing Address 4367 Splitlog Rd			Amount 30.00		
City Goodman		State MO	Zip Code 64843		Transaction ID : fec1f666-c488-4abf-9
Purpose of Expenditure Mileage		Category/ Type 002		Date of Disbursement or Obligation / / 10 / 19 / 2014	
Name of Federal Candidate Mr. Mark L Pryor			☐ Support ☒ Oppose		Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>AR</u>
Calendar Year-To-Date Per Election for Office Sought 292370.62			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶ _____		
Full Name of Payee Aleksandra B Padua			Date of Public Distribution/Dissemination / / 10 / 19 / 2014		
Mailing Address 110 Bridge gate Dr			Amount 30.00		
City Cary		State NC	Zip Code 27519		Transaction ID : aeabc4ec-c9a2-401a-a
Purpose of Expenditure Salary		Category/ Type 001		Date of Disbursement or Obligation / / 10 / 19 / 2014	
Name of Federal Candidate Ms. Kay Hagan			☐ Support ☒ Oppose		Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>NC</u>
Calendar Year-To-Date Per Election for Office Sought 1095959.94			Disbursement For: ☐ Primary ☒ 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.					
Signature 			Date / / 05 / 18 / 2015		

Ms. Emily Buchanan

[Electronically Filed]

Full Name of Payee Patricia F Arnold		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 19 / 2014	
Mailing Address 1117 Clipper Dr		Amount 23.00	
City Slidell	State LA	Zip Code 70458	Transaction ID : 6105afb2-d1f3-4da7-a Date of Disbursement or Obligation MM / DD / YYYY 10 / 19 / 2014
Purpose of Expenditure Salary		Category/ Type 001	
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: LA
Calendar Year-To-Date Per Election for Office Sought 554635.78		Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ►	

(a) SUBTOTAL of Itemized Independent Expenditures.....		33.62
(b) SUBTOTAL of Unitemized Independent Expenditures		
(c) TOTAL Independent Expenditures.....		

05 / 18 / 2015

FEC Schedule E (Form 3X) Rev. 09/2013

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 491 OF 3250
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M / D D / Y Y Y Y Y Y					
Full Name of Payee Patricia F Arnold			Date of Public Distribution/Dissemination 10 / 19 / 2014		
Mailing Address 1117 Clipper Dr			Amount 0.90		
City Slidell	State LA	Zip Code 70458	Transaction ID : 96d0ea1e-b342-4de0-8		
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement or Obligation 10 / 19 / 2014		
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: LA		
Calendar Year-To-Date Per Election for Office Sought		554635.78	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
Full Name of Payee Rhonda Moback			Date of Public Distribution/Dissemination 10 / 19 / 2014		
Mailing Address 2704 E Glen Oaks Dr			Amount 30.00		
City Wichita	State KS	Zip Code 67216	Transaction ID : d0a55c90-2075-46b0-b		
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation 10 / 19 / 2014		
Name of Federal Candidate Mr. Greg Orman		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: KS		
Calendar Year-To-Date Per Election for Office Sought		261541.03	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			30.90		
(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.					
Signature Ms. Emily Buchanan		[Electronically Filed]		Date 05 / 18 / 2015	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

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 FOR LINE 24 OF FORM 3X

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

Full Name of Payee Rhonda Moback		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 19 / 2014	
Mailing Address 2704 E Glen Oaks Dr		Amount 6.90	
City Wichita	State KS	Zip Code 67216	Transaction ID : 548a439d-a465-4fdd-8
Purpose of Expenditure Mileage	Category/Type 002	Date of Disbursement or Obligation MM / DD / YYYY 10 / 19 / 2014	
Name of Federal Candidate Mr. Greg Orman		☐ Support ☒ Oppose Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: KS	
Calendar Year-To-Date Per Election for Office Sought 261541.03		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	

Full Name of Payee Irene R Hoyer		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 19 / 2014	
Mailing Address 4310 N Mission Rd		Amount 25.00	
City Bel Aire	State KS	Zip Code 67226	Transaction ID : d9cbd2a5-d05d-484c-8
Purpose of Expenditure Salary	Category/Type 001	Date of Disbursement or Obligation MM / DD / YYYY 10 / 19 / 2014	
Name of Federal Candidate Mr. Greg Orman		☐ Support ☒ Oppose Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: KS	
Calendar Year-To-Date Per Election for Office Sought 261541.03		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	31.90
(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

MM / DD / YYYY
05 / 18 / 2015

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 493 OF 3250
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC		FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on		M M M / D D D / Y Y Y Y Y Y	
Full Name of Payee Irene R Hoyer		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 10 / 19 / 2014	
Mailing Address 4310 N Mission Rd		Amount 7.05	
City Bel Aire	State KS	Zip Code 67226	Transaction ID : c0fc4259-ea0e-42c5-b
Purpose of Expenditure Mileage		Category/Type 002	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 10 / 19 / 2014
Name of Federal Candidate Mr. Greg Orman		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: KS
Calendar Year-To-Date Per Election for Office Sought 261541.03		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Jon Lynch		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 10 / 19 / 2014	
Mailing Address 6108 Harkins Ave		Amount 35.00	
City Little Rock	State AR	Zip Code 72210	Transaction ID : 7bfaf8a7-52e6-4893-9
Purpose of Expenditure Salary		Category/Type 001	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 10 / 19 / 2014
Name of Federal Candidate Mr. Mark L Pryor		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: AR
Calendar Year-To-Date Per Election for Office Sought 292370.62		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶		42.05	
(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.			
Signature Ms. Emily Buchanan		Date M M M / D D D / Y Y Y Y Y Y 05 / 18 / 2015	
		[Electronically Filed]	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

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 FOR LINE 24 OF FORM 3X

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

Full Name of Payee Jon Linch		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 19 / 2014	
Mailing Address 6108 Harkins Ave		Amount 13.80	
City Little Rock	State AR	Zip Code 72210	Transaction ID : 2717c16a-fa51-41a7-b Date of Disbursement or Obligation MM / DD / YYYY 10 / 19 / 2014
Purpose of Expenditure Mileage		Category/ Type 002	
Name of Federal Candidate Mr. Mark L Pryor		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: AR
Calendar Year-To-Date Per Election for Office Sought		292370.62	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶

Full Name of Payee Lydia H DeGisi		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 19 / 2014	
Mailing Address 9513 Beverly Dr		Amount 30.00	
City Overland Park	State KS	Zip Code 66207	Transaction ID : f05c606f-3328-4ccd-8 Date of Disbursement or Obligation MM / DD / YYYY 10 / 19 / 2014
Purpose of Expenditure Salary		Category/ Type 001	
Name of Federal Candidate Mr. Greg Orman		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: KS
Calendar Year-To-Date Per Election for Office Sought		261541.03	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	43.80
(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]

Signature

Date

MM / DD / YYYY
05 / 18 / 2015

Full Name of Payee Talia J DeGisi		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 19 / 2014	
Mailing Address 9513 Beverly Dr		Amount 25.00	
City Overland Park	State KS	Zip Code 66207	Transaction ID : 00d0c247-3b92-41d9-8 Date of Disbursement or Obligation MM / DD / YYYY 10 / 19 / 2014
Purpose of Expenditure Salary		Category/ Type 001	
Name of Federal Candidate Mr. Greg Orman		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: KS
Calendar Year-To-Date Per Election for Office Sought		261541.03	Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	31.00
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

Signature

Full Name of Payee Talia J DeGisi		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 19 / 2014	
Mailing Address 9513 Beverly Dr		Amount 4.80	
City Overland Park	State KS	Zip Code 66207	Transaction ID : f8d7621d-eda8-4a7f-a
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement or Obligation MM / DD / YYYY 10 / 19 / 2014
Name of Federal Candidate Mr. Greg Orman		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: KS
Calendar Year-To-Date Per Election for Office Sought 261541.03		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	

Full Name of Payee Courtney Goldstein		Date of Public Distribution/Dissemination M M / D D / Y Y Y Y 10 / 19 / 2014	
Mailing Address 1809 N Woodlawn		Amount 30.00	
City Metairie	State LA	Zip Code 70001	Transaction ID : 0401e780-3a13-468b-a Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 10 / 19 / 2014
Purpose of Expenditure Salary		Category/ Type 001	
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: LA
Calendar Year-To-Date Per Election for Office Sought		554635.78	Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ►

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	34.80
(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.

Date _____

Signature

Full Name of Payee Mary D Meens		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 19 / 2014	
Mailing Address 5724 SW Arrowhead Ct		Amount MM / DD / YYYY 40.00	
City Topeka	State KS	Zip Code 66614	Transaction ID : 54377ec3-86ec-42da-9 Date of Disbursement or Obligation MM / DD / YYYY 10 / 19 / 2014
Purpose of Expenditure Salary		Category/ Type 001	
Name of Federal Candidate Mr. Greg Orman		☐ Support ☒ Oppose	Office Sought: ☐ House ☒ Senate ☐ President ☐ Other (specify) _____
Calendar Year-To-Date Per Election for Office Sought		MM / DD / YYYY 261541.03	Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ► _____

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	44.20
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

05 / 18 / 2015

FEC Schedule E (Form 3X) Rev. 09/2013

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 498 OF 3250
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC		FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on		M M M / D D D / Y Y Y Y Y Y	
Full Name of Payee Mary D Meens		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 10 / 19 / 2014	
Mailing Address 5724 SW Arrowhead Ct		Amount 10.20	
City Topeka	State KS	Zip Code 66614	Transaction ID : c3d04408-8a4c-46d5-a
Purpose of Expenditure Mileage	Category/Type 002	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 10 / 19 / 2014	
Name of Federal Candidate Mr. Greg Orman		☐ Support ☒ Oppose	
Office Sought: ☐ President ☒ Senate		District: 00 State: KS	
Calendar Year-To-Date Per Election for Office Sought 261541.03		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Francis Richardson		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 10 / 19 / 2014	
Mailing Address 220 Doucet Rd		Amount 25.00	
City Lafayette	State LA	Zip Code 70503	Transaction ID : 8fa534fd-c1f0-462f-8
Purpose of Expenditure Salary	Category/Type 001	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 10 / 19 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	
Office Sought: ☐ President ☒ Senate		District: 00 State: LA	
Calendar Year-To-Date Per Election for Office Sought 554635.78		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶		35.20	
(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.			
Signature Ms. Emily Buchanan		Date M M M / D D D / Y Y Y Y Y Y 05 / 18 / 2015	
		[Electronically Filed]	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 499 OF 3250
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC		FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on / /			
Full Name of Payee Francis Richardson		Date of Public Distribution/Dissemination / / 10 / 19 / 2014	
Mailing Address 220 Doucet Rd		Amount 1.11	
City Lafayette	State LA	Zip Code 70503	Transaction ID : d8e31c8c-0975-4aba-9 Date of Disbursement or Obligation / / 10 / 19 / 2014
Purpose of Expenditure Mileage		Category/ Type 002	
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>LA</u>
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶ _____ 554635.78	
Full Name of Payee Christopher Marquess		Date of Public Distribution/Dissemination / / 10 / 19 / 2014	
Mailing Address 110 W Pecan St		Amount 55.00	
City Ville Platte	State LA	Zip Code 70586	Transaction ID : 8073ea8f-5a20-4d3e-8 Date of Disbursement or Obligation / / 10 / 19 / 2014
Purpose of Expenditure Salary		Category/ Type 001	
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>LA</u>
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶ _____ 554635.78	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶		56.11	
(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.			
Signature <i>Ms. Emily Buchanan</i>		Date / / 05 / 18 / 2015	
[Electronically Filed]			

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 500 OF 3250
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC		FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M M / D D D / Y Y Y Y Y Y			
Full Name of Payee Christopher Marquess		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 10 / 19 / 2014	
Mailing Address 110 W Pecan St		Amount 36.00	
City Ville Platte	State LA	Zip Code 70586	Transaction ID : 6f779405-4a00-4fd2-8 Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 10 / 19 / 2014
Purpose of Expenditure Mileage		Category/ Type 002	
Name of Federal Candidate Ms. Mary L Landrieu		Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: LA	
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
554635.78			
Full Name of Payee Lisa Booth		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 10 / 19 / 2014	
Mailing Address 1434 South Avenue		Amount 100.00	
City Eden	State NC	Zip Code 27288	Transaction ID : 69c19089-33f4-4613-8 Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 10 / 19 / 2014
Purpose of Expenditure Salary		Category/ Type 001	
Name of Federal Candidate Ms. Kay Hagan		Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: NC	
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
1095959.94			
(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.			
Signature Ms. Emily Buchanan		Date M M M / D D D / Y Y Y Y Y Y 05 / 18 / 2015	
[Electronically Filed]			

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

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 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M / D D / Y Y Y Y					
Full Name of Payee Lisa Booth			Date of Public Distribution/Dissemination 10 / 19 / 2014		
Mailing Address 1434 South Avenue			Amount 17.40		
City Eden		State NC	Zip Code 27288		Transaction ID : 11c234e9-8f9d-408e-a
Purpose of Expenditure Mileage		Category/Type 002		Date of Disbursement or Obligation 10 / 19 / 2014	
Name of Federal Candidate Ms. Kay Hagan			☐ Support ☒ Oppose Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: NC		
Calendar Year-To-Date Per Election for Office Sought			1095959.94 Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
Full Name of Payee Kenny Wallis			Date of Public Distribution/Dissemination 10 / 19 / 2014		
Mailing Address 6412 Osage Dr			Amount 20.00		
City North Little rock		State AR	Zip Code 72116		Transaction ID : a13ca2f6-8327-4dea-9
Purpose of Expenditure Salary		Category/Type 001		Date of Disbursement or Obligation 10 / 19 / 2014	
Name of Federal Candidate Mr. Mark L Pryor			☐ Support ☒ Oppose Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: AR		
Calendar Year-To-Date Per Election for Office Sought			292370.62 Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures.....			37.40		
(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.					
Signature Ms. Emily Buchanan			Date 05 / 18 / 2015		

[Electronically Filed]

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 502 OF 3250
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC		FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on		MM / DD / YYYY	
Full Name of Payee Kenny Wallis		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 19 / 2014	
Mailing Address 6412 Osage Dr		Amount 9.99	
City North Little rock	State AR	Zip Code 72116	Transaction ID : f1057637-9e62-4d2e-b
Purpose of Expenditure Mileage	Category/Type 002	Date of Disbursement or Obligation MM / DD / YYYY 10 / 19 / 2014	
Name of Federal Candidate Mr. Mark L Pryor		☐ Support ☒ Oppose	
Office Sought: ☐ President ☒ Senate		District: 00 State: AR	
Calendar Year-To-Date Per Election for Office Sought 292370.62		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Brandy Starns		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 19 / 2014	
Mailing Address 300 Evangeline St		Amount 45.00	
City Monroe	State LA	Zip Code 71201	Transaction ID : 883341ad-1f7f-4a19-8
Purpose of Expenditure Salary	Category/Type 001	Date of Disbursement or Obligation MM / DD / YYYY 10 / 19 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	
Office Sought: ☐ President ☒ Senate		District: 00 State: LA	
Calendar Year-To-Date Per Election for Office Sought 554635.78		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶		54.99	
(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.			
Signature Ms. Emily Buchanan		Date MM / DD / YYYY 05 / 18 / 2015	
[Electronically Filed]			

Full Name of Payee Lee R Carter		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 19 / 2014	
Mailing Address 3110 Brentwood Rd		Amount Amount 30.00	
City Raleigh	State NC	Zip Code 27604	Transaction ID : 146570ab-935e-4716-a Date of Disbursement or Obligation MM / DD / YYYY 10 / 19 / 2014
Purpose of Expenditure Salary		Category/ Type 001	
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: NC
Calendar Year-To-Date Per Election for Office Sought		Amount 1095959.94	Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....	➤	34.50
(b) SUBTOTAL of Unitemized Independent Expenditures	➤	
(c) TOTAL Independent Expenditures.....	➤	

Ms. Emily Buchanan

[Electronically Filed]

Date 05 / 18 / 2015

Signature

Full Name of Payee Rose T Walker		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 19 / 2014	
Mailing Address 6403 E Admiral Doyle Dr		Amount 20.00	
City Jeanerette	State LA	Zip Code 70544	Transaction ID : eb3a0fe9-b7db-4692-8 Date of Disbursement or Obligation MM / DD / YYYY 10 / 19 / 2014
Purpose of Expenditure Salary		Category/ Type 001	
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: LA
Calendar Year-To-Date Per Election for Office Sought		554635.78	Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ►

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	32.90
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

FEC Schedule E (Form 3X) Rev. 09/2013

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 505 OF 3250
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M M / D D D / Y Y Y Y Y Y					
Full Name of Payee Rose T Walker			Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 10 / 19 / 2014		
Mailing Address 6403 E Admiral Doyle Dr			Amount 4.50		
City Jeanerette	State LA	Zip Code 70544	Transaction ID : 6c02300b-ee59-4464-9 Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 10 / 19 / 2014		
Purpose of Expenditure Mileage		Category/ Type 002			
Name of Federal Candidate Ms. Mary L Landrieu			Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: LA ☐ Support ☒ Oppose		
Calendar Year-To-Date Per Election for Office Sought 554635.78			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
Full Name of Payee OLynda Walker			Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 10 / 19 / 2014		
Mailing Address 10000 Mount Pleasant Rd			Amount 50.00		
City Midland	State NC	Zip Code 28107	Transaction ID : 4e8e4609-d661-4c02-b Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 10 / 19 / 2014		
Purpose of Expenditure Salary		Category/ Type 001			
Name of Federal Candidate Ms. Kay Hagan			Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: NC ☐ Support ☒ Oppose		
Calendar Year-To-Date Per Election for Office Sought 1095959.94			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			54.50		
(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.					
Signature Ms. Emily Buchanan			Date [Electronically Filed] M M M / D D D / Y Y Y Y Y Y 05 / 18 / 2015		

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

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 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC		FEC IDENTIFICATION NUMBER ▼ C C00530766
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M M / D D D / Y Y Y Y Y Y		

Full Name of Payee OLynda Walker		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 10 / 19 / 2014	
Mailing Address 10000 Mount Pleasant Rd		Amount 11.40	
City Midland	State NC	Zip Code 28107	Transaction ID : d5c175e6-7c10-4fc4-b
Purpose of Expenditure Mileage	Category/Type 002		Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 10 / 19 / 2014
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: NC
Calendar Year-To-Date Per Election for Office Sought		1095959.94	
		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	

Full Name of Payee Zachary Vidrine		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 10 / 19 / 2014	
Mailing Address 202 Rue Des Cajun		Amount 55.00	
City Ville Platte	State LA	Zip Code 70586	Transaction ID : d8ce0c76-cdbb-4f67-a
Purpose of Expenditure Salary	Category/Type 001		Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 10 / 19 / 2014
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: LA
Calendar Year-To-Date Per Election for Office Sought		554635.78	
		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	66.40
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	0.00
(c) TOTAL Independent Expenditures..... ▶	66.40

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

M M M / D D D / Y Y Y Y Y Y
 05 / 18 / 2015

Signature

Full Name of Payee Zachary Vidrine		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 19 / 2014	
Mailing Address 202 Rue Des Cajun		Amount 19.50	
City Ville Platte	State LA	Zip Code 70586	Transaction ID : f327ca86-210c-4ae2-a
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement or Obligation MM / DD / YYYY 10 / 19 / 2014
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: LA
Calendar Year-To-Date Per Election for Office Sought 554635.78		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	

Full Name of Payee Shelbi L Randall		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 19 / 2014	
Mailing Address 202 East Park Ave Apt 40		Amount 47.50	
City Searcy	State AR	Zip Code 72143	Transaction ID : 53e9dee7-72fa-4018-a Date of Disbursement or Obligation MM / DD / YYYY 10 / 19 / 2014
Purpose of Expenditure Salary		Category/ Type 001	
Name of Federal Candidate Mr. Mark L Pryor		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: AR
Calendar Year-To-Date Per Election for Office Sought 292370.62		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	67.00
(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.

Date _____

Signature

05 / 18 / 2015

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

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 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M M / D D D / Y Y Y Y Y Y					
Full Name of Payee Shelbi L Randall			Date of Public Distribution/Dissemination 10 / 19 / 2014		
Mailing Address 202 East Park Ave Apt 40			Amount 27.00		
City Searcy		State AR	Zip Code 72143		Transaction ID : 492c3580-89ff-45ce-a
Purpose of Expenditure Mileage		Category/Type 002		Date of Disbursement or Obligation 10 / 19 / 2014	
Name of Federal Candidate Mr. Mark L Pryor			☐ Support ☒ Oppose Office Sought: ☐ House ☒ Senate District: <u>00</u> ☐ President State: <u>AR</u>		
Calendar Year-To-Date Per Election for Office Sought 292370.62			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶ _____		
Full Name of Payee Gregory Green			Date of Public Distribution/Dissemination 10 / 19 / 2014		
Mailing Address 2506 Bolch Street			Amount 70.00		
City Shreveport		State LA	Zip Code 71104		Transaction ID : fa50606e-a2d4-4690-9
Purpose of Expenditure Salary		Category/Type 001		Date of Disbursement or Obligation 10 / 19 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu			☐ Support ☒ Oppose Office Sought: ☐ House ☒ Senate District: <u>00</u> ☐ President State: <u>LA</u>		
Calendar Year-To-Date Per Election for Office Sought 554635.78			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶ _____		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			97.00		
(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.					
Signature <u>Ms. Emily Buchanan</u> [Electronically Filed]			Date 05 / 18 / 2015		

Full Name of Payee Gregory Green		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 19 / 2014	
Mailing Address 2506 Bolch Street		Amount \$ 32.10	
City Shreveport	State LA	Zip Code 71104	Transaction ID : 57a13f40-48db-4385-a
Purpose of Expenditure Mileage	Category/ Type	002	Date of Disbursement or Obligation MM / DD / YYYY 10 / 19 / 2014
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: LA
Calendar Year-To-Date Per Election for Office Sought		554635.78	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶

Full Name of Payee Taylor N Randall		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 19 / 2014	
Mailing Address 2002 E Park Ave Apt 40		Amount 47.50	
City	State	Zip Code	Transaction ID : fa7a07cd-36a4-4ce2-9 Date of Disbursement or Obligation MM / DD / YYYY 10 / 19 / 2014
Searcy	AR	72143	
Purpose of Expenditure Salary		Category/ Type	001
Name of Federal Candidate Mr. Mark L Pryor		☐ Support ☒ Oppose	Office Sought: ☐ House ☒ Senate ☐ President ☒ Senate District: 00 State: AR
Calendar Year-To-Date Per Election for Office Sought		292370.62	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	79.60
(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.

Date _____

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

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 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M M / D D D / Y Y Y Y Y Y					
Full Name of Payee Lilly Green			Date of Public Distribution/Dissemination 10 / 19 / 2014		
Mailing Address 205 Medallion Circle			Amount 80.00		
City Shreveport	State LA	Zip Code 71119	Transaction ID : 505b47b1-0e33-4cca-b Date of Disbursement or Obligation 10 / 19 / 2014		
Purpose of Expenditure Salary		Category/ Type 001			
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>LA</u>		
Calendar Year-To-Date Per Election for Office Sought 554635.78			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶ _____		
Full Name of Payee Lilly Green			Date of Public Distribution/Dissemination 10 / 19 / 2014		
Mailing Address 205 Medallion Circle			Amount 73.50		
City Shreveport	State LA	Zip Code 71119	Transaction ID : 1633c073-5e88-4405-8 Date of Disbursement or Obligation 10 / 19 / 2014		
Purpose of Expenditure Mileage		Category/ Type 002			
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>LA</u>		
Calendar Year-To-Date Per Election for Office Sought 554635.78			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶ _____		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			153.50		
(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.					
Signature <i>Ms. Emily Buchanan</i>		[Electronically Filed]		Date 05 / 18 / 2015	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

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 FOR LINE 24 OF FORM 3X

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

Full Name of Payee Todd Ellis		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 19 / 2014	
Mailing Address P.O. Box 712		Amount 40.00	
City Alexander	State AR	Zip Code 72002	Transaction ID : fc8c844b-0063-4125-8 Date of Disbursement or Obligation MM / DD / YYYY 10 / 19 / 2014
Purpose of Expenditure Salary		Category/Type 001	
Name of Federal Candidate Mr. Mark L Pryor		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: AR
Calendar Year-To-Date Per Election for Office Sought		292370.62	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶

Full Name of Payee Todd Ellis		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 19 / 2014	
Mailing Address P.O. Box 712		Amount 26.70	
City Alexander	State AR	Zip Code 72002	Transaction ID : acfee6b2-1f5c-4a89-b Date of Disbursement or Obligation MM / DD / YYYY 10 / 19 / 2014
Purpose of Expenditure Mileage		Category/Type 002	
Name of Federal Candidate Mr. Mark L Pryor		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: AR
Calendar Year-To-Date Per Election for Office Sought		292370.62	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	66.70
(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

MM / DD / YYYY
05 / 18 / 2015

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

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 FOR LINE 24 OF FORM 3X

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

Full Name of Payee Adam K Plunkett		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 19 / 2014	
Mailing Address 9760 N Pomona Ave		Amount 90.00	
City Kansas Cuty	State MO	Zip Code 64153	Transaction ID : fad453c3-3202-411d-9
Purpose of Expenditure Salary	Category/Type 001	Date of Disbursement or Obligation MM / DD / YYYY 10 / 19 / 2014	
Name of Federal Candidate Mr. Greg Orman		☐ Support ☒ Oppose Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: KS	
Calendar Year-To-Date Per Election for Office Sought 261541.03		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	

Full Name of Payee Adam K Plunkett		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 19 / 2014	
Mailing Address 9760 N Pomona Ave		Amount 73.26	
City Kansas Cuty	State MO	Zip Code 64153	Transaction ID : 92a210a7-b88b-41dc-a
Purpose of Expenditure Mileage	Category/Type 002	Date of Disbursement or Obligation MM / DD / YYYY 10 / 19 / 2014	
Name of Federal Candidate Mr. Greg Orman		☐ Support ☒ Oppose Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: KS	
Calendar Year-To-Date Per Election for Office Sought 261541.03		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	163.26
(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

MM / DD / YYYY
05 / 18 / 2015

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 513 OF 3250
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M M / D D D / Y Y Y Y Y Y					
Full Name of Payee Kelli R Zimmerman			Date of Public Distribution/Dissemination 10 / 19 / 2014		
Mailing Address 248 Hungerford			Amount 25.00		
City Haysville	State KS	Zip Code 67060	Transaction ID : 27490618-0776-469a-a		
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation 10 / 19 / 2014		
Name of Federal Candidate Mr. Greg Orman		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>KS</u>		
Calendar Year-To-Date Per Election for Office Sought		261541.03	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶ _____		
Full Name of Payee Kelli R Zimmerman			Date of Public Distribution/Dissemination 10 / 19 / 2014		
Mailing Address 248 Hungerford			Amount 3.00		
City Haysville	State KS	Zip Code 67060	Transaction ID : 3a4ede88-a849-4862-a		
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement or Obligation 10 / 19 / 2014		
Name of Federal Candidate Mr. Greg Orman		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>KS</u>		
Calendar Year-To-Date Per Election for Office Sought		261541.03	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶ _____		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			28.00		
(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.					
Signature <i>Ms. Emily Buchanan</i>		[Electronically Filed]		Date 05 / 18 / 2015	

Full Name of Payee Chris McCoy		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 19 / 2014	
Mailing Address 1025 Cayley Ct		Amount 18.90	
City High Point	State NC	Zip Code 27260	Transaction ID : 745ed0ac-c6ef-4ef2-9 Date of Disbursement or Obligation MM / DD / YYYY 10 / 19 / 2014
Purpose of Expenditure Mileage	Category/ Type	002	
Name of Federal Candidate Ms. Kay Hagan	☐ Support ☒ Oppose	Office Sought: ☐ President ☒ Senate	District: 00 State: NC
Calendar Year-To-Date Per Election for Office Sought	1095959.94		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	76.40
(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 _____

MM / DD / YYYY

05 / 18 / 2015

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 516 OF 3250
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M / D D / Y Y Y Y				
Full Name of Payee Philip Elkins			Date of Public Distribution/Dissemination 10 / 19 / 2014	
Mailing Address 227 Lincoln Dr			Amount 10.00	
City Bossier City	State LA	Zip Code 71111	Transaction ID : 85b6cc35-eca3-42c8-9	
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation 10 / 19 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>LA</u>	
Calendar Year-To-Date Per Election for Office Sought		554635.78	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Philip Elkins			Date of Public Distribution/Dissemination 10 / 19 / 2014	
Mailing Address 227 Lincoln Dr			Amount 19.74	
City Bossier City	State LA	Zip Code 71111	Transaction ID : 17d9514b-680c-4a8c-a	
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement or Obligation 10 / 19 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>LA</u>	
Calendar Year-To-Date Per Election for Office Sought		554635.78	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			29.74	
(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 05 / 18 / 2015	
Signature				

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 517 OF 3250
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC		FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on		M M M / D D D / Y Y Y Y Y Y	
Full Name of Payee Rachel H Young		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 10 / 19 / 2014	
Mailing Address Box #11543 915 E Market Ave		Amount 30.00	
City Searcy	State AR	Zip Code 72149	Transaction ID : 6d72a3e0-53ae-47cb-a
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 10 / 19 / 2014
Name of Federal Candidate Mr. Mark L Pryor		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: AR
Calendar Year-To-Date Per Election for Office Sought 292370.62		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Rachel H Young		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 10 / 19 / 2014	
Mailing Address Box #11543 915 E Market Ave		Amount 16.53	
City Searcy	State AR	Zip Code 72149	Transaction ID : 6023e043-020b-416f-9
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 10 / 19 / 2014
Name of Federal Candidate Mr. Mark L Pryor		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: AR
Calendar Year-To-Date Per Election for Office Sought 292370.62		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶		46.53	
(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.			
Signature Ms. Emily Buchanan		Date M M M / D D D / Y Y Y Y Y Y 05 / 18 / 2015	
		[Electronically Filed]	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 518 OF 3250
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC		FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on		M M M / D D D / Y Y Y Y Y Y	
Full Name of Payee Natalie M Foutch		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 10 / 19 / 2014	
Mailing Address 1057 Waldron Road		Amount 30.00	
City LaVergne	State TN	Zip Code 37086	Transaction ID : e1631469-3dc6-4ff6-a
Purpose of Expenditure Salary	Category/ Type 001	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 10 / 19 / 2014	
Name of Federal Candidate Mr. Mark L Pryor		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: AR
Calendar Year-To-Date Per Election for Office Sought 292370.62		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Billy Martin		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 10 / 19 / 2014	
Mailing Address 250 JS Brewton rd		Amount 50.00	
City goldonna	State LA	Zip Code 71031	Transaction ID : 187a5bad-7da5-4743-a
Purpose of Expenditure Salary	Category/ Type 001	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 10 / 19 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: LA
Calendar Year-To-Date Per Election for Office Sought 554635.78		Disbursement For: ☐ Primary ☒ 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.			
Signature Ms. Emily Buchanan		Date M M M / D D D / Y Y Y Y Y Y 05 / 18 / 2015	
		[Electronically Filed]	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

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 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M M / D D D / Y Y Y Y Y Y					
Full Name of Payee Billy Martin			Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 10 / 19 / 2014		
Mailing Address 250 JS Brewton rd			Amount 3.90		
City goldonna	State LA	Zip Code 71031	Transaction ID : 6a5b0843-6ec3-4d55-9		
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 10 / 19 / 2014		
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: LA		
Calendar Year-To-Date Per Election for Office Sought 554635.78			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
Full Name of Payee Julie M Gentry			Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 10 / 19 / 2014		
Mailing Address 314 S Main St			Amount 10.00		
City Roxboro	State NC	Zip Code 27573	Transaction ID : fea2e3e2-8020-4c94-b		
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 10 / 19 / 2014		
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: NC		
Calendar Year-To-Date Per Election for Office Sought 1095959.94			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			13.90		
(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.					
Signature Ms. Emily Buchanan		[Electronically Filed]		Date M M M / D D D / Y Y Y Y Y Y 05 / 18 / 2015	

Full Name of Payee Julie M Gentry		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 19 / 2014	
Mailing Address 314 S Main St		Amount 3.15	
City Roxboro	State NC	Zip Code 27573	Transaction ID : 0214802f-201b-4935-b Date of Disbursement or Obligation MM / DD / YYYY 10 / 19 / 2014
Purpose of Expenditure Mileage		Category/ Type 002	
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House ☒ Senate ☐ President District: 00 State: NC
Calendar Year-To-Date Per Election for Office Sought 1095959.94		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	

Full Name of Payee Brenda L McCune		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 19 / 2014	
Mailing Address 1254 Fleming St Apt 6		Amount 10.00	
City Conway	State AR	Zip Code 72032	Transaction ID : a4cf7120-3ee9-47c2-8 Date of Disbursement or Obligation MM / DD / YYYY 10 / 19 / 2014
Purpose of Expenditure Salary	Category/ Type 001		
Name of Federal Candidate Mr. Mark L Pryor	☐ Support ☒ Oppose	Office Sought: ☐ President ☒ Senate	District: 00 State: AR
Calendar Year-To-Date Per Election for Office Sought	292370.62	Disbursement For: 2014 ☐ Other (specify) ▶	☐ Primary ☒ General

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	13.15
(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.

Date _____

Signature

Full Name of Payee ERIC TABARY			Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 19 / 2014		
Mailing Address 6101 NORA ST			Amount 70.00		
City METAIRIE	State LA	Zip Code 70003	Transaction ID : 63b4d919-4d04-43a4-8 Date of Disbursement or Obligation MM / DD / YYYY 10 / 19 / 2014		
Purpose of Expenditure Salary		Category/ Type 001			
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House ☒ Senate ☐ President ☒ Senate		
Calendar Year-To-Date Per Election for Office Sought 554635.78		Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ▶			

(a) SUBTOTAL of Itemized Independent Expenditures.....	73.60
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures.....	

Ms. Emily Buchanan

[Electronically Filed]

Date 05 / 18 / 2015

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 522 OF 3250
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M / D D / Y Y Y Y Y Y				
Full Name of Payee Daniel E Collison			Date of Public Distribution/Dissemination 10 / 19 / 2014	
Mailing Address 3315 Cardinal Ridge Rd			Amount 15.00	
City Greensboro	State NC	Zip Code 27410	Transaction ID : 43686f8c-b1a5-4d44-a	
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation 10 / 19 / 2014	
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: NC	
Calendar Year-To-Date Per Election for Office Sought		1095959.94	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Daniel E Collison			Date of Public Distribution/Dissemination 10 / 19 / 2014	
Mailing Address 3315 Cardinal Ridge Rd			Amount 1.20	
City Greensboro	State NC	Zip Code 27410	Transaction ID : 09864fa5-3c2d-4ce5-a	
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement or Obligation 10 / 19 / 2014	
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: NC	
Calendar Year-To-Date Per Election for Office Sought		1095959.94	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			16.20	
(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.				
Signature Ms. Emily Buchanan		[Electronically Filed]		Date 05 / 18 / 2015

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

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 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC		FEC IDENTIFICATION NUMBER ▼ C C00530766
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on		MM / DD / YYYY

Full Name of Payee Brenda K Billington		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 19 / 2014
Mailing Address 437 Roberson Creek Rd		Amount 40.00
City Pittsboro	State NC	Zip Code 27312
Purpose of Expenditure Salary	Category/Type 001	Transaction ID : 7952216c-71ef-4ed5-8 Date of Disbursement or Obligation MM / DD / YYYY 10 / 19 / 2014
Name of Federal Candidate Ms. Kay Hagan		Office Sought: ☐ House District: 00 ☒ Senate State: NC ☐ President
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶

Full Name of Payee Brenda K Billington		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 19 / 2014
Mailing Address 437 Roberson Creek Rd		Amount 20.70
City Pittsboro	State NC	Zip Code 27312
Purpose of Expenditure Mileage	Category/Type 002	Transaction ID : 2c832f56-7160-4cbd-b Date of Disbursement or Obligation MM / DD / YYYY 10 / 19 / 2014
Name of Federal Candidate Ms. Kay Hagan		Office Sought: ☐ House District: 00 ☒ Senate State: NC ☐ President
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: ☐ Primary ☒ 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

MM / DD / YYYY
05 / 18 / 2015

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

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 FOR LINE 24 OF FORM 3X

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

Full Name of Payee Tylan S Green		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 19 / 2014	
Mailing Address 2320 Saint Nick Dr		Amount 80.00	
City New Orleans	State LA	Zip Code 70131	Transaction ID : d4413223-f056-45a0-9 Date of Disbursement or Obligation MM / DD / YYYY 10 / 19 / 2014
Purpose of Expenditure Salary		Category/Type 001	
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: LA
Calendar Year-To-Date Per Election for Office Sought		554635.78	
		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	

Full Name of Payee Tylan S Green		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 19 / 2014	
Mailing Address 2320 Saint Nick Dr		Amount 20.10	
City New Orleans	State LA	Zip Code 70131	Transaction ID : 72673045-6313-44d4-a Date of Disbursement or Obligation MM / DD / YYYY 10 / 19 / 2014
Purpose of Expenditure Mileage		Category/Type 002	
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: LA
Calendar Year-To-Date Per Election for Office Sought		554635.78	
		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	100.10
(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

MM / DD / YYYY
05 / 18 / 2015

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

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 FOR LINE 24 OF FORM 3X

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

Full Name of Payee April A Watson		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 19 / 2014	
Mailing Address 30217 Crook Rd		Amount 20.00	
City Cleveland	State MO	Zip Code 64734	Transaction ID : 852764a0-9c54-4d6e-a Date of Disbursement or Obligation MM / DD / YYYY 10 / 19 / 2014
Purpose of Expenditure Salary	Category/Type 001		
Name of Federal Candidate Mr. Greg Orman		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: KS
Calendar Year-To-Date Per Election for Office Sought 261541.03		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	

Full Name of Payee April A Watson		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 19 / 2014	
Mailing Address 30217 Crook Rd		Amount 23.34	
City Cleveland	State MO	Zip Code 64734	Transaction ID : da5ba727-5b9b-44d5-9 Date of Disbursement or Obligation MM / DD / YYYY 10 / 19 / 2014
Purpose of Expenditure Mileage	Category/Type 002		
Name of Federal Candidate Mr. Greg Orman		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: KS
Calendar Year-To-Date Per Election for Office Sought 261541.03		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	43.34
(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

MM / DD / YYYY
05 / 18 / 2015

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 526 OF 3250
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M M / D D D / Y Y Y Y Y Y					
Full Name of Payee Randy M Gold			Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 10 / 19 / 2014		
Mailing Address 1436 Haigs Creek Dr			Amount 120.00		
City Elgin		State SC	Zip Code 29045		Transaction ID : 92d04695-898e-41ac-a
Purpose of Expenditure Salary		Category/ Type 001		Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 10 / 19 / 2014	
Name of Federal Candidate Mr. Mark L Pryor			☐ Support ☒ Oppose		Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: AR
Calendar Year-To-Date Per Election for Office Sought			292370.62 Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
Full Name of Payee Randy M Gold			Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 10 / 19 / 2014		
Mailing Address 1436 Haigs Creek Dr			Amount 76.68		
City Elgin		State SC	Zip Code 29045		Transaction ID : 70c2e936-a7c9-40b8-9
Purpose of Expenditure Mileage		Category/ Type 002		Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 10 / 19 / 2014	
Name of Federal Candidate Mr. Mark L Pryor			☐ Support ☒ Oppose		Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: AR
Calendar Year-To-Date Per Election for Office Sought			292370.62 Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			196.68		
(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.					
Signature Ms. Emily Buchanan			[Electronically Filed]		Date M M M / D D D / Y Y Y Y Y Y 05 / 18 / 2015

Full Name of Payee Ashley n Thompson		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 19 / 2014	
Mailing Address 272 Westgate Ct Apt 6		Amount Amount 3.00	
City Lexington	State NC	Zip Code 27295	Transaction ID : 316c536a-8fda-4a99-9 Date of Disbursement or Obligation MM / DD / YYYY 10 / 19 / 2014
Purpose of Expenditure Mileage	Category/ Type	002	
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House ☒ Senate ☐ President ☐ Other (specify) _____
Calendar Year-To-Date Per Election for Office Sought Amount 1095959.94		District: 00 State: NC Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ► _____	

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	45.50
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 528 OF 3250
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M M / D D D / Y Y Y Y Y Y				
Full Name of Payee Kaleigh J Wagner			Date of Public Distribution/Dissemination 10 / 19 / 2014	
Mailing Address 18065 Wayne Rd			Amount 120.00	
City Odessa	State FL	Zip Code 33556	Transaction ID : 876f694c-2df0-47c4-9	
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation 10 / 19 / 2014	
Name of Federal Candidate Mr. Mark L Pryor		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: AR	
Calendar Year-To-Date Per Election for Office Sought		292370.62	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Randy G Lookabill			Date of Public Distribution/Dissemination 10 / 19 / 2014	
Mailing Address 200 Carawood Lane			Amount 42.50	
City Lexington	State NC	Zip Code 27295	Transaction ID : 02a1a5d3-bbe8-4bd1-a	
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation 10 / 19 / 2014	
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: NC	
Calendar Year-To-Date Per Election for Office Sought		1095959.94	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures.....▶			162.50	
(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.				
Signature Ms. Emily Buchanan		[Electronically Filed]		Date 05 / 18 / 2015

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 529 OF 3250
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC		FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on		M M M / D D D / Y Y Y Y Y Y	
Full Name of Payee Randy G Lookabill		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 10 / 19 / 2014	
Mailing Address 200 Carawood Lane		Amount 16.50	
City Lexington	State NC	Zip Code 27295	Transaction ID : ceed6cb5-eb2f-454a-a
Purpose of Expenditure Mileage	Category/ Type	002	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 10 / 19 / 2014
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: NC
Calendar Year-To-Date Per Election for Office Sought		1095959.94	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶
Full Name of Payee Maria A Britt		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 10 / 19 / 2014	
Mailing Address 4894 Thunder Bolt		Amount 50.00	
City Concord	State NC	Zip Code 28205	Transaction ID : 97c5cb22-a429-4835-9
Purpose of Expenditure Salary	Category/ Type	001	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 10 / 19 / 2014
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: NC
Calendar Year-To-Date Per Election for Office Sought		1095959.94	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶		66.50	
(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]	
Signature		Date M M M / D D D / Y Y Y Y Y Y 05 / 18 / 2015	

Full Name of Payee Kinsey E Beck		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 19 / 2014	
Mailing Address 103 Glenhaven Ct		Amount 90.00	
City Harvest	State AL	Zip Code 35749	Transaction ID : 1fdfcc8a-5a22-4929-b Date of Disbursement or Obligation MM / DD / YYYY 10 / 19 / 2014
Purpose of Expenditure Salary		Category/ Type 001	
Name of Federal Candidate Mr. Mark L Pryor		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: AR
Calendar Year-To-Date Per Election for Office Sought		292370.62	Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ►

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	104.40
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

05 / 18 / 2015

FEC Schedule E (Form 3X) Rev. 09/2013

Full Name of Payee Heather N Montgomery		Date of Public Distribution/Dissemination M M / D D / Y Y Y Y 10 / 19 / 2014	
Mailing Address 106 Wyncrest Ct		Amount 90.00	
City Hendersonville	State TN	Zip Code 37075	Transaction ID : e58db910-6c3c-4037-8
Purpose of Expenditure Salary	Category/ Type	001	Date of Disbursement or Obligation M M / D D / Y Y Y Y 10 / 19 / 2014
Name of Federal Candidate Mr. Mark L Pryor	☐ Support ☒ Oppose	Office Sought: ☐ House ☒ Senate	District: 00 State: AR
Calendar Year-To-Date Per Election for Office Sought	292370.62		Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ▶ _____

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	141.30
(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.

Date _____

Signature

Full Name of Payee Amelia Brackett		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 19 / 2014	
Mailing Address 804 Roundabout Circle		Amount 100.00	
City	State	Zip Code	Transaction ID : 70060ee3-6f0b-4563-a Date of Disbursement or Obligation MM / DD / YYYY 10 / 19 / 2014
Searcy	AR	72143	
Purpose of Expenditure Salary		Category/ Type	001
Name of Federal Candidate Mr. Mark L Pryor		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: AR
Calendar Year-To-Date Per Election for Office Sought		292370.62	Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	122.50
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

Ms. Emily Buchanan

[Electronically Filed]

Date 05 / 18 / 2015

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 533 OF 3250
 FOR LINE 24 OF FORM 3X

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

Full Name of Payee Kaitlyn B Allen		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 19 / 2014	
Mailing Address 2121 Daniel Dr		Amount 100.00	
City Searcy	State AR	Zip Code 72143	Transaction ID : ee6fc1b1-bd7b-476f-b
Purpose of Expenditure Salary		Category/Type 001	Date of Disbursement or Obligation MM / DD / YYYY 10 / 19 / 2014
Name of Federal Candidate Mr. Mark L Pryor		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: AR
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	

Full Name of Payee Kaitlyn B Allen		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 19 / 2014	
Mailing Address 2121 Daniel Dr		Amount 52.14	
City Searcy	State AR	Zip Code 72143	Transaction ID : 7d20a905-bae6-4cb0-b
Purpose of Expenditure Mileage		Category/Type 002	Date of Disbursement or Obligation MM / DD / YYYY 10 / 19 / 2014
Name of Federal Candidate Mr. Mark L Pryor		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: AR
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	152.14
(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

MM / DD / YYYY
05 / 18 / 2015

Signature

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

PAGE 534 OF 3250
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M / D D / Y Y Y Y					
Full Name of Payee Joseph R English			Date of Public Distribution/Dissemination 10 / 19 / 2014		
Mailing Address 915 East Market Ave Apt 4			Amount 60.00		
City Searcy		State AR	Zip Code 72143		Transaction ID : 2be5794f-6065-417c-9
Purpose of Expenditure Salary		Category/Type 001		Date of Disbursement or Obligation 10 / 19 / 2014	
Name of Federal Candidate Mr. Mark L Pryor			☐ Support ☒ Oppose Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>AR</u>		
Calendar Year-To-Date Per Election for Office Sought 292370.62			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
Full Name of Payee Joseph R English			Date of Public Distribution/Dissemination 10 / 19 / 2014		
Mailing Address 915 East Market Ave Apt 4			Amount 22.50		
City Searcy		State AR	Zip Code 72143		Transaction ID : a496e69d-c63e-4d35-b
Purpose of Expenditure Mileage		Category/Type 002		Date of Disbursement or Obligation 10 / 19 / 2014	
Name of Federal Candidate Mr. Mark L Pryor			☐ Support ☒ Oppose Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>AR</u>		
Calendar Year-To-Date Per Election for Office Sought 292370.62			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			82.50		
(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.					
Signature <u>Ms. Emily Buchanan</u> [Electronically Filed]			Date 05 / 18 / 2015		

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 535 OF 3250
 FOR LINE 24 OF FORM 3X

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

Full Name of Payee Danielle E Grindstaff			Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 19 / 2014		
Mailing Address 147 Possum Trot Rd			Amount 80.00		
City Bakersville	State NC	Zip Code 28705	Transaction ID : c79b6b0c-0b61-4b1f-b Date of Disbursement or Obligation MM / DD / YYYY 10 / 19 / 2014		
Purpose of Expenditure Salary		Category/ Type 001	Name of Federal Candidate Ms. Kay Hagan		
		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: NC		
Calendar Year-To-Date Per Election for Office Sought			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		

Full Name of Payee Danielle E Grindstaff			Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 19 / 2014		
Mailing Address 147 Possum Trot Rd			Amount 17.10		
City Bakersville	State NC	Zip Code 28705	Transaction ID : 8eb41670-8141-49f0-a Date of Disbursement or Obligation MM / DD / YYYY 10 / 19 / 2014		
Purpose of Expenditure Mileage		Category/ Type 002	Name of Federal Candidate Ms. Kay Hagan		
		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: NC		
Calendar Year-To-Date Per Election for Office Sought			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	97.10
(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

MM / DD / YYYY
05 / 18 / 2015

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 536 OF 3250
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M M / D D D / Y Y Y Y Y Y					
Full Name of Payee Kelly Dolan			Date of Public Distribution/Dissemination 10 / 19 / 2014		
Mailing Address 543 S 2nd St			Amount 60.00		
City Bellaire	State NC	Zip Code 77401	Transaction ID : 709907dd-ac12-459f-a Date of Disbursement or Obligation 10 / 19 / 2014		
Purpose of Expenditure Salary		Category/Type 001			
Name of Federal Candidate Ms. Kay Hagan			Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>NC</u> ☐ Support ☒ Oppose		
Calendar Year-To-Date Per Election for Office Sought 1095959.94			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶ _____		
Full Name of Payee Kelly Dolan			Date of Public Distribution/Dissemination 10 / 19 / 2014		
Mailing Address 543 S 2nd St			Amount 3.00		
City Bellaire	State NC	Zip Code 77401	Transaction ID : ed5ca2de-dcdc-4f3e-a Date of Disbursement or Obligation 10 / 19 / 2014		
Purpose of Expenditure Mileage		Category/Type 002			
Name of Federal Candidate Ms. Kay Hagan			Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>NC</u> ☐ Support ☒ Oppose		
Calendar Year-To-Date Per Election for Office Sought 1095959.94			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶ _____		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			63.00		
(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.					
Signature <u>Ms. Emily Buchanan</u> [Electronically Filed]			Date 05 / 18 / 2015		

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 537 OF 3250
 FOR LINE 24 OF FORM 3X

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

Full Name of Payee John W Antonetz		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 19 / 2014	
Mailing Address 11127 Gila Valley Dr		Amount 20.00	
City Little Rock	State AR	Zip Code 72217	Transaction ID : 962f2ac7-6602-482e-9 Date of Disbursement or Obligation MM / DD / YYYY 10 / 19 / 2014
Purpose of Expenditure Salary		Category/Type 001	
Name of Federal Candidate Mr. Mark L Pryor		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: AR
Calendar Year-To-Date Per Election for Office Sought		292370.62	
		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	

Full Name of Payee John W Antonetz		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 19 / 2014	
Mailing Address 11127 Gila Valley Dr		Amount 5.70	
City Little Rock	State AR	Zip Code 72217	Transaction ID : cc57f55a-6426-4683-a Date of Disbursement or Obligation MM / DD / YYYY 10 / 19 / 2014
Purpose of Expenditure Mileage		Category/Type 002	
Name of Federal Candidate Mr. Mark L Pryor		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: AR
Calendar Year-To-Date Per Election for Office Sought		292370.62	
		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	25.70
(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

MM / DD / YYYY
05 / 18 / 2015

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 538 OF 3250
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M M / D D D / Y Y Y Y Y Y				
Full Name of Payee Colton R Overcash			Date of Public Distribution/Dissemination 10 / 19 / 2014	
Mailing Address 121 Ohara Dr			Amount 75.00	
City Salisbury	State NC	Zip Code 28147	Transaction ID : 0bd02495-a2ac-48ea-a Date of Disbursement or Obligation 10 / 19 / 2014	
Purpose of Expenditure Salary		Category/ Type 001		
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>NC</u>	
Calendar Year-To-Date Per Election for Office Sought		1095959.94	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Colton R Overcash			Date of Public Distribution/Dissemination 10 / 19 / 2014	
Mailing Address 121 Ohara Dr			Amount 96.60	
City Salisbury	State NC	Zip Code 28147	Transaction ID : 59f064cf-a13a-4fd5-a Date of Disbursement or Obligation 10 / 19 / 2014	
Purpose of Expenditure Mileage		Category/ Type 002		
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>NC</u>	
Calendar Year-To-Date Per Election for Office Sought		1095959.94	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			171.60	
(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 05 / 18 / 2015	
Signature				

Full Name of Payee Parker H Morrow		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 19 / 2014	
Mailing Address 506 N Horton Street		Amount Amount 40.00	
City	State	Zip Code	Transaction ID : 895a0ea6-b9bf-42df-9
Searcy	AR	72143	
Purpose of Expenditure Salary		Category/ Type	Date of Disbursement or Obligation MM / DD / YYYY 10 / 19 / 2014
Name of Federal Candidate Mr. Mark L Pryor		☐ Support ☒ Oppose	Office Sought: ☐ House ☒ Senate ☐ President ☒ Senate
Calendar Year-To-Date Per Election for Office Sought		Amount 292370.62	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶

Full Name of Payee Parker H Morrow		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 19 / 2014	
Mailing Address 506 N Horton Street		Amount \$ 11.10	
City	State	Zip Code	Transaction ID : 5bddf525-a601-45c9-8 Date of Disbursement or Obligation MM / DD / YYYY 10 / 19 / 2014
Searcy	AR	72143	
Purpose of Expenditure Mileage		Category/ Type	002
Name of Federal Candidate Mr. Mark L Pryor		☐ Support ☒ Oppose	Office Sought: ☐ House ☒ Senate ☐ President ☒ Senate District: 00 State: AR
Calendar Year-To-Date Per Election for Office Sought		292370.62	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	51.10
(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.

Date _____

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 540 OF 3250
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC	FEC IDENTIFICATION NUMBER ▼ C C00530766
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M M / D D D / Y Y Y Y Y Y	

Full Name of Payee Rebecca A Shearer			Date of Public Distribution/Dissemination 10 19 2014	
Mailing Address 6544 Arno College Grove Rd			Amount 40.00	
City College Grove	State TN	Zip Code 37046	Transaction ID : 5228cb1f-8ff4-4592-8 Date of Disbursement or Obligation 10 19 2014	
Purpose of Expenditure Salary		Category/ Type 001		
Name of Federal Candidate Mr. Mark L Pryor			☐ Support ☒ Oppose Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>AR</u>	
Calendar Year-To-Date Per Election for Office Sought 292370.62			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	

Full Name of Payee Rebecca A Shearer			Date of Public Distribution/Dissemination 10 19 2014	
Mailing Address 6544 Arno College Grove Rd			Amount 11.10	
City College Grove	State TN	Zip Code 37046	Transaction ID : 570c942d-a0b1-49fb-b Date of Disbursement or Obligation 10 19 2014	
Purpose of Expenditure Mileage		Category/ Type 002		
Name of Federal Candidate Mr. Mark L Pryor			☐ Support ☒ Oppose Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>AR</u>	
Calendar Year-To-Date Per Election for Office Sought 292370.62			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	51.10
(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

05

18

2015

Signature

Full Name of Payee Joshua D Syrotchen		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 19 / 2014	
Mailing Address 915 East Market Ave		Amount MM / DD / YYYY 51.60	
City	State	Zip Code	Transaction ID : 9b506e96-0816-4c49-9 Date of Disbursement or Obligation MM / DD / YYYY 10 / 19 / 2014
Searcy	AR	72149	
Purpose of Expenditure Mileage		Category/ Type	002
Name of Federal Candidate Mr. Mark L Pryor		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: AR
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ▶	
MM / DD / YYYY 292370.62			

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	111.60
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 542 OF 3250
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC	FEC IDENTIFICATION NUMBER ▼ C C00530766
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M M / D D D / Y Y Y Y Y Y	

Full Name of Payee Ronald E Brown		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 10 / 19 / 2014	
Mailing Address 1211 Treaty Rd		Amount 55.00	
City Delphos	State KS	Zip Code 67436	Transaction ID : ae7c2538-c444-4af0-a Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 10 / 19 / 2014
Purpose of Expenditure Salary		Category/Type 001	
Name of Federal Candidate Mr. Greg Orman		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: KS
Calendar Year-To-Date Per Election for Office Sought		261541.03	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶

Full Name of Payee Ronald E Brown		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 10 / 19 / 2014	
Mailing Address 1211 Treaty Rd		Amount 14.10	
City Delphos	State KS	Zip Code 67436	Transaction ID : dbd924e7-8599-4686-a Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 10 / 19 / 2014
Purpose of Expenditure Mileage		Category/Type 002	
Name of Federal Candidate Mr. Greg Orman		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: KS
Calendar Year-To-Date Per Election for Office Sought		261541.03	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	69.10
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	0.00
(c) TOTAL Independent Expenditures..... ▶	69.10

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

M M M / D D D / Y Y Y Y Y Y
 05 / 18 / 2015

Signature

Full Name of Payee LaVonna A Brown		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 19 / 2014	
Mailing Address 1211 Treaty Rd		Amount 55.00	
City Delphos	State KS	Zip Code 67436	Transaction ID : 17d77002-8b4f-492a-b Date of Disbursement or Obligation MM / DD / YYYY 10 / 19 / 2014
Purpose of Expenditure Salary		Category/ Type 001	
Name of Federal Candidate Mr. Greg Orman		☐ Support ☒ Oppose	Office Sought: ☐ House ☒ Senate ☐ President District: 00 State: KS
Calendar Year-To-Date Per Election for Office Sought 261541.03		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	

Full Name of Payee Jake Mathews		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 19 / 2014	
Originally reported as 10/20, corrected with filing		Amount 25.00	
Mailing Address 6418 East 12 St		Transaction ID : 6a888465-6165-4f85-a	
City Wichita	State KS	Zip Code 67206	Date of Disbursement or Obligation MM / DD / YYYY 10 / 19 / 2014
Purpose of Expenditure Salary		Category/ Type	001
Name of Federal Candidate Mr. Greg Orman		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>KS</u>
Calendar Year-To-Date Per Election for Office Sought		261541.03	
		Disbursement For: ☐ Primary ☒ General ☐ 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.

Signature

05 / 18 / 2015

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 544 OF 3250
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC		FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M M / D D D / Y Y Y Y Y Y Y Y			
Full Name of Payee Jake Mathews Originally reported as 10/20, corrected with filing		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y Y Y 10 / 19 / 2014	
Mailing Address 6418 East 12 St		Amount 7.50	
City Wichita	State KS	Zip Code 67206	Transaction ID : efb824e-d9c4-4750-8 Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y Y Y 10 / 19 / 2014
Purpose of Expenditure Mileage		Category/ Type 002	
Name of Federal Candidate Mr. Greg Orman		Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: KS ☐ Other (specify) _____	
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) _____	
Full Name of Payee Jodi DeFrees		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y Y Y 10 / 20 / 2014	
Mailing Address 201 E Mt Vernon		Amount 30.00	
City Wichita	State KS	Zip Code 67211	Transaction ID : f4625637-eea3-4a2d-a Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y Y Y 10 / 20 / 2014
Purpose of Expenditure Salary		Category/ Type 001	
Name of Federal Candidate Mr. Greg Orman		Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: KS ☐ Other (specify) _____	
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) _____	
(a) SUBTOTAL of Itemized Independent Expenditures.....		37.50	
(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.			
Signature Ms. Emily Buchanan		Date M M M / D D D / Y Y Y Y Y Y Y Y 05 / 18 / 2015	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 545 OF 3250
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC		FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on		MM / DD / YYYY	
Full Name of Payee Jodi DeFrees		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 20 / 2014	
Mailing Address 201 E Mt Vernon		Amount 4.80	
City Wichita	State KS	Zip Code 67211	Transaction ID : 5f787488-c152-4ea3-a
Purpose of Expenditure Mileage	Category/ Type	002	Date of Disbursement or Obligation MM / DD / YYYY 10 / 20 / 2014
Name of Federal Candidate Mr. Greg Orman		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: KS
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Cebrina Ford		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 20 / 2014	
Mailing Address 201 E Mt Vernon		Amount 30.00	
City Wichita	State KS	Zip Code 67211	Transaction ID : 6f9552d1-d2b8-4689-9
Purpose of Expenditure Salary	Category/ Type	001	Date of Disbursement or Obligation MM / DD / YYYY 10 / 20 / 2014
Name of Federal Candidate Mr. Greg Orman		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: KS
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶		34.80	
(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]	
Signature		Date MM / DD / YYYY 05 / 18 / 2015	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 546 OF 3250
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC		FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on / /			
Full Name of Payee Cameryn L Rasmussen Originally reported as 10/20, corrected with filing		Date of Public Distribution/Dissemination / / 10 / 19 / 2014	
Mailing Address 4455 N Edaemoor Ct		Amount 15.00	
City Bel Aire	State KS	Zip Code 67220	Transaction ID : 0d57d50f-eca5-46e6-9 Date of Disbursement or Obligation / / 10 / 19 / 2014
Purpose of Expenditure Salary		Category/ Type 001	
Name of Federal Candidate Mr. Greg Orman		Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>KS</u> ☐ Oppose	
Calendar Year-To-Date Per Election for Office Sought 261541.03		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶ _____	
Full Name of Payee Cameryn L Rasmussen Originally reported as 10/20, corrected with filing		Date of Public Distribution/Dissemination / / 10 / 19 / 2014	
Mailing Address 4455 N Edaemoor Ct		Amount 2.10	
City Bel Aire	State KS	Zip Code 67220	Transaction ID : e5dcaa86-e62c-4e71-b Date of Disbursement or Obligation / / 10 / 19 / 2014
Purpose of Expenditure Mileage		Category/ Type 002	
Name of Federal Candidate Mr. Greg Orman		Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>KS</u> ☐ Oppose	
Calendar Year-To-Date Per Election for Office Sought 261541.03		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶ _____	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶		 17.10	
(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.			
Signature <i>Ms. Emily Buchanan</i>		Date / / 05 / 18 / 2015	
[Electronically Filed]			

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 547 OF 3250
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC		FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on		MM / DD / YYYY MM / DD / YYYY MM / DD / YYYY	

Full Name of Payee Ashley T Reed Originally reported as 10/20, corrected with filing		Date of Public Distribution/Dissemination MM / DD / YYYY MM / DD / YYYY MM / DD / YYYY	
Mailing Address 1519 E Village Estates Dr		Amount MM / DD / YYYY MM / DD / YYYY MM / DD / YYYY	
City Park City	State KS	Zip Code 67216	Transaction ID : 66f552ad-400c-4590-b Date of Disbursement or Obligation MM / DD / YYYY MM / DD / YYYY MM / DD / YYYY
Purpose of Expenditure Salary		Category/Type 001	
Name of Federal Candidate Mr. Greg Orman		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: KS
Calendar Year-To-Date Per Election for Office Sought		MM / DD / YYYY MM / DD / YYYY MM / DD / YYYY	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶

Full Name of Payee Parker H Morrow		Date of Public Distribution/Dissemination MM / DD / YYYY MM / DD / YYYY MM / DD / YYYY	
Mailing Address 506 N Horton Street		Amount MM / DD / YYYY MM / DD / YYYY MM / DD / YYYY	
City Searcy	State AR	Zip Code 72143	Transaction ID : 36daecbc-4517-4b77-a Date of Disbursement or Obligation MM / DD / YYYY MM / DD / YYYY MM / DD / YYYY
Purpose of Expenditure Salary		Category/Type 001	
Name of Federal Candidate Mr. Mark L Pryor		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: AR
Calendar Year-To-Date Per Election for Office Sought		MM / DD / YYYY MM / DD / YYYY MM / DD / YYYY	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	MM / DD / YYYY MM / DD / YYYY MM / DD / YYYY
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	MM / DD / YYYY MM / DD / YYYY MM / DD / YYYY
(c) TOTAL Independent Expenditures.....▶	MM / DD / YYYY MM / DD / YYYY MM / DD / YYYY

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

MM / DD / YYYY

MM / DD / YYYY

MM / DD / YYYY

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 548 OF 3250
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M M / D D D / Y Y Y Y Y Y					
Full Name of Payee Parker H Morrow			Date of Public Distribution/Dissemination 10 / 16 / 2014		
Mailing Address 506 N Horton Street			Amount 21.60		
City Searcy		State AR	Zip Code 72143		Transaction ID : 0c7df106-5057-4f8e-8
Purpose of Expenditure Mileage		Category/ Type 002		Date of Disbursement or Obligation 10 / 16 / 2014	
Name of Federal Candidate Mr. Mark L Pryor			☐ Support ☒ Oppose Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: AR		
Calendar Year-To-Date Per Election for Office Sought 292370.62			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
Full Name of Payee Taylor N Randall			Date of Public Distribution/Dissemination 10 / 17 / 2014		
Mailing Address 2002 E Park Ave Apt 40			Amount 37.50		
City Searcy		State AR	Zip Code 72143		Transaction ID : 2cf17ccb-a4d9-48a5-9
Purpose of Expenditure Salary		Category/ Type 001		Date of Disbursement or Obligation 10 / 17 / 2014	
Name of Federal Candidate Mr. Mark L Pryor			☐ Support ☒ Oppose Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: AR		
Calendar Year-To-Date Per Election for Office Sought 292370.62			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			59.10		
(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.					
Signature Ms. Emily Buchanan			Date 05 / 18 / 2015		
[Electronically Filed]					

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 549 OF 3250
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC		FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on		M M M / D D D / Y Y Y Y Y Y	
Full Name of Payee Shelbi L Randall		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 10 / 17 / 2014	
Mailing Address 202 East Park Ave Apt 40		Amount 37.50	
City Searcy	State AR	Zip Code 72143	Transaction ID : 8fe01ee2-e395-4b70-a
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 10 / 17 / 2014
Name of Federal Candidate Mr. Mark L Pryor		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: AR
Calendar Year-To-Date Per Election for Office Sought 292370.62		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Shelbi L Randall		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 10 / 17 / 2014	
Mailing Address 202 East Park Ave Apt 40		Amount 24.12	
City Searcy	State AR	Zip Code 72143	Transaction ID : 7475fb8c-5d9a-4879-9
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 10 / 17 / 2014
Name of Federal Candidate Mr. Mark L Pryor		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: AR
Calendar Year-To-Date Per Election for Office Sought 292370.62		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶		61.62	
(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]	
Signature		Date M M M / D D D / Y Y Y Y Y Y 05 / 18 / 2015	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 550 OF 3250
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC		FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on		M M M / D D D / Y Y Y Y Y Y	
Full Name of Payee Edmond D Rea		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 10 / 16 / 2014	
Mailing Address 416 Vine Dr		Amount 70.00	
City Lawrence	State KS	Zip Code 66049	Transaction ID : 9f48cbac-b6f0-41ff-b
Purpose of Expenditure Salary		Category/Type 001	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 10 / 16 / 2014
Name of Federal Candidate Mr. Greg Orman		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: KS
Calendar Year-To-Date Per Election for Office Sought 261541.03		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Edmond D Rea		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 10 / 16 / 2014	
Mailing Address 416 Vine Dr		Amount 8.40	
City Lawrence	State KS	Zip Code 66049	Transaction ID : a819f702-f044-4a0b-b
Purpose of Expenditure Mileage		Category/Type 002	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 10 / 16 / 2014
Name of Federal Candidate Mr. Greg Orman		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: KS
Calendar Year-To-Date Per Election for Office Sought 261541.03		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶		78.40	
(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.			
Signature Ms. Emily Buchanan		Date M M M / D D D / Y Y Y Y Y Y 05 / 18 / 2015	
		[Electronically Filed]	

Full Name of Payee Dylan J Sparks		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 18 / 2014	
Mailing Address 915 East Market Ave		Amount Amount 52.80	
City	State	Zip Code	Transaction ID : 3c1e2965-af2f-4f46-b Date of Disbursement or Obligation MM / DD / YYYY 10 / 18 / 2014
Searcy	AR	72149	
Purpose of Expenditure Mileage		Category/ Type	002
Name of Federal Candidate Mr. Mark L Pryor		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: AR
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ▶	
		292370.62	

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	132.80
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

FEC Schedule E (Form 3X) Rev. 09/2013

Full Name of Payee Melodie K Powell		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 18 / 2014	
Mailing Address 7745 SW El Cerrito Dr		Amount 2.70	
City Topeka	State KS	Zip Code 66674	Transaction ID : 387d1190-64da-42e7-9 Date of Disbursement or Obligation MM / DD / YYYY 10 / 18 / 2014
Purpose of Expenditure Mileage	Category/ Type 002		
Name of Federal Candidate Mr. Greg Orman	☐ Support ☒ Oppose	Office Sought: ☐ President ☒ Senate	District: 00 State: KS
Calendar Year-To-Date Per Election for Office Sought	261541.03	Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....	17.70
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures.....	

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 553 OF 3250
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M M / D D D / Y Y Y Y Y Y				
Full Name of Payee Trevor D Hageman			Date of Public Distribution/Dissemination 10 / 18 / 2014	
Mailing Address 5521 Randolph St			Amount 35.00	
City Marrero	State LA	Zip Code 70072	Transaction ID : d1f43c1e-f556-4dfc-b	
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation 10 / 18 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: LA	
Calendar Year-To-Date Per Election for Office Sought		554635.78	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Carmin S Roldan-Myers			Date of Public Distribution/Dissemination 10 / 18 / 2014	
Mailing Address 214 Needle Pk Dr			Amount 30.00	
City Cary	State NC	Zip Code 27513	Transaction ID : 6bd0c28e-d70f-4909-8	
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation 10 / 18 / 2014	
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: NC	
Calendar Year-To-Date Per Election for Office Sought		1095959.94	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			65.00	
(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.				
Signature Ms. Emily Buchanan		[Electronically Filed]		Date 05 / 18 / 2015

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 554 OF 3250
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC		FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on		M M M / D D D / Y Y Y Y Y Y	
Full Name of Payee Brian A Sherwood		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 10 / 18 / 2014	
Mailing Address 1003 W 5th St		Amount 25.00	
City Coffeyville	State KS	Zip Code 67337	Transaction ID : 239cbf83-7fd0-4774-a
Purpose of Expenditure Salary	Category/Type 001	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 10 / 18 / 2014	
Name of Federal Candidate Mr. Greg Orman		Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: KS	
Calendar Year-To-Date Per Election for Office Sought 261541.03		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Brian A Sherwood		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 10 / 18 / 2014	
Mailing Address 1003 W 5th St		Amount 1.20	
City Coffeyville	State KS	Zip Code 67337	Transaction ID : c676ce46-8e27-418d-b
Purpose of Expenditure Mileage	Category/Type 002	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 10 / 18 / 2014	
Name of Federal Candidate Mr. Greg Orman		Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: KS	
Calendar Year-To-Date Per Election for Office Sought 261541.03		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶		26.20	
(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.			
Signature Ms. Emily Buchanan		Date M M M / D D D / Y Y Y Y Y Y 05 / 18 / 2015	
		[Electronically Filed]	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 555 OF 3250
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on			M M M / D D D / Y Y Y Y Y Y	
Full Name of Payee Flora B Shanks		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 10 / 16 / 2014		
Mailing Address 246 20th St		Amount 75.00		
City New Orleans	State LA	Zip Code 70124	Transaction ID : fcd27008-b814-4bdc-a	
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 10 / 16 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: LA	
Calendar Year-To-Date Per Election for Office Sought		554635.78	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Flora B Shanks		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 10 / 16 / 2014		
Mailing Address 246 20th St		Amount 1.50		
City New Orleans	State LA	Zip Code 70124	Transaction ID : 95d09c95-7b3b-47a7-8	
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 10 / 16 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: LA	
Calendar Year-To-Date Per Election for Office Sought		554635.78	Disbursement For: ☐ Primary ☒ 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.				
Signature Ms. Emily Buchanan		[Electronically Filed] Date M M M / D D D / Y Y Y Y Y Y 05 / 18 / 2015		

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 556 OF 3250
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M M / D D D / Y Y Y Y Y Y					
Full Name of Payee Facebook, Inc.			Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 10 / 20 / 2014		
Mailing Address 1601 Willow Road			Amount 200.00		
City Menlo Park		State CA	Zip Code 94025		Transaction ID : b77bb8a1-2928-4887-8
Purpose of Expenditure Online advertising		Category/ Type 004		Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 10 / 20 / 2014	
Name of Federal Candidate Ms. Kay Hagan			☐ Support ☒ Oppose Office Sought: ☐ House ☒ Senate District: 00 ☐ President State: NC		
Calendar Year-To-Date Per Election for Office Sought 1095959.94			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
Full Name of Payee James Kindstedt			Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 10 / 20 / 2014		
Mailing Address 5510 Dogwood Dr			Amount 30.00		
City Winston Salem		State NC	Zip Code 27105		Transaction ID : 9733a873-887c-48d1-9
Purpose of Expenditure Salary		Category/ Type 001		Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 10 / 20 / 2014	
Name of Federal Candidate Ms. Kay Hagan			☐ Support ☒ Oppose Office Sought: ☐ House ☒ Senate District: 00 ☐ President State: NC		
Calendar Year-To-Date Per Election for Office Sought 1095959.94			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			230.00		
(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.					
Signature Ms. Emily Buchanan			Date M M M / D D D / Y Y Y Y Y Y 05 / 18 / 2015		
[Electronically Filed]					

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 557 OF 3250
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M M / D D D / Y Y Y Y Y Y				
Full Name of Payee James Kindstedt			Date of Public Distribution/Dissemination 10 / 20 / 2014	
Mailing Address 5510 Dogwood Dr			Amount 8.67	
City Winston Salem	State NC	Zip Code 27105	Transaction ID : 1455e23a-c110-49c7-8	
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement or Obligation 10 / 20 / 2014	
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: NC	
Calendar Year-To-Date Per Election for Office Sought		1095959.94	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Logan B Piper			Date of Public Distribution/Dissemination 10 / 19 / 2014	
Mailing Address 3205 Pebble Beach Rd			Amount 4.00	
City Conway	State AR	Zip Code 72034	Transaction ID : 04b80125-bc1f-4443-9	
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation 10 / 19 / 2014	
Name of Federal Candidate Mr. Mark L Pryor		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: AR	
Calendar Year-To-Date Per Election for Office Sought		292370.62	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures.....▶			12.67	
(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.				
Signature Ms. Emily Buchanan		[Electronically Filed]		Date 05 / 18 / 2015

Full Name of Payee Donna S Wilson		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 20 / 2014	
Mailing Address 4456 Country Hill Dr		Amount 20.00	
City Baton Rouge	State LA	Zip Code 70816	Transaction ID : 4e5a1188-5af2-4ca5-a Date of Disbursement or Obligation MM / DD / YYYY 10 / 20 / 2014
Purpose of Expenditure Salary	Category/ Type 001		
Name of Federal Candidate Ms. Mary L Landrieu	☐ Support ☒ Oppose	Office Sought: ☐ President ☒ Senate	District: 00 State: LA
Calendar Year-To-Date Per Election for Office Sought	554635.78	Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	31.58
(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.

Date _____

Signature

Full Name of Payee Toni A Persinger-Buckler		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 20 / 2014	
Mailing Address 5330 Nestleway Dr		Amount Amount 42.50	
City Clemmons	State NC	Zip Code 27012	Transaction ID : a72562d6-1ef9-4e61-b Date of Disbursement or Obligation MM / DD / YYYY 10 / 20 / 2014
Purpose of Expenditure Salary		Category/ Type 001	
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: NC
Calendar Year-To-Date Per Election for Office Sought		Amount 1095959.94	Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	51.80
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 560 OF 3250
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on / /					
Full Name of Payee Toni A Persinger-Buckler			Date of Public Distribution/Dissemination / / 10 / 20 / 2014		
Mailing Address 5330 Nestleway Dr			Amount 4.50		
City Clemmons		State NC	Zip Code 27012		Transaction ID : b30cfe19-2ccd-48b2-b
Purpose of Expenditure Mileage		Category/ Type 002		Date of Disbursement or Obligation / / 10 / 20 / 2014	
Name of Federal Candidate Ms. Kay Hagan			☐ Support ☒ Oppose		Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: NC
Calendar Year-To-Date Per Election for Office Sought 1095959.94			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶ _____		
Full Name of Payee Cecilla A Rebrick			Date of Public Distribution/Dissemination / / 10 / 20 / 2014		
Mailing Address 5003 Allison Lane			Amount 50.00		
City Ft. Smith		State AR	Zip Code 72901		Transaction ID : 47233f58-4b56-4df2-a
Purpose of Expenditure Salary		Category/ Type 001		Date of Disbursement or Obligation / / 10 / 20 / 2014	
Name of Federal Candidate Mr. Mark L Pryor			☐ Support ☒ Oppose		Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: AR
Calendar Year-To-Date Per Election for Office Sought 292370.62			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶ _____		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			 54.50		
(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.					
Signature Ms. Emily Buchanan			[Electronically Filed]		Date / / 05 / 18 / 2015

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 561 OF 3250
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M M / D D D / Y Y Y Y Y Y					
Full Name of Payee Cecilla A Rebrick			Date of Public Distribution/Dissemination 10 / 20 / 2014		
Mailing Address 5003 Allison Lane			Amount 3.00		
City Ft. Smith		State AR	Zip Code 72901		Transaction ID : 644aa112-48e0-4780-8
Purpose of Expenditure Mileage		Category/ Type 002		Date of Disbursement or Obligation 10 / 20 / 2014	
Name of Federal Candidate Mr. Mark L Pryor			Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: AR		
Calendar Year-To-Date Per Election for Office Sought 292370.62			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
Full Name of Payee Joanna Kindstedt			Date of Public Distribution/Dissemination 10 / 20 / 2014		
Mailing Address 2134 Tobaccoville Rd			Amount 30.00		
City Rural Hall		State NC	Zip Code 27045		Transaction ID : e7dd9066-09bc-4fd6-8
Purpose of Expenditure Salary		Category/ Type 001		Date of Disbursement or Obligation 10 / 20 / 2014	
Name of Federal Candidate Ms. Kay Hagan			Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: NC		
Calendar Year-To-Date Per Election for Office Sought 1095959.94			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			33.00		
(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.					
Signature Ms. Emily Buchanan			Date 05 / 18 / 2015		
			[Electronically Filed]		

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 562 OF 3250
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M / D D / Y Y Y Y					
Full Name of Payee Edmond D Rea			Date of Public Distribution/Dissemination 10 / 20 / 2014		
Mailing Address 416 Vine Dr			Amount 70.00		
City Lawrence	State KS	Zip Code 66049	Transaction ID : 7b664257-419d-41a2-b		
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation 10 / 20 / 2014		
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>NC</u>		
Calendar Year-To-Date Per Election for Office Sought		1095959.94	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶ _____		
Full Name of Payee Edmond D Rea			Date of Public Distribution/Dissemination 10 / 20 / 2014		
Mailing Address 416 Vine Dr			Amount 16.92		
City Lawrence	State KS	Zip Code 66049	Transaction ID : bc5da66d-acfc-4875-a		
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement or Obligation 10 / 20 / 2014		
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>NC</u>		
Calendar Year-To-Date Per Election for Office Sought		1095959.94	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶ _____		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			86.92		
(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.					
Signature Ms. Emily Buchanan		[Electronically Filed]		Date 05 / 18 / 2015	

Full Name of Payee Leslie D Moore		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 20 / 2014	
Mailing Address 1903 Swan Dr		Amount MM / DD / YYYY 3.30	
City Lenoir	State NC	Zip Code 28645	Transaction ID : 9d898fb9-10ea-4a36-b Date of Disbursement or Obligation MM / DD / YYYY 10 / 20 / 2014
Purpose of Expenditure Mileage		Category/ Type	MM / DD / YYYY 002
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>NC</u>
Calendar Year-To-Date Per Election for Office Sought		MM / DD / YYYY 1095959.94	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶ _____

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	73.30
(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.

Date _____

Signature

Full Name of Payee Stephanie E Hardy		Date of Public Distribution/Dissemination M M / D D / Y Y Y Y 10 / 20 / 2014	
Mailing Address 3039 Four Way Rd		Amount 6.60	
City Snow Hill	State NC	Zip Code 28580	Transaction ID : 9bd05a89-c099-4ffa-a Date of Disbursement or Obligation M M / D D / Y Y Y Y 10 / 20 / 2014
Purpose of Expenditure Mileage	Category/ Type	002	
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>NC</u>
Calendar Year-To-Date Per Election for Office Sought		1095959.94	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶ _____

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	26.60
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

Ms. Emily Buchanan

[Electronically Filed]

Date 05 / 18 / 2015

Signature _____

Full Name of Payee Gabriela P Sosa		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 20 / 2014	
Mailing Address 2530 Brook Stone Dr		Amount 80.00	
City Clemmons	State NC	Zip Code 27012	Transaction ID : 9aaef58e-5a05-4616-b
Purpose of Expenditure Salary	Category/ Type	001	Date of Disbursement or Obligation MM / DD / YYYY 10 / 20 / 2014
Name of Federal Candidate Ms. Kay Hagan	☐ Support ☒ Oppose	Office Sought: ☐ House ☐ President	District: 00 State: NC ☒ Senate
Calendar Year-To-Date Per Election for Office Sought	1095959.94		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	110.00
(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.

Date _____

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 566 OF 3250
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC		FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on		M M M / D D D / Y Y Y Y Y Y	
Full Name of Payee Gabriela P Sosa		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 10 / 20 / 2014	
Mailing Address 2530 Brook Stone Dr		Amount 15.60	
City Clemmons	State NC	Zip Code 27012	Transaction ID : dc1e1039-9e50-4516-b
Purpose of Expenditure Mileage	Category/ Type	002	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 10 / 20 / 2014
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: NC
Calendar Year-To-Date Per Election for Office Sought		1095959.94	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶
Full Name of Payee Gary W Fuhrmann		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 10 / 20 / 2014	
Mailing Address 9425 Jessica Drive		Amount 37.50	
City Shreveport	State LA	Zip Code 71106	Transaction ID : 111f6fea-9f70-448a-9
Purpose of Expenditure Salary	Category/ Type	001	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 10 / 20 / 2014
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: LA
Calendar Year-To-Date Per Election for Office Sought		554635.78	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures.....		53.10	
(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]	
Signature		Date 05 / 18 / 2015	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 567 OF 3250
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC		FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on		M M M / D D D / Y Y Y Y Y Y	
Full Name of Payee Gary W Fuhrmann		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 10 / 20 / 2014	
Mailing Address 9425 Jessica Drive		Amount 5.40	
City Shreveport	State LA	Zip Code 71106	Transaction ID : 46fe4550-cf4c-479c-8
Purpose of Expenditure Mileage	Category/ Type 002	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 10 / 20 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	
Office Sought: ☐ President ☒ Senate		District: 00 State: LA	
Calendar Year-To-Date Per Election for Office Sought 554635.78		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Sheri J Peace		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 10 / 20 / 2014	
Mailing Address 9685 Paula St		Amount 35.00	
City Keithville	State LA	Zip Code 71047	Transaction ID : 207ea471-06d7-4b60-b
Purpose of Expenditure Salary	Category/ Type 001	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 10 / 20 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	
Office Sought: ☐ President ☒ Senate		District: 00 State: LA	
Calendar Year-To-Date Per Election for Office Sought 554635.78		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶		40.40	
(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.			
Signature Ms. Emily Buchanan		Date M M M / D D D / Y Y Y Y Y Y 05 / 18 / 2015	
		[Electronically Filed]	

Full Name of Payee Sheri J Peace		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 20 / 2014	
Mailing Address 9685 Paula St		Amount \$ 35.00	
City Keithville	State LA	Zip Code 71047	Transaction ID : 666b0814-74d7-4176-8
Purpose of Expenditure Salary	Category/ Type	001	Date of Disbursement or Obligation MM / DD / YYYY 10 / 20 / 2014
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: LA
Calendar Year-To-Date Per Election for Office Sought		554635.78	Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ▶

Full Name of Payee Logan B Piper		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 20 / 2014	
Mailing Address 3205 Pebble Beach Rd		Amount 29.00	
City Conway	State AR	Zip Code 72034	Transaction ID : 5663a780-af80-4556-8
Purpose of Expenditure Salary	Category/ Type	001	Date of Disbursement or Obligation MM / DD / YYYY 10 / 20 / 2014
Name of Federal Candidate Mr. Mark L Pryor	☐ Support ☒ Oppose	Office Sought: ☐ President ☒ Senate	District: 00 State: AR
Calendar Year-To-Date Per Election for Office Sought	292370.62	Disbursement For: 2014 ☐ Other (specify) ▶	☐ Primary ☒ General

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	64.00
(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.

Date _____

Signature

Full Name of Payee Logan B Piper		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 20 / 2014	
Mailing Address 3205 Pebble Beach Rd		Amount 11.55	
City Conway	State AR	Zip Code 72034	Transaction ID : f3fa8ce1-23bd-4178-b Date of Disbursement or Obligation MM / DD / YYYY 10 / 20 / 2014
Purpose of Expenditure Mileage		Category/ Type 002	
Name of Federal Candidate Mr. Mark L Pryor		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: AR
Calendar Year-To-Date Per Election for Office Sought 292370.62		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	

Full Name of Payee Brian A Sherwood		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 20 / 2014	
Originally reported against Kay Hagan, corrected with filing		Amount 30.00	
Mailing Address 1003 W 5th St		Transaction ID : b2000575-ea37-40de-8	
City Coffeyville	State KS	Zip Code 67337	Date of Disbursement or Obligation MM / DD / YYYY 10 / 20 / 2014
Purpose of Expenditure Salary		Category/ Type 001	
Name of Federal Candidate Mr. Greg Orman		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>KS</u>
Calendar Year-To-Date Per Election for Office Sought 261541.03		Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ►	

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	41.55
(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.

Date _____

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 570 OF 3250
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC		FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M M / D D D / Y Y Y Y Y Y Y Y			
Full Name of Payee Brian A Sherwood Originally reported against Kay Hagan, corrected with filing		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y Y Y 10 / 20 / 2014	
Mailing Address 1003 W 5th St		Amount 2.10	
City Coffeyville	State KS	Zip Code 67337	Transaction ID : 88fb8726-d1e1-47be-a Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y Y Y 10 / 20 / 2014
Purpose of Expenditure Mileage		Category/ Type 002	
Name of Federal Candidate Mr. Greg Orman		Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: KS ☐ Oppose	
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Brittnie W Campbell		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y Y Y 10 / 20 / 2014	
Mailing Address 5828 Rena Road		Amount 15.00	
City Hamptonville	State NC	Zip Code 27020	Transaction ID : 8dc673bd-a94a-4876-b Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y Y Y 10 / 20 / 2014
Purpose of Expenditure Salary	Category/ Type 001		
Name of Federal Candidate Ms. Kay Hagan		Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: NC ☒ Oppose	
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶		17.10	
(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.			
Signature Ms. Emily Buchanan		Date M M M / D D D / Y Y Y Y Y Y Y Y 05 / 18 / 2015	
[Electronically Filed]			

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 571 OF 3250
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC		FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on		M M M / D D D / Y Y Y Y Y Y	
Full Name of Payee Jacob Bernas		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 10 / 20 / 2014	
Mailing Address 458 S Glendale		Amount 30.00	
City Wichita	State KS	Zip Code 67218	Transaction ID : f06c8a43-2d04-4e3c-a
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 10 / 20 / 2014
Name of Federal Candidate Mr. Greg Orman		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: KS
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Jacob Bernas		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 10 / 20 / 2014	
Mailing Address 458 S Glendale		Amount 7.50	
City Wichita	State KS	Zip Code 67218	Transaction ID : 533c0f63-c7cd-42ad-b
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 10 / 20 / 2014
Name of Federal Candidate Mr. Greg Orman		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: KS
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶		37.50	
(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.			
Signature <i>Ms. Emily Buchanan</i>		Date M M M / D D D / Y Y Y Y Y Y 05 / 18 / 2015	
		[Electronically Filed]	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 572 OF 3250
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC	FEC IDENTIFICATION NUMBER ▼ C C00530766
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M M / D D D / Y Y Y Y Y Y	

Full Name of Payee William M Criswell		Date of Public Distribution/Dissemination 10 20 2014	
Mailing Address 115 Burns Mitchell Drive		Amount 55.00	
City Belmont	State NC	Zip Code 28012	Transaction ID : 798bfc21-d503-451b-8 Date of Disbursement or Obligation 10 20 2014
Purpose of Expenditure Salary		Category/Type 001	
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>NC</u>
Calendar Year-To-Date Per Election for Office Sought		1095959.94	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶

Full Name of Payee William M Criswell		Date of Public Distribution/Dissemination 10 20 2014	
Mailing Address 115 Burns Mitchell Drive		Amount 6.30	
City Belmont	State NC	Zip Code 28012	Transaction ID : 236e6231-26b8-474d-a Date of Disbursement or Obligation 10 20 2014
Purpose of Expenditure Mileage		Category/Type 002	
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>NC</u>
Calendar Year-To-Date Per Election for Office Sought		1095959.94	Disbursement For: ☐ Primary ☒ 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

05

18

2015

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 573 OF 3250
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M / D D / Y Y Y Y					
Full Name of Payee John K Necaie III			Date of Public Distribution/Dissemination 10 / 20 / 2014		
Mailing Address 1905 Franklin Ave			Amount 35.00		
City New Orleans	State LA	Zip Code 70117	Transaction ID : e26b3f82-bdcb-434a-9		
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation 10 / 20 / 2014		
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: LA		
Calendar Year-To-Date Per Election for Office Sought		554635.78	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
Full Name of Payee John K Necaie III			Date of Public Distribution/Dissemination 10 / 20 / 2014		
Mailing Address 1905 Franklin Ave			Amount 11.58		
City New Orleans	State LA	Zip Code 70117	Transaction ID : 95bb7216-f433-4f35-8		
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement or Obligation 10 / 20 / 2014		
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: LA		
Calendar Year-To-Date Per Election for Office Sought		554635.78	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures.....▶			46.58		
(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.					
Signature Ms. Emily Buchanan		[Electronically Filed]		Date 05 / 18 / 2015	

Full Name of Payee Casey Stockton		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 20 / 2014	
Mailing Address 105 South Dale St		Amount 60.00	
City Spruce Pine	State NC	Zip Code 28777	Transaction ID : 48d900eb-78e0-4301-a Date of Disbursement or Obligation MM / DD / YYYY 10 / 20 / 2014
Purpose of Expenditure Salary	Category/ Type 001		
Name of Federal Candidate Ms. Kay Hagan	☐ Support ☒ Oppose	Office Sought: ☐ President ☒ Senate	District: 00 State: NC
Calendar Year-To-Date Per Election for Office Sought	1095959.94	Disbursement For: 2014 ☐ Other (specify) ▶	☐ Primary ☒ General

Full Name of Payee Casey Stockton		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 20 / 2014	
Mailing Address 105 South Dale St		Amount 17.10	
City Spruce Pine	State NC	Zip Code 28777	Transaction ID : 982dd927-4d84-493f-9
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement or Obligation MM / DD / YYYY 10 / 20 / 2014
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: NC
Calendar Year-To-Date Per Election for Office Sought 1095959.94		Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶		77.10
(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.

Date _____

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

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 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M M / D D D / Y Y Y Y Y Y					
Full Name of Payee Mary Johnson			Date of Public Distribution/Dissemination 10 / 20 / 2014		
Mailing Address 105 South Dale St			Amount 60.00		
City Spruce Pine	State NC	Zip Code 28777	Transaction ID : 24620120-37bc-48a0-9 Date of Disbursement or Obligation 10 / 20 / 2014		
Purpose of Expenditure Salary		Category/ Type 001			
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: NC		
Calendar Year-To-Date Per Election for Office Sought 1095959.94			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
Full Name of Payee Lourdes Lopez			Date of Public Distribution/Dissemination 10 / 20 / 2014		
Mailing Address 2936 Brushwood Ave			Amount 50.00		
City Springdale	State AR	Zip Code 72764	Transaction ID : 64426f86-1450-436e-b Date of Disbursement or Obligation 10 / 20 / 2014		
Purpose of Expenditure Salary		Category/ Type 001			
Name of Federal Candidate Mr. Mark L Pryor		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: AR		
Calendar Year-To-Date Per Election for Office Sought 292370.62			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			110.00		
(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.					
Signature Ms. Emily Buchanan		[Electronically Filed]		Date 05 / 18 / 2015	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 576 OF 3250
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M M / D D D / Y Y Y Y Y Y					
Full Name of Payee Lourdes Lopez			Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 10 / 20 / 2014		
Mailing Address 2936 Brushwood Ave			Amount 4.50		
City Springdale		State AR	Zip Code 72764		Transaction ID : ec9548a7-2e69-459e-b
Purpose of Expenditure Mileage		Category/ Type 002		Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 10 / 20 / 2014	
Name of Federal Candidate Mr. Mark L Pryor			☐ Support ☒ Oppose Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: AR		
Calendar Year-To-Date Per Election for Office Sought 292370.62			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
Full Name of Payee Eva M Johnston			Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 10 / 20 / 2014		
Mailing Address 2517 N 47th St			Amount 40.00		
City Milwaukee		State WI	Zip Code 53210		Transaction ID : d9dc9db2-1d86-4f39-8
Purpose of Expenditure Salary		Category/ Type 001		Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 10 / 20 / 2014	
Name of Federal Candidate Mr. Greg Orman			☐ Support ☒ Oppose Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: KS		
Calendar Year-To-Date Per Election for Office Sought 261541.03			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			44.50		
(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.					
Signature Ms. Emily Buchanan			Date M M M / D D D / Y Y Y Y Y Y 05 / 18 / 2015		
[Electronically Filed]					

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 577 OF 3250
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M / D D / Y Y Y Y				
Full Name of Payee Jessica R Resendiz			Date of Public Distribution/Dissemination 10 / 20 / 2014	
Mailing Address 9685 Paula St			Amount 35.00	
City Keithville	State LA	Zip Code 71047	Transaction ID : 72ce9321-14de-4758-a	
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation 10 / 20 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: LA	
Calendar Year-To-Date Per Election for Office Sought		554635.78	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Jessica R Resendiz			Date of Public Distribution/Dissemination 10 / 20 / 2014	
Mailing Address 9685 Paula St			Amount 12.15	
City Keithville	State LA	Zip Code 71047	Transaction ID : 63981794-40de-40fd-b	
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement or Obligation 10 / 20 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: LA	
Calendar Year-To-Date Per Election for Office Sought		554635.78	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			47.15	
(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 05 / 18 / 2015	
Signature				

Full Name of Payee Heather A Smith		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 20 / 2014	
Mailing Address 995 Clairborne Rd		Amount 48.00	
City Calhoun	State LA	Zip Code 71225	Transaction ID : 5501fb8b-5158-4deb-9 Date of Disbursement or Obligation MM / DD / YYYY 10 / 20 / 2014
Purpose of Expenditure Salary	Category/ Type	001	
Name of Federal Candidate Ms. Mary L Landrieu	☐ Support ☒ Oppose	Office Sought: ☐ President ☒ Senate	District: 00 State: LA
Calendar Year-To-Date Per Election for Office Sought 554635.78		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	

Full Name of Payee Heather A Smith		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 20 / 2014	
Mailing Address 995 Clairborne Rd		Amount 13.20	
City Calhoun	State LA	Zip Code 71225	Transaction ID : fbb89dab-099f-49d4-a
Purpose of Expenditure Mileage	Category/ Type	002	Date of Disbursement or Obligation MM / DD / YYYY 10 / 20 / 2014
Name of Federal Candidate Ms. Mary L Landrieu	☐ Support ☒ Oppose	Office Sought: ☐ President ☒ Senate	District: 00 State: LA
Calendar Year-To-Date Per Election for Office Sought	554635.78	Disbursement For: 2014 ☐ Primary ☒ General ☐ Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	61.20
(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.

Date / /

Signature

Full Name of Payee Ashlee G Anderson		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 20 / 2014	
Mailing Address 2226 Enloe St		Amount 6.30	
City Fayetteville	State NC	Zip Code 28306	Transaction ID : aa4879d7-0544-4827-a
Purpose of Expenditure Mileage	Category/ Type	002	Date of Disbursement or Obligation MM / DD / YYYY 10 / 20 / 2014
Name of Federal Candidate Ms. Kay Hagan	☐ Support ☒ Oppose	Office Sought: ☐ President ☒ Senate	District: 00 State: NC
Calendar Year-To-Date Per Election for Office Sought	1095959.94	Disbursement For: 2014 ☐ Other (specify) ▶	☐ Primary ☒ General

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	48.30
(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.

Date _____

Signature

Full Name of Payee Monique Guillory		Date of Public Distribution/Dissemination M M / D D / Y Y Y Y 10 / 20 / 2014	
Mailing Address 409 LaSalle Drive		Amount 6.00	
City Little Rock	State AR	Zip Code 72211	Transaction ID : 16bb1c6c-a6bf-4430-8 Date of Disbursement or Obligation M M / D D / Y Y Y Y 10 / 20 / 2014
Purpose of Expenditure Mileage		Category/ Type 002	
Name of Federal Candidate Mr. Mark L Pryor		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: AR
Calendar Year-To-Date Per Election for Office Sought		292370.62	Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ►

(a) SUBTOTAL of Itemized Independent Expenditures.....	91.00
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures.....	

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 581 OF 3250
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on			MM / DD / YYYY	
Full Name of Payee Corey S McKnight		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 20 / 2014		
Mailing Address 1510 Bailey St		Amount 45.00		
City West Monroe	State LA	Zip Code 71292	Transaction ID : 30f6963a-2036-4089-8	
Purpose of Expenditure Salary		Category/Type 001	Date of Disbursement or Obligation MM / DD / YYYY 10 / 20 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: LA	
Calendar Year-To-Date Per Election for Office Sought		554635.78	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Antoinette Franklin		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 20 / 2014		
Mailing Address 8822 Apple St		Amount 60.00		
City New Orleans	State LA	Zip Code 70188	Transaction ID : 5199e39b-f9b5-44fb-b	
Purpose of Expenditure Salary		Category/Type 001	Date of Disbursement or Obligation MM / DD / YYYY 10 / 20 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: LA	
Calendar Year-To-Date Per Election for Office Sought		554635.78	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures.....		105.00		
(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.				
Signature Ms. Emily Buchanan		[Electronically Filed]		Date MM / DD / YYYY 05 / 18 / 2015

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 582 OF 3250
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M / D D / Y Y Y Y Y Y					
Full Name of Payee Antoinette Franklin			Date of Public Distribution/Dissemination 10 / 20 / 2014		
Mailing Address 8822 Apple St			Amount 15.60		
City New Orleans		State LA	Zip Code 70188		Transaction ID : 28072c40-0951-490e-b
Purpose of Expenditure Mileage		Category/ Type 002		Date of Disbursement or Obligation 10 / 20 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu			☐ Support ☒ Oppose Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: LA		
Calendar Year-To-Date Per Election for Office Sought 554635.78			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
Full Name of Payee Tammay Williams			Date of Public Distribution/Dissemination 10 / 20 / 2014		
Mailing Address 924 N. Prieur St			Amount 60.00		
City New Orleans		State LA	Zip Code 70116		Transaction ID : 16e480c3-4432-411a-a
Purpose of Expenditure Salary		Category/ Type 001		Date of Disbursement or Obligation 10 / 20 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu			☐ Support ☒ Oppose Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: LA		
Calendar Year-To-Date Per Election for Office Sought 554635.78			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			75.60		
(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.					
Signature Ms. Emily Buchanan			Date 05 / 18 / 2015		
[Electronically Filed]					

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 583 OF 3250
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC		FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on		M M M / D D D / Y Y Y Y Y Y	
Full Name of Payee Tammy Williams		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 10 / 20 / 2014	
Mailing Address 924 N. Prieur St		Amount 15.60	
City New Orleans	State LA	Zip Code 70116	Transaction ID : 53009caf-82f8-44cf-8
Purpose of Expenditure Mileage	Category/Type 002	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 10 / 20 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu		Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: LA	
Calendar Year-To-Date Per Election for Office Sought 554635.78		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Mary D Meens		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 10 / 20 / 2014	
Mailing Address 5724 SW Arrowhead Ct		Amount 22.50	
City Topeka	State KS	Zip Code 66614	Transaction ID : 1ee02383-9b1d-4e72-9
Purpose of Expenditure Salary	Category/Type 001	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 10 / 20 / 2014	
Name of Federal Candidate Mr. Greg Orman		Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: KS	
Calendar Year-To-Date Per Election for Office Sought 261541.03		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶		38.10	
(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.			
Signature Ms. Emily Buchanan		Date M M M / D D D / Y Y Y Y Y Y 05 / 18 / 2015	
		[Electronically Filed]	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 584 OF 3250
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC		FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on		M M M / D D D / Y Y Y Y Y Y	
Full Name of Payee Mary D Meens		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 10 / 20 / 2014	
Mailing Address 5724 SW Arrowhead Ct		Amount 2.49	
City Topeka	State KS	Zip Code 66614	Transaction ID : df5a16f6-e06f-474f-9
Purpose of Expenditure Mileage	Category/Type 002	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 10 / 20 / 2014	
Name of Federal Candidate Mr. Greg Orman		☐ Support ☒ Oppose	
Office Sought: ☐ President ☒ Senate		District: 00 State: KS	
Calendar Year-To-Date Per Election for Office Sought 261541.03		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee David Ford		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 10 / 20 / 2014	
Mailing Address 106 Hillside St		Amount 62.50	
City Spindale	State NC	Zip Code 28160	Transaction ID : 36532c4c-f5c4-4dee-9
Purpose of Expenditure Salary	Category/Type 001	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 10 / 20 / 2014	
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	
Office Sought: ☐ President ☒ Senate		District: 00 State: NC	
Calendar Year-To-Date Per Election for Office Sought 1095959.94		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶		64.99	
(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.			
Signature Ms. Emily Buchanan		Date M M M / D D D / Y Y Y Y Y Y 05 / 18 / 2015	
		[Electronically Filed]	

Full Name of Payee Jenny N Brown			Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 20 / 2014		
Mailing Address 1270 Lovelady Rd			Amount 30.00		
City West Monroe	State LA	Zip Code 71292	Transaction ID : bc3caace-cbb5-4cc7-8 Date of Disbursement or Obligation MM / DD / YYYY 10 / 20 / 2014		
Purpose of Expenditure Salary		Category/ Type 001			
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House ☒ Senate ☐ President ☐ Other (specify) _____		
Calendar Year-To-Date Per Election for Office Sought		554635.78	Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ► _____		

(a) SUBTOTAL of Itemized Independent Expenditures.....	74.64
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures.....	

FEC Schedule E (Form 3X) Rev. 09/2013

Full Name of Payee Virginia T Grant		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 20 / 2014	
Mailing Address 134 Shore Crest Circle		Amount 60.00	
City Carrire	State MS	Zip Code 39426	Transaction ID : e93bab36-f8a2-44f2-8 Date of Disbursement or Obligation MM / DD / YYYY 10 / 20 / 2014
Purpose of Expenditure Salary		Category/ Type 001	
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House ☒ Senate ☐ President ☐ Other (specify) _____
Calendar Year-To-Date Per Election for Office Sought		554635.78	Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ► _____

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	63.00
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

05 / 18 / 2015

FEC Schedule E (Form 3X) Rev. 09/2013

Full Name of Payee James R Hooper		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 20 / 2014	
Mailing Address 502 N Oak St		Amount 45.00	
City Little Rock	State AR	Zip Code 72205	Transaction ID : dd24decc-f3d2-4de3-8 Date of Disbursement or Obligation MM / DD / YYYY 10 / 20 / 2014
Purpose of Expenditure Salary		Category/ Type 001	
Name of Federal Candidate Mr. Mark L Pryor		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: AR
Calendar Year-To-Date Per Election for Office Sought		292370.62	Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	58.65
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

FEC Schedule E (Form 3X) Rev. 09/2013

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 588 OF 3250
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC	FEC IDENTIFICATION NUMBER ▼ C C00530766
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M M / D D D / Y Y Y Y Y Y	

Full Name of Payee James R Hooper		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 10 / 20 / 2014	
Mailing Address 502 N Oak St		Amount 11.10	
City Little Rock	State AR	Zip Code 72205	Transaction ID : 90f64856-cd52-4fad-9 Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 10 / 20 / 2014
Purpose of Expenditure Mileage	Category/ Type	002	
Name of Federal Candidate Mr. Mark L Pryor		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: AR
Calendar Year-To-Date Per Election for Office Sought		292370.62	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶

Full Name of Payee Brenda L McCune		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 10 / 20 / 2014	
Mailing Address 1254 Fleming St Apt 6		Amount 100.00	
City Conway	State AR	Zip Code 72032	Transaction ID : 8b69618f-e9eb-41cb-9 Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 10 / 20 / 2014
Purpose of Expenditure Salary	Category/ Type	001	
Name of Federal Candidate Mr. Mark L Pryor		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: AR
Calendar Year-To-Date Per Election for Office Sought		292370.62	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	111.10
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	0.00
(c) TOTAL Independent Expenditures..... ▶	111.10

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

M M M / D D D / Y Y Y Y Y Y
 05 / 18 / 2015

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 589 OF 3250
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC		FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on		M M M / D D D / Y Y Y Y Y Y	
Full Name of Payee Brenda L McCune		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 10 / 20 / 2014	
Mailing Address 1254 Fleming St Apt 6		Amount 67.20	
City Conway	State AR	Zip Code 72032	Transaction ID : c817745d-0e32-48f0-a
Purpose of Expenditure Mileage	Category/Type 002	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 10 / 20 / 2014	
Name of Federal Candidate Mr. Mark L Pryor		Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: AR	
Calendar Year-To-Date Per Election for Office Sought 292370.62		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Edward N Walker		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 10 / 20 / 2014	
Mailing Address 3 Girard St		Amount 55.00	
City Ft Smith	State AR	Zip Code 72901	Transaction ID : ccbd1126-280e-4f19-8
Purpose of Expenditure Salary	Category/Type 001	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 10 / 20 / 2014	
Name of Federal Candidate Mr. Mark L Pryor		Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: AR	
Calendar Year-To-Date Per Election for Office Sought 292370.62		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶		122.20	
(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.			
Signature Ms. Emily Buchanan		Date M M M / D D D / Y Y Y Y Y Y 05 / 18 / 2015	
		[Electronically Filed]	

Full Name of Payee Elizabeth H Newlun		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 20 / 2014	
Mailing Address 19762 Waldon Rd		Amount 30.00	
City Rogers	State AR	Zip Code 72756	Transaction ID : cef84c3f-a610-4cca-9 Date of Disbursement or Obligation MM / DD / YYYY 10 / 20 / 2014
Purpose of Expenditure Salary	Category/ Type 001		
Name of Federal Candidate Mr. Mark L Pryor	☐ Support ☒ Oppose	Office Sought: ☐ President ☒ Senate	House District: 00 State: AR
Calendar Year-To-Date Per Election for Office Sought	292370.62	Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	45.30
(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.

Date _____

Signature

Full Name of Payee Elizabeth H Newlun		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 20 / 2014	
Mailing Address 19762 Waldon Rd		Amount 7.26	
City Rogers	State AR	Zip Code 72756	Transaction ID : cb35740f-d7e1-4f46-9
Purpose of Expenditure Mileage	Category/ Type	002	Date of Disbursement or Obligation MM / DD / YYYY 10 / 20 / 2014
Name of Federal Candidate Mr. Mark L Pryor		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: AR
Calendar Year-To-Date Per Election for Office Sought		292370.62	Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ▶

Full Name of Payee Sue G Walker		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 20 / 2014	
Mailing Address 3 Girard		Amount 80.00	
City Fort Smith	State AR	Zip Code 72901	Transaction ID : a118642e-a73e-4ac0-8
Purpose of Expenditure Salary	Category/ Type	001	Date of Disbursement or Obligation MM / DD / YYYY 10 / 20 / 2014
Name of Federal Candidate Mr. Mark L Pryor	☐ Support ☒ Oppose	Office Sought: ☐ President ☒ Senate	District: 00 State: AR
Calendar Year-To-Date Per Election for Office Sought	292370.62	Disbursement For: 2014 ☐ Other (specify) ▶	☐ Primary ☒ General

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	87.26
(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.

Date _____

Signature

Full Name of Payee Daniel M Quackenbush		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 20 / 2014	
Mailing Address 12062 NC 902 Hwy		Amount 50.00	
City Bear Creek	State NC	Zip Code 27207	Transaction ID : 2afc1e62-6208-4a59-9 Date of Disbursement or Obligation MM / DD / YYYY 10 / 20 / 2014
Purpose of Expenditure Salary	Category/ Type	001	
Name of Federal Candidate Ms. Kay Hagan	☐ Support ☒ Oppose	Office Sought: ☐ President ☒ Senate	District: 00 State: NC
Calendar Year-To-Date Per Election for Office Sought	1095959.94	Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	115.40
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

FEC Schedule E (Form 3X) Rev. 09/2013

Full Name of Payee Diane Smith			Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 20 / 2014		
Mailing Address 4006 Wolkswalk Place			Amount 11.50		
City Raleigh	State NC	Zip Code 27610	Transaction ID : bf89a276-2aa6-4c85-b Date of Disbursement or Obligation MM / DD / YYYY 10 / 20 / 2014		
Purpose of Expenditure Salary		Category/ Type 001			
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House ☒ Senate ☐ President ☐ Other (specify) _____		
Calendar Year-To-Date Per Election for Office Sought		1095959.94	Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ► _____		

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	34.30
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

Signature

Full Name of Payee Heather N Montgomery		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 20 / 2014	
Mailing Address 106 Wyncrest Ct		Amount 20.00	
City Hendersonville	State TN	Zip Code 37075	Transaction ID : b39728d7-48f3-45d6-8
Purpose of Expenditure Salary	Category/ Type	001	Date of Disbursement or Obligation MM / DD / YYYY 10 / 20 / 2014
Name of Federal Candidate Mr. Mark L Pryor	☐ Support ☒ Oppose	Office Sought: ☐ President ☒ Senate	District: 00 State: AR
Calendar Year-To-Date Per Election for Office Sought	292370.62	Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	
(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.

Date _____

Signature

Full Name of Payee Kinsey E Beck		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 20 / 2014	
Mailing Address 103 Glenhaven Ct		Amount 11.10	
City Harvest	State AL	Zip Code 35749	Transaction ID : 7d611742-dd16-496d-a Date of Disbursement or Obligation MM / DD / YYYY 10 / 20 / 2014
Purpose of Expenditure Mileage		Category/ Type 002	
Name of Federal Candidate Mr. Mark L Pryor		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: AR
Calendar Year-To-Date Per Election for Office Sought 292370.62		Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	31.10
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 596 OF 3250
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on MM / DD / YYYY					
Full Name of Payee Ronald W Ryckman			Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 20 / 2014		
Mailing Address 503 N Cedar St			Amount 100.00		
City Meade	State KS	Zip Code 67864	Transaction ID : 17f2aba8-d202-413e-b		
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation MM / DD / YYYY 10 / 20 / 2014		
Name of Federal Candidate Mr. Greg Orman		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: KS		
Calendar Year-To-Date Per Election for Office Sought		261541.03	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
Full Name of Payee Ronald W Ryckman			Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 20 / 2014		
Mailing Address 503 N Cedar St			Amount 14.40		
City Meade	State KS	Zip Code 67864	Transaction ID : 78e2f64a-df9a-41d1-b		
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement or Obligation MM / DD / YYYY 10 / 20 / 2014		
Name of Federal Candidate Mr. Greg Orman		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: KS		
Calendar Year-To-Date Per Election for Office Sought		261541.03	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			114.40		
(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.					
Signature Ms. Emily Buchanan		[Electronically Filed]		Date MM / DD / YYYY 05 / 18 / 2015	

NAME OF COMMITTEE (In Full) Women Speak Out PAC		FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report	☐ 48-hour report	☐ New report	☐ Amends report filed on MM / DD / YYYY

Full Name of Payee Lee R Carter			Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 20 / 2014		
Mailing Address 3110 Brentwood Rd			Amount 90.00		
City	State	Zip Code	Transaction ID : 750cbb17-9d71-4d4f-8 Date of Disbursement or Obligation MM / DD / YYYY 10 / 20 / 2014		
Raleigh	NC	27604			
Purpose of Expenditure Salary		Category/ Type	001		
Name of Federal Candidate Ms. Kay Hagan			☐ Support ☒ Oppose		
Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: NC			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
Calendar Year-To-Date Per Election for Office Sought		1095959.94			

Full Name of Payee Lee R Carter		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 20 / 2014	
Mailing Address 3110 Brentwood Rd		Amount Amount 14.10	
City Raleigh	State NC	Zip Code 27604	Transaction ID : 765445a4-4c87-4ff9-9 Date of Disbursement or Obligation MM / DD / YYYY 10 / 20 / 2014
Purpose of Expenditure Mileage	Category/ Type	002	
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House ☒ Senate ☐ President
District: 00 State: NC		Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ▶	
Calendar Year-To-Date Per Election for Office Sought		Amount 1095959.94	

(a) SUBTOTAL of Itemized Independent Expenditures.....	104.10
(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 _____

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 598 OF 3250
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M M / D D D / Y Y Y Y Y Y					
Full Name of Payee Nathan D Stevens			Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 10 / 20 / 2014		
Mailing Address 9653 Nations Dr			Amount 20.00		
City Springdale		State AR	Zip Code 72762		Transaction ID : 7df83bc3-6b78-4df7-8
Purpose of Expenditure Salary		Category/ Type 001		Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 10 / 20 / 2014	
Name of Federal Candidate Mr. Mark L Pryor			☐ Support ☒ Oppose		Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: AR
Calendar Year-To-Date Per Election for Office Sought			292370.62 Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
Full Name of Payee Nathan D Stevens			Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 10 / 20 / 2014		
Mailing Address 9653 Nations Dr			Amount 5.40		
City Springdale		State AR	Zip Code 72762		Transaction ID : c2a3ca1d-1ebf-49a3-8
Purpose of Expenditure Mileage		Category/ Type 002		Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 10 / 20 / 2014	
Name of Federal Candidate Mr. Mark L Pryor			☐ Support ☒ Oppose		Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: AR
Calendar Year-To-Date Per Election for Office Sought			292370.62 Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			25.40		
(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.					
Signature Ms. Emily Buchanan			[Electronically Filed]		Date M M M / D D D / Y Y Y Y Y Y 05 / 18 / 2015

Full Name of Payee Misty A Ledford			Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 20 / 2014		
Mailing Address 44 Bell St			Amount 22.80		
City Spruce Pine	State NC	Zip Code 28777	Transaction ID : 994b0528-aa44-4a2e-9 Date of Disbursement or Obligation MM / DD / YYYY 10 / 20 / 2014		
Purpose of Expenditure Mileage		Category/ Type 002			
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: NC		
Calendar Year-To-Date Per Election for Office Sought		1095959.94	Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ▶		

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	82.80
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

FEC Schedule E (Form 3X) Rev. 09/2013

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 600 OF 3250
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M / D D / Y Y Y Y Y Y					
Full Name of Payee Claire A Smith			Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 10 / 20 / 2014		
Mailing Address 6610 Walcott Rd			Amount 55.00		
City Paragoud		State AR	Zip Code 72450		Transaction ID : a4e05b46-b965-4b02-a
Purpose of Expenditure Salary		Category/ Type 001		Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 10 / 20 / 2014	
Name of Federal Candidate Mr. Mark L Pryor			☐ Support ☒ Oppose		Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: AR
Calendar Year-To-Date Per Election for Office Sought 292370.62			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
Full Name of Payee Claire A Smith			Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 10 / 20 / 2014		
Mailing Address 6610 Walcott Rd			Amount 12.00		
City Paragoud		State AR	Zip Code 72450		Transaction ID : ae65a8c4-292e-4e0f-b
Purpose of Expenditure Mileage		Category/ Type 002		Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 10 / 20 / 2014	
Name of Federal Candidate Mr. Mark L Pryor			☐ Support ☒ Oppose		Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: AR
Calendar Year-To-Date Per Election for Office Sought 292370.62			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			67.00		
(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.					
Signature Ms. Emily Buchanan			[Electronically Filed]		Date M M / D D / Y Y Y Y Y Y 05 / 18 / 2015

Full Name of Payee Joshua D Syrotchen		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 20 / 2014	
Mailing Address 915 East Market Ave		Amount 60.00	
City	State	Zip Code	Transaction ID : a4cb6729-6af6-4766-9 Date of Disbursement or Obligation MM / DD / YYYY 10 / 20 / 2014
Searcy	AR	72149	
Purpose of Expenditure Salary		Category/ Type	001
Name of Federal Candidate Mr. Mark L Pryor		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: AR
Calendar Year-To-Date Per Election for Office Sought		292370.62	
		Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ▶	

(a) SUBTOTAL	of Itemized Independent Expenditures..... ➤	140.00
(b) SUBTOTAL	of Unitemized Independent Expenditures ➤	
(c) TOTAL	Independent Expenditures..... ➤	

Ms. Emily Buchanan

[Electronically Filed]

Date 05 / 18 / 2015

Signature

Full Name of Payee Janet Morris		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 20 / 2014	
Mailing Address 620 Old Barbome Rd Lot 2		Amount 35.00	
City West Monroe	State LA	Zip Code 71291	Transaction ID : c7707432-9939-4c8c-8
Purpose of Expenditure Salary	Category/ Type	001	Date of Disbursement or Obligation MM / DD / YYYY 10 / 20 / 2014
Name of Federal Candidate Ms. Mary L Landrieu	☐ Support ☒ Oppose	Office Sought: ☐ President ☒ Senate	District: 00 State: LA
Calendar Year-To-Date Per Election for Office Sought	554635.78		Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	83.60
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

05 / 18 / 2015

FEC Schedule E (Form 3X) Rev. 09/2013

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 603 OF 3250
 FOR LINE 24 OF FORM 3X

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

Full Name of Payee Patrice Wolfe		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 20 / 2014	
Mailing Address 9909 Treasure Hill Rd		Amount 10.00	
City Little Rock	State AR	Zip Code 72205	Transaction ID : e5d70c82-269f-4dcc-b Date of Disbursement or Obligation MM / DD / YYYY 10 / 20 / 2014
Purpose of Expenditure Salary		Category/ Type 001	
Name of Federal Candidate Mr. Mark L Pryor		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: AR
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	

Full Name of Payee Patrice Wolfe		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 20 / 2014	
Mailing Address 9909 Treasure Hill Rd		Amount 1.80	
City Little Rock	State AR	Zip Code 72205	Transaction ID : 97e14cbb-c3a3-4c3b-a Date of Disbursement or Obligation MM / DD / YYYY 10 / 20 / 2014
Purpose of Expenditure Mileage		Category/ Type 002	
Name of Federal Candidate Mr. Mark L Pryor		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: AR
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	11.80
(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

MM / DD / YYYY
05 / 18 / 2015

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 604 OF 3250
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC		FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on		M M M / D D D / Y Y Y Y Y Y	
Full Name of Payee Timothy D Heitman		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 10 / 20 / 2014	
Mailing Address 2520 Helmstetler Rd		Amount 40.00	
City Lexington	State NC	Zip Code 27295	Transaction ID : 31fb85ad-46fc-45f0-b
Purpose of Expenditure Salary		Category/Type 001	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 10 / 20 / 2014
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: NC
Calendar Year-To-Date Per Election for Office Sought 1095959.94		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Maria A Britt		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 10 / 20 / 2014	
Mailing Address 4894 Thunder Bolt		Amount 50.00	
City Concord	State NC	Zip Code 28205	Transaction ID : d32a0952-6ebd-4d99-9
Purpose of Expenditure Salary		Category/Type 001	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 10 / 20 / 2014
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: NC
Calendar Year-To-Date Per Election for Office Sought 1095959.94		Disbursement For: ☐ Primary ☒ 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 Signature		[Electronically Filed] Date M M M / D D D / Y Y Y Y Y Y 05 / 18 / 2015	

Full Name of Payee Christopher Marquess		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 20 / 2014	
Mailing Address 110 W Pecan St		Amount Amount 40.00	
City Ville Platte	State LA	Zip Code 70586	Transaction ID : 2683589e-cc06-4cbf-a Date of Disbursement or Obligation MM / DD / YYYY 10 / 20 / 2014
Purpose of Expenditure Salary	Category/ Type	001	
Name of Federal Candidate Ms. Mary L Landrieu	☐ Support ☒ Oppose	Office Sought: ☐ President ☒ Senate	District: <u>00</u> State: <u>LA</u>
Calendar Year-To-Date Per Election for Office Sought	Amount 554635.78		Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ► _____

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	49.60
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

Ms. Emily Buchanan

[Electronically Filed]

Date 05 / 18 / 2015

Signature

Full Name of Payee Carla K Pilgreen		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 20 / 2014	
Mailing Address 212 Stonecliff Dr		Amount 75.00	
City West Monro	State LA	Zip Code 71291	Transaction ID : 9dced2fd-e546-4044-9 Date of Disbursement or Obligation MM / DD / YYYY 10 / 20 / 2014
Purpose of Expenditure Salary	Category/ Type 001		
Name of Federal Candidate Ms. Mary L Landrieu	☐ Support ☒ Oppose	Office Sought: ☐ President ☒ Senate	District: 00 State: LA
Calendar Year-To-Date Per Election for Office Sought	554635.78	Disbursement For: 2014 ☐ Other (specify) ▶	
		☐ Primary ☒ General	

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	110.10
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

05 / 18 / 2015

FEC Schedule E (Form 3X) Rev. 09/2013

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 607 OF 3250
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on / /					
Full Name of Payee Carla K Pilgreen			Date of Public Distribution/Dissemination / / 10 / 20 / 2014		
Mailing Address 212 Stonecliff Dr			Amount 17.31		
City West Monro		State LA	Zip Code 71291		Transaction ID : 2bfd4982-0500-446a-9
Purpose of Expenditure Mileage		Category/ Type 002		Date of Disbursement or Obligation / / 10 / 20 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu			☐ Support ☒ Oppose		Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>LA</u>
Calendar Year-To-Date Per Election for Office Sought 554635.78			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶ _____		
Full Name of Payee Luke S Buren			Date of Public Distribution/Dissemination / / 10 / 20 / 2014		
Mailing Address 415 E Carroll			Amount 20.00		
City Macomb		State IL	Zip Code 61455		Transaction ID : c3e2f139-8320-4f71-a
Purpose of Expenditure Salary		Category/ Type 001		Date of Disbursement or Obligation / / 10 / 20 / 2014	
Name of Federal Candidate Mr. Mark L Pryor			☐ Support ☒ Oppose		Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>AR</u>
Calendar Year-To-Date Per Election for Office Sought 292370.62			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶ _____		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			37.31		
(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.					
Signature Ms. Emily Buchanan			[Electronically Filed]		Date 05 / 18 / 2015

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 608 OF 3250
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC	FEC IDENTIFICATION NUMBER ▼ C C00530766
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M / D D / Y Y Y Y Y Y	

Full Name of Payee Staci J Ingram			Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 10 / 20 / 2014	
Mailing Address 2 Crest Knolls Dr Apt 16B			Amount 30.20	
City Taylorsville	State NC	Zip Code 28681	Transaction ID : 206f1015-2865-4886-9	
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 10 / 20 / 2014	
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: NC	
Calendar Year-To-Date Per Election for Office Sought		1095959.94	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	

Full Name of Payee Staci J Ingram			Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 10 / 20 / 2014	
Mailing Address 2 Crest Knolls Dr Apt 16B			Amount 15.99	
City Taylorsville	State NC	Zip Code 28681	Transaction ID : ccccf676-67a2-4a57-8	
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 10 / 20 / 2014	
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: NC	
Calendar Year-To-Date Per Election for Office Sought		1095959.94	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	46.19
(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]

Signature

Date

M M / D D / Y Y Y Y Y Y
05 / 18 / 2015

Full Name of Payee Alice K Salazar		Date of Public Distribution/Dissemination M M / D D / Y Y Y Y 10 / 20 / 2014	
Mailing Address 605 W Houston St		Amount 48.60	
City Marshall	State TX	Zip Code 75633	Transaction ID : 47cbcd93-766a-4397-a Date of Disbursement or Obligation M M / D D / Y Y Y Y 10 / 20 / 2014
Purpose of Expenditure Mileage		Category/ Type 002	
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: LA
Calendar Year-To-Date Per Election for Office Sought		554635.78	Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ►

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	128.60
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

05 / 18 / 2015

FEC Schedule E (Form 3X) Rev. 09/2013

Full Name of Payee Colton R Overcash		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 20 / 2014	
Mailing Address 121 Ohara Dr		Amount 65.00	
City Salisbury	State NC	Zip Code 28147	Transaction ID : 1e6abcbf-616e-4e8b-b
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation MM / DD / YYYY 10 / 20 / 2014
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: NC
Calendar Year-To-Date Per Election for Office Sought		1095959.94	Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ▶

Full Name of Payee Colton R Overcash		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 20 / 2014	
Mailing Address 121 Ohara Dr		Amount 90.30	
City Salisbury	State NC	Zip Code 28147	Transaction ID : 635f0639-682b-4c1c-a Date of Disbursement or Obligation MM / DD / YYYY 10 / 20 / 2014
Purpose of Expenditure Mileage		Category/ Type 002	
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: NC
Calendar Year-To-Date Per Election for Office Sought 1095959.94		Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	155.30
(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.

Date _____

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 611 OF 3250
 FOR LINE 24 OF FORM 3X

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

Full Name of Payee Nick Berryhill		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 20 / 2014	
Mailing Address 905 Lake Drive		Amount 100.00	
City Shelby	State NC	Zip Code 28152	Transaction ID : 6fb8451c-4933-4b10-a Date of Disbursement or Obligation MM / DD / YYYY 10 / 20 / 2014
Purpose of Expenditure Salary		Category/Type 001	
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: NC
Calendar Year-To-Date Per Election for Office Sought		1095959.94	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶

Full Name of Payee Nick Berryhill		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 20 / 2014	
Mailing Address 905 Lake Drive		Amount 16.20	
City Shelby	State NC	Zip Code 28152	Transaction ID : 214d3def-8e4b-4ac6-9 Date of Disbursement or Obligation MM / DD / YYYY 10 / 20 / 2014
Purpose of Expenditure Mileage		Category/Type 002	
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: NC
Calendar Year-To-Date Per Election for Office Sought		1095959.94	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	116.20
(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

MM / DD / YYYY
05 / 18 / 2015

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 612 OF 3250
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M M / D D D / Y Y Y Y Y Y					
Full Name of Payee Todd Ellis			Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 10 / 20 / 2014		
Mailing Address P.O. Box 712			Amount 80.00		
City Alexander	State AR	Zip Code 72002	Transaction ID : 250a475c-3b58-4796-8		
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 10 / 20 / 2014		
Name of Federal Candidate Mr. Mark L Pryor			Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>AR</u>		
Calendar Year-To-Date Per Election for Office Sought 292370.62			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
Full Name of Payee Todd Ellis			Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 10 / 20 / 2014		
Mailing Address P.O. Box 712			Amount 36.60		
City Alexander	State AR	Zip Code 72002	Transaction ID : 1efe6c6c-d448-4096-8		
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 10 / 20 / 2014		
Name of Federal Candidate Mr. Mark L Pryor			Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>AR</u>		
Calendar Year-To-Date Per Election for Office Sought 292370.62			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			116.60		
(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.					
Signature Ms. Emily Buchanan			Date M M / D D / Y Y Y Y Y Y 05 / 18 / 2015		

[Electronically Filed]

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 613 OF 3250
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC		FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on		M M M / D D D / Y Y Y Y Y Y	
Full Name of Payee OLynda Walker		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 10 / 20 / 2014	
Mailing Address 10000 Mount Pleasant Rd		Amount 50.00	
City Midland	State NC	Zip Code 28107	Transaction ID : 81a1087a-cbe1-4524-9
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 10 / 20 / 2014
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: NC
Calendar Year-To-Date Per Election for Office Sought 1095959.94		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee OLynda Walker		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 10 / 20 / 2014	
Mailing Address 10000 Mount Pleasant Rd		Amount 9.60	
City Midland	State NC	Zip Code 28107	Transaction ID : 410f2924-6be2-4fcb-9
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 10 / 20 / 2014
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: NC
Calendar Year-To-Date Per Election for Office Sought 1095959.94		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶		59.60	
(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 Signature		[Electronically Filed] Date M M M / D D D / Y Y Y Y Y Y 05 / 18 / 2015	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 614 OF 3250
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M M / D D D / Y Y Y Y Y Y					
Full Name of Payee Danielle E Grindstaff			Date of Public Distribution/Dissemination 10 / 20 / 2014		
Mailing Address 147 Possum Trot Rd			Amount 60.00		
City Bakersville		State NC	Zip Code 28705		Transaction ID : d7c703b8-fc94-4072-a
Purpose of Expenditure Salary		Category/ Type 001		Date of Disbursement or Obligation 10 / 20 / 2014	
Name of Federal Candidate Ms. Kay Hagan			Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: NC		
Calendar Year-To-Date Per Election for Office Sought 1095959.94			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
Full Name of Payee Laura U Logie			Date of Public Distribution/Dissemination 10 / 20 / 2014		
Mailing Address 2565 Shire Circle			Amount 60.00		
City Harrisonburg		State VA	Zip Code 22801		Transaction ID : 56fe9b50-b518-44bc-a
Purpose of Expenditure Salary		Category/ Type 001		Date of Disbursement or Obligation 10 / 20 / 2014	
Name of Federal Candidate Mr. Greg Orman			Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: KS		
Calendar Year-To-Date Per Election for Office Sought 261541.03			Disbursement For: ☐ Primary ☒ 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.					
Signature Ms. Emily Buchanan			Date 05 / 18 / 2015		
[Electronically Filed]					

Full Name of Payee Francis Richardson		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 20 / 2014	
Mailing Address 220 Doucet Rd		Amount 15.00	
City Lafayette	State LA	Zip Code 70503	Transaction ID : e4e10bea-30a7-4f20-a Date of Disbursement or Obligation MM / DD / YYYY 10 / 20 / 2014
Purpose of Expenditure Salary		Category/ Type 001	
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: LA
Calendar Year-To-Date Per Election for Office Sought 554635.78		Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	50.00
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

05 / 18 / 2015

FEC Schedule E (Form 3X) Rev. 09/2013

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 616 OF 3250
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC		FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on / /			
Full Name of Payee Francis Richardson		Date of Public Distribution/Dissemination / / 10 / 20 / 2014	
Mailing Address 220 Doucet Rd		Amount 0.93	
City Lafayette	State LA	Zip Code 70503	Transaction ID : b8523a17-e257-42c8-b Date of Disbursement or Obligation / / 10 / 20 / 2014
Purpose of Expenditure Mileage		Category/ Type 002	
Name of Federal Candidate Ms. Mary L Landrieu		Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>LA</u> ☐ Support ☒ Oppose ☐ Other (specify) ▶ _____	
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: ☐ Primary ☒ General 2014 554635.78	
Full Name of Payee Katie A Barros		Date of Public Distribution/Dissemination / / 10 / 20 / 2014	
Mailing Address PO Box 398		Amount 60.00	
City Neosho	State MO	Zip Code 64850	Transaction ID : 0bbd4cbf-de3d-4225-8 Date of Disbursement or Obligation / / 10 / 20 / 2014
Purpose of Expenditure Salary		Category/ Type 001	
Name of Federal Candidate Mr. Mark L Pryor		Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>AR</u> ☐ Support ☒ Oppose ☐ Other (specify) ▶ _____	
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: ☐ Primary ☒ General 2014 292370.62	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶		 60.93	
(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.			
Signature <i>Ms. Emily Buchanan</i>		Date / / 05 / 18 / 2015	
[Electronically Filed]			

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 617 OF 3250
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M M / D D D / Y Y Y Y Y Y					
Full Name of Payee Katie A Barros			Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 10 / 20 / 2014		
Mailing Address PO Box 398			Amount 18.00		
City Neosho		State MO	Zip Code 64850		Transaction ID : 3bf4e8f2-5d6a-4529-b
Purpose of Expenditure Mileage		Category/ Type 002		Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 10 / 20 / 2014	
Name of Federal Candidate Mr. Mark L Pryor			☐ Support ☒ Oppose		Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: AR
Calendar Year-To-Date Per Election for Office Sought 292370.62			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
Full Name of Payee Landon R Boyles			Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 10 / 20 / 2014		
Mailing Address 211 Hidden Meadows Dr			Amount 35.00		
City Benton		State AR	Zip Code 72015		Transaction ID : 4b58e819-9f45-4c17-a
Purpose of Expenditure Salary		Category/ Type 001		Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 10 / 20 / 2014	
Name of Federal Candidate Mr. Mark L Pryor			☐ Support ☒ Oppose		Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: AR
Calendar Year-To-Date Per Election for Office Sought 292370.62			Disbursement For: ☐ Primary ☒ 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.					
Signature Ms. Emily Buchanan			[Electronically Filed]		Date M M M / D D D / Y Y Y Y Y Y 05 / 18 / 2015

Full Name of Payee Landon R Boyles			Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 20 / 2014		
Mailing Address 211 Hidden Meadows Dr			Amount 25.20		
City Benton	State AR	Zip Code 72015	Transaction ID : 023ebd4d-635e-46b1-a Date of Disbursement or Obligation MM / DD / YYYY 10 / 20 / 2014		
Purpose of Expenditure Mileage		Category/ Type 002			
Name of Federal Candidate Mr. Mark L Pryor		☐ Support ☒ Oppose	Office Sought: ☐ House ☒ Senate ☐ President District: 00 State: AR		
Calendar Year-To-Date Per Election for Office Sought 292370.62		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶			

Full Name of Payee Hannah J Landry		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 20 / 2014	
Mailing Address 1110 N Coolidge		Amount 110.00	
City Gonzales	State LA	Zip Code 70737	Transaction ID : bc6cf4fe-7581-4e77-b Date of Disbursement or Obligation MM / DD / YYYY 10 / 20 / 2014
Purpose of Expenditure Salary		Category/ Type 001	
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: LA
Calendar Year-To-Date Per Election for Office Sought 554635.78		Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶ 135.20
(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.

Date _____

Signature

Three digital display units are shown, each with a 7-segment display. The first unit shows '05' with 'M' indicators above. The second unit shows '18' with 'D' indicators above. The third unit shows '2015' with 'Y' indicators above. The units are separated by slashes.

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 619 OF 3250
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M / D D / Y Y Y Y Y Y / / / / / /					
Full Name of Payee Hannah J Landry			Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 10 / 20 / 2014		
Mailing Address 1110 N Coolidge			Amount 14.76		
City Gonzales		State LA	Zip Code 70737		Transaction ID : bfe0578e-375e-4856-a
Purpose of Expenditure Mileage		Category/ Type 002		Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 10 / 20 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu			☐ Support ☒ Oppose		Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: LA
Calendar Year-To-Date Per Election for Office Sought 554635.78			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
Full Name of Payee Mary C Lee			Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 10 / 20 / 2014		
Mailing Address 1030 N Coolidge Ave			Amount 110.00		
City Gonzales		State LA	Zip Code 70737		Transaction ID : 9263bce4-db32-46d0-9
Purpose of Expenditure Salary		Category/ Type 001		Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 10 / 20 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu			☐ Support ☒ Oppose		Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: LA
Calendar Year-To-Date Per Election for Office Sought 554635.78			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶					124.76
(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.					
Signature Ms. Emily Buchanan			[Electronically Filed]		Date M M / D D / Y Y Y Y Y Y 05 / 18 / 2015

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 620 OF 3250
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M M / D D D / Y Y Y Y Y Y					
Full Name of Payee Mary C Lee			Date of Public Distribution/Dissemination 10 / 20 / 2014		
Mailing Address 1030 N Coolidge Ave			Amount 14.76		
City Gonzales	State LA	Zip Code 70737	Transaction ID : 55c22830-c0fe-4c23-8 Date of Disbursement or Obligation 10 / 20 / 2014		
Purpose of Expenditure Mileage		Category/ Type 002			
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: LA		
Calendar Year-To-Date Per Election for Office Sought 554635.78			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
Full Name of Payee Stuart T Haley			Date of Public Distribution/Dissemination 10 / 20 / 2014		
Mailing Address 600 W Vine Ave			Amount 80.00		
City Searcy	State AR	Zip Code 72143	Transaction ID : 150d1fb9-7302-4eaf-9 Date of Disbursement or Obligation 10 / 20 / 2014		
Purpose of Expenditure Salary		Category/ Type 001			
Name of Federal Candidate Mr. Mark L Pryor		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: AR		
Calendar Year-To-Date Per Election for Office Sought 292370.62			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			94.76		
(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.					
Signature Ms. Emily Buchanan		[Electronically Filed]		Date 05 / 18 / 2015	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 621 OF 3250
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC		FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M / D D / Y Y Y Y			
Full Name of Payee Stuart T Haley		Date of Public Distribution/Dissemination 10 / 20 / 2014	
Mailing Address 600 W Vine Ave		Amount 45.00	
City Searcy	State AR	Zip Code 72143	Transaction ID : eba1e765-895d-4963-9
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement or Obligation 10 / 20 / 2014
Name of Federal Candidate Mr. Mark L Pryor		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: AR
Calendar Year-To-Date Per Election for Office Sought 292370.62		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Cynthia J Christmas		Date of Public Distribution/Dissemination 10 / 20 / 2014	
Mailing Address 1731 Frenchmen St		Amount 50.00	
City New Orleans	State LA	Zip Code 70116	Transaction ID : c5a3893c-551f-462c-8
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation 10 / 20 / 2014
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: LA
Calendar Year-To-Date Per Election for Office Sought 554635.78		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures.....▶		95.00	
(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.			
Signature Ms. Emily Buchanan		Date 05 / 18 / 2015	
		[Electronically Filed]	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 622 OF 3250
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M M / D D D / Y Y Y Y Y Y					
Full Name of Payee Cynthia J Christmas			Date of Public Distribution/Dissemination 10 / 20 / 2014		
Mailing Address 1731 Frenchmen St			Amount 2.10		
City New Orleans		State LA	Zip Code 70116		Transaction ID : 48e18e74-a421-42e0-b
Purpose of Expenditure Mileage		Category/ Type 002		Date of Disbursement or Obligation 10 / 20 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu			Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: LA		
Calendar Year-To-Date Per Election for Office Sought 554635.78			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
Full Name of Payee Kenny Wallis			Date of Public Distribution/Dissemination 10 / 20 / 2014		
Mailing Address 6412 Osage Dr			Amount 70.00		
City North Little rock		State AR	Zip Code 72116		Transaction ID : 7bd25349-6063-465c-a
Purpose of Expenditure Salary		Category/ Type 001		Date of Disbursement or Obligation 10 / 20 / 2014	
Name of Federal Candidate Mr. Mark L Pryor			Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: AR		
Calendar Year-To-Date Per Election for Office Sought 292370.62			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			72.10		
(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.					
Signature Ms. Emily Buchanan			Date 05 / 18 / 2015		
[Electronically Filed]					

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 623 OF 3250
 FOR LINE 24 OF FORM 3X

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

Full Name of Payee Kenny Wallis		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 20 / 2014	
Mailing Address 6412 Osage Dr		Amount 4.26	
City North Little rock	State AR	Zip Code 72116	Transaction ID : 3c2066ea-cf0a-4d1c-b
Purpose of Expenditure Mileage	Category/Type 002	Date of Disbursement or Obligation MM / DD / YYYY 10 / 20 / 2014	
Name of Federal Candidate Mr. Mark L Pryor		☐ Support ☒ Oppose Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: AR	
Calendar Year-To-Date Per Election for Office Sought 292370.62		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	

Full Name of Payee Mattie Harris		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 20 / 2014	
Mailing Address 3654 Tara St		Amount 65.00	
City springdale	State AR	Zip Code 72762	Transaction ID : 7bc0ec50-98e6-4b64-b
Purpose of Expenditure Salary	Category/Type 001	Date of Disbursement or Obligation MM / DD / YYYY 10 / 20 / 2014	
Name of Federal Candidate Mr. Mark L Pryor		☐ Support ☒ Oppose Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: AR	
Calendar Year-To-Date Per Election for Office Sought 292370.62		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	69.26
(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

MM / DD / YYYY
05 / 18 / 2015

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 624 OF 3250
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M M / D D D / Y Y Y Y Y Y					
Full Name of Payee Mattie Harris			Date of Public Distribution/Dissemination 10 / 20 / 2014		
Mailing Address 3654 Tara St			Amount 18.60		
City springdale	State AR	Zip Code 72762	Transaction ID : 9412dc05-8c3f-4200-a		
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement or Obligation 10 / 20 / 2014		
Name of Federal Candidate Mr. Mark L Pryor		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: AR		
Calendar Year-To-Date Per Election for Office Sought		292370.62	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
Full Name of Payee Xavier Miller			Date of Public Distribution/Dissemination 10 / 20 / 2014		
Mailing Address 407 randall Dr			Amount 85.00		
City Searcy	State AR	Zip Code 72143	Transaction ID : 18b11727-277b-4f95-8		
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation 10 / 20 / 2014		
Name of Federal Candidate Mr. Mark L Pryor		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: AR		
Calendar Year-To-Date Per Election for Office Sought		292370.62	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			103.60		
(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.					
Signature Ms. Emily Buchanan		[Electronically Filed]		Date 05 / 18 / 2015	

Full Name of Payee Meagan N Rogerson			Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 20 / 2014		
Mailing Address 3657 S Rail Road St			Amount 14.00		
City Fountain	State NC	Zip Code 27829	Transaction ID : 92df71b0-69d8-4b9e-9		
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation MM / DD / YYYY 10 / 20 / 2014		
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House ☒ Senate District: 00 State: NC		
Calendar Year-To-Date Per Election for Office Sought		1095959.94	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		

Full Name of Payee Meagan N Rogerson		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 20 / 2014	
Mailing Address 3657 S Rail Road St		Amount 10.50	
City Fountain	State NC	Zip Code 27829	Transaction ID : e68d24ce-c172-49a6-b Date of Disbursement or Obligation MM / DD / YYYY 10 / 20 / 2014
Purpose of Expenditure Mileage		Category/ Type 002	
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: NC
Calendar Year-To-Date Per Election for Office Sought		1095959.94	Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ►

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	24.50
(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.

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 627 OF 3250
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on / /					
Full Name of Payee Theresa a Youngblood			Date of Public Distribution/Dissemination / /		
Mailing Address 102 S Main Street Apt A2			Amount 100.00		
City Berryville	State VA	Zip Code 22611	Transaction ID : b7ce0d34-8b1e-4144-a Date of Disbursement or Obligation / /		
Purpose of Expenditure Salary		Category/ Type 001			
Name of Federal Candidate Mr. Greg Orman			Office Sought: ☐ House District: 00 ☒ Oppose ☐ President ☒ Senate State: KS		
Calendar Year-To-Date Per Election for Office Sought 261541.03			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
Full Name of Payee Mry S Everly			Date of Public Distribution/Dissemination / /		
Mailing Address 787 N 1851 Diagonal Rd			Amount 30.00		
City Lecompton	State KS	Zip Code 66050	Transaction ID : 5981625b-baa6-4f49-a Date of Disbursement or Obligation / /		
Purpose of Expenditure Salary		Category/ Type 001			
Name of Federal Candidate Mr. Greg Orman			Office Sought: ☐ House District: 00 ☒ Oppose ☐ President ☒ Senate State: KS		
Calendar Year-To-Date Per Election for Office Sought 261541.03			Disbursement For: ☐ Primary ☒ 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.					
Signature Ms. Emily Buchanan			Date / / 05 / 18 / 2015		
[Electronically Filed]					

Full Name of Payee Ceslie A Benner		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 20 / 2014	
Mailing Address 2081 Knob Hill Rd		Amount 45.00	
City Azle	State TX	Zip Code 76020	Transaction ID : 55b483da-b946-4bde-8 Date of Disbursement or Obligation MM / DD / YYYY 10 / 20 / 2014
Purpose of Expenditure Salary		Category/ Type 001	
Name of Federal Candidate Mr. Mark L Pryor		☐ Support ☒ Oppose	Office Sought: ☐ House ☒ Senate ☐ President ☐ Other (specify) _____
Calendar Year-To-Date Per Election for Office Sought		292370.62	Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ► _____

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	47.04
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

05 / 18 / 2015

FEC Schedule E (Form 3X) Rev. 09/2013

Full Name of Payee Parker H Morrow		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 20 / 2014	
Mailing Address 506 N Horton Street		Amount 50.00	
City Searcy	State AR	Zip Code 72143	Transaction ID : 48cd4898-fc24-4c62-b
Purpose of Expenditure Salary	Category/ Type	001	Date of Disbursement or Obligation MM / DD / YYYY 10 / 20 / 2014
Name of Federal Candidate Mr. Mark L Pryor	☐ Support ☒ Oppose	Office Sought: ☐ President ☒ Senate	District: 00 State: AR
Calendar Year-To-Date Per Election for Office Sought	292370.62	Disbursement For: ☐ Primary ☒ General ☐ 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.

Date _____

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 630 OF 3250
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC		FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on		MM / DD / YYYY	
Full Name of Payee Parker H Morrow		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 20 / 2014	
Mailing Address 506 N Horton Street		Amount 15.90	
City Searcy	State AR	Zip Code 72143	Transaction ID : 96ac7b37-792e-496d-8
Purpose of Expenditure Mileage		Category/Type 002	Date of Disbursement or Obligation MM / DD / YYYY 10 / 20 / 2014
Name of Federal Candidate Mr. Mark L Pryor		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: AR
Calendar Year-To-Date Per Election for Office Sought 292370.62		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Rebecca A Shearer		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 20 / 2014	
Mailing Address 6544 Arno College Grove Rd		Amount 50.00	
City College Grove	State TN	Zip Code 37046	Transaction ID : 45091353-59eb-4a4b-b
Purpose of Expenditure Salary		Category/Type 001	Date of Disbursement or Obligation MM / DD / YYYY 10 / 20 / 2014
Name of Federal Candidate Mr. Mark L Pryor		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: AR
Calendar Year-To-Date Per Election for Office Sought 292370.62		Disbursement For: ☐ Primary ☒ 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.			
Signature Ms. Emily Buchanan		Date MM / DD / YYYY 05 / 18 / 2015	
		[Electronically Filed]	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 631 OF 3250
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M / D D / Y Y Y Y Y Y					
Full Name of Payee Rebecca A Shearer			Date of Public Distribution/Dissemination 10 / 20 / 2014		
Mailing Address 6544 Arno College Grove Rd			Amount 15.90		
City College Grove		State TN	Zip Code 37046		Transaction ID : e32156b5-2033-4b27-9
Purpose of Expenditure Mileage		Category/ Type 002		Date of Disbursement or Obligation 10 / 20 / 2014	
Name of Federal Candidate Mr. Mark L Pryor			Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: AR		
Calendar Year-To-Date Per Election for Office Sought 292370.62			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
Full Name of Payee Phillip Williams			Date of Public Distribution/Dissemination 10 / 20 / 2014		
Mailing Address 3007 Darden Rd			Amount 80.00		
City Greensboro		State NC	Zip Code 27407		Transaction ID : c7b77736-3ccc-4f49-a
Purpose of Expenditure Salary		Category/ Type 001		Date of Disbursement or Obligation 10 / 20 / 2014	
Name of Federal Candidate Ms. Kay Hagan			Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: NC		
Calendar Year-To-Date Per Election for Office Sought 1095959.94			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			95.90		
(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.					
Signature Ms. Emily Buchanan			Date 05 / 18 / 2015		
[Electronically Filed]					

Full Name of Payee Phillip Williams			Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 20 / 2014		
Mailing Address 3007 Darden Rd			Amount 15.60		
City Greensboro	State NC	Zip Code 27407	Transaction ID : 5dfd9dfb-c5d7-4ea9-b		
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement or Obligation MM / DD / YYYY 10 / 20 / 2014		
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House ☒ Senate District: 00 ☐ President State: NC		
Calendar Year-To-Date Per Election for Office Sought		1095959.94	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		

Full Name of Payee Kevin L Battle		Date of Public Distribution/Dissemination M M / D D / Y Y Y Y 10 / 20 / 2014	
Mailing Address 3300 Asher Ave		Amount 40.00	
City Little Rock	State AR	Zip Code 72204	Transaction ID : 593b3891-005c-4a49-9 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 10 / 20 / 2014
Purpose of Expenditure Salary		Category/ Type 001	
Name of Federal Candidate Mr. Mark L Pryor		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: AR
Calendar Year-To-Date Per Election for Office Sought		292370.62	Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ►

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	55.60
(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.

Date _____

Signature

05 / 18 / 2015

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 633 OF 3250
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC		FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on		MM / DD / YYYY / / MM / DD / YYYY / /	

Full Name of Payee Kevin L Battle		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 20 / 2014	
Mailing Address 3300 Asher Ave		Amount 66.00	
City Little Rock	State AR	Zip Code 72204	Transaction ID : 9cbd0448-6aa3-421c-b
Purpose of Expenditure Mileage	Category/ Type 002	Date of Disbursement or Obligation MM / DD / YYYY 10 / 20 / 2014	
Name of Federal Candidate Mr. Mark L Pryor		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: AR
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	

Full Name of Payee Beverly Williams		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 20 / 2014	
Mailing Address 3007 Darden Rd		Amount 80.00	
City Greensboro	State NC	Zip Code 27407	Transaction ID : 3e65944a-890c-44b7-b
Purpose of Expenditure Salary	Category/ Type 001	Date of Disbursement or Obligation MM / DD / YYYY 10 / 20 / 2014	
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: NC
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	146.00
(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

 MM / DD / YYYY
 05 / 18 / 2015

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 634 OF 3250
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC		FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on		M M M / D D D / Y Y Y Y Y Y	
Full Name of Payee Heather Ainsworth		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 10 / 20 / 2014	
Mailing Address 9685 Paula St		Amount 80.00	
City Keithville	State LA	Zip Code 71047	Transaction ID : 0d89ed9d-5aa1-4d26-9
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 10 / 20 / 2014
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: LA
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Heather Ainsworth		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 10 / 20 / 2014	
Mailing Address 9685 Paula St		Amount 21.00	
City Keithville	State LA	Zip Code 71047	Transaction ID : 291698b1-9dce-4cb0-a
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 10 / 20 / 2014
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: LA
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶		101.00	
(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]	
Signature		Date M M M / D D D / Y Y Y Y Y Y 05 / 18 / 2015	

Full Name of Payee Kaleigh J Wagner		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 20 / 2014	
Mailing Address 18065 Wayne Rd		Amount 75.00	
City Odessa	State FL	Zip Code 33556	Transaction ID : aaa08128-eb07-45ba-b
Purpose of Expenditure Salary	Category/ Type	001	Date of Disbursement or Obligation MM / DD / YYYY 10 / 20 / 2014
Name of Federal Candidate Mr. Mark L Pryor	☐ Support ☒ Oppose	Office Sought: ☐ President ☒ Senate	District: 00 State: AR
Calendar Year-To-Date Per Election for Office Sought	292370.62	Disbursement For: 2014 ☐ Other (specify) ▶	☐ Primary ☒ General

Full Name of Payee Lucas H Hoyle		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 20 / 2014	
Mailing Address 282 Falls Ave		Amount 20.00	
City Granite Falls	State NC	Zip Code 28630	Transaction ID : 07d9de0e-314d-4ea7-8 Date of Disbursement or Obligation MM / DD / YYYY 10 / 20 / 2014
Purpose of Expenditure Salary	Category/ Type 001		
Name of Federal Candidate Ms. Kay Hagan	☐ Support ☒ Oppose	Office Sought: ☐ President ☒ Senate	District: 00 State: NC
Calendar Year-To-Date Per Election for Office Sought	1095959.94	Disbursement For: 2014 ☐ Primary ☒ General ☐ Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	95.00
(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.

Date _____

Signature

Full Name of Payee Lucas H Hoyle		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 20 / 2014	
Mailing Address 282 Falls Ave		Amount 8.10	
City Granite Falls	State NC	Zip Code 28630	Transaction ID : 03f6dd87-b3f8-4079-9 Date of Disbursement or Obligation MM / DD / YYYY 10 / 20 / 2014
Purpose of Expenditure Mileage	Category/ Type	002	
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House ☒ Senate ☐ President ☒ Senate
Calendar Year-To-Date Per Election for Office Sought		1095959.94	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶

Full Name of Payee Randy M Gold		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 20 / 2014	
Mailing Address 1436 Haigs Creek Dr		Amount 75.00	
City Elgin	State SC	Zip Code 29045	Transaction ID : 7d3629de-3980-45e3-9
Purpose of Expenditure Salary	Category/ Type	001	Date of Disbursement or Obligation MM / DD / YYYY 10 / 20 / 2014
Name of Federal Candidate Mr. Mark L Pryor	☐ Support ☒ Oppose	Office Sought: ☐ President ☒ Senate	District: 00 State: AR
Calendar Year-To-Date Per Election for Office Sought	292370.62		Disbursement For: 2014 ☐ Primary ☒ General ☐ Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	83.10
(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.

Date / /

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 637 OF 3250
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on MM / DD / YYYY					
Full Name of Payee Randy M Gold			Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 20 / 2014		
Mailing Address 1436 Haigs Creek Dr			Amount 37.71		
City Elgin	State SC	Zip Code 29045	Transaction ID : 3a363f9a-b85c-4963-a Date of Disbursement or Obligation MM / DD / YYYY 10 / 20 / 2014		
Purpose of Expenditure Mileage		Category/ Type 002			
Name of Federal Candidate Mr. Mark L Pryor		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: AR		
Calendar Year-To-Date Per Election for Office Sought		292370.62	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
Full Name of Payee Amelia Brackett			Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 20 / 2014		
Mailing Address 804 Roundabout Circle			Amount 90.00		
City Searcy	State AR	Zip Code 72143	Transaction ID : 8558b680-50e0-4cbf-a Date of Disbursement or Obligation MM / DD / YYYY 10 / 20 / 2014		
Purpose of Expenditure Salary		Category/ Type 001			
Name of Federal Candidate Mr. Mark L Pryor		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: AR		
Calendar Year-To-Date Per Election for Office Sought		292370.62	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			127.71		
(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.					
Signature Ms. Emily Buchanan		[Electronically Filed]		Date MM / DD / YYYY 05 / 18 / 2015	

Full Name of Payee Randy G Lookabill		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 20 / 2014	
Mailing Address 200 Carawood Lane		Amount 3.00	
City Lexington	State NC	Zip Code 27295	Transaction ID : 14410bd7-a8c4-47a1-b Date of Disbursement or Obligation MM / DD / YYYY 10 / 20 / 2014
Purpose of Expenditure Mileage	Category/ Type	002	
Name of Federal Candidate Ms. Kay Hagan	☐ Support ☒ Oppose	Office Sought: ☐ President ☒ Senate	District: 00 State: NC
Calendar Year-To-Date Per Election for Office Sought	1095959.94	Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	23.00
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

FEC Schedule E (Form 3X) Rev. 09/2013

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 639 OF 3250
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC		FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M / D D / Y Y Y Y			
Full Name of Payee Kathryn M Wolfe		Date of Public Distribution/Dissemination 10 / 20 / 2014	
Mailing Address 204 W 9th St		Amount 15.00	
City Pittsburg	State KS	Zip Code 66762	Transaction ID : 1ffc13c9-45ff-4b4e-9
Purpose of Expenditure Salary	Category/ Type	001	Date of Disbursement or Obligation 10 / 20 / 2014
Name of Federal Candidate Mr. Greg Orman		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: KS
Calendar Year-To-Date Per Election for Office Sought		261541.03	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶
Full Name of Payee Kathryn M Wolfe		Date of Public Distribution/Dissemination 10 / 20 / 2014	
Mailing Address 204 W 9th St		Amount 7.20	
City Pittsburg	State KS	Zip Code 66762	Transaction ID : 9a6df3d4-d612-4cbf-a
Purpose of Expenditure Mileage	Category/ Type	002	Date of Disbursement or Obligation 10 / 20 / 2014
Name of Federal Candidate Mr. Greg Orman		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: KS
Calendar Year-To-Date Per Election for Office Sought		261541.03	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶		22.20	
(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.			
Signature Ms. Emily Buchanan		Date 05 / 18 / 2015	
		[Electronically Filed]	

Full Name of Payee Ashley n Thompson		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 20 / 2014	
Mailing Address 272 Westgate Ct Apt 6		Amount 9.00	
City Lexington	State NC	Zip Code 27295	Transaction ID : a7c0b739-a731-4930-b Date of Disbursement or Obligation MM / DD / YYYY 10 / 20 / 2014
Purpose of Expenditure Mileage		Category/ Type 002	
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: NC
Calendar Year-To-Date Per Election for Office Sought		1095959.94	Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	29.00
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

FEC Schedule E (Form 3X) Rev. 09/2013

Full Name of Payee Kaitlyn B Allen		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 20 / 2014	
Mailing Address 2121 Daniel Dr		Amount 55.20	
City	State	Zip Code	Transaction ID : 98d5dba1-2564-4440-9 Date of Disbursement or Obligation MM / DD / YYYY 10 / 20 / 2014
Searcy	AR	72143	
Purpose of Expenditure Mileage		Category/ Type	002
Name of Federal Candidate Mr. Mark L Pryor		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: AR
Calendar Year-To-Date Per Election for Office Sought		292370.62	Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶ 145.20
(b) SUBTOTAL of Unitemized Independent Expenditures	▶
(c) TOTAL Independent Expenditures.....	▶

FEC Schedule E (Form 3X) Rev. 09/2013

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 642 OF 3250
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC		FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on		M M M / D D D / Y Y Y Y Y Y	
Full Name of Payee Joshua J Huffman		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 10 / 20 / 2014	
Mailing Address 211 Dixie Ave		Amount 50.00	
City Harrisonburg	State VA	Zip Code 22801	Transaction ID : bf951225-f6ef-41d3-8
Purpose of Expenditure Salary	Category/Type 001	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 10 / 20 / 2014	
Name of Federal Candidate Mr. Greg Orman		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: KS
Calendar Year-To-Date Per Election for Office Sought 261541.03		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Trevor D Hageman		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 10 / 20 / 2014	
Mailing Address 5521 Randolph St		Amount 30.00	
City Marrero	State LA	Zip Code 70072	Transaction ID : f73f88ea-dea4-4363-a
Purpose of Expenditure Salary	Category/Type 001	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 10 / 20 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: LA
Calendar Year-To-Date Per Election for Office Sought 554635.78		Disbursement For: ☐ Primary ☒ 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.			
Signature Ms. Emily Buchanan		Date M M M / D D D / Y Y Y Y Y Y 05 / 18 / 2015	
		[Electronically Filed]	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 643 OF 3250
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M M / D D D / Y Y Y Y Y Y					
Full Name of Payee Evelyn Lesaicherre			Date of Public Distribution/Dissemination 10 / 20 / 2014		
Mailing Address 629 Radiance Ave			Amount 80.00		
City Metairie	State LA	Zip Code 70001	Transaction ID : 176481cb-13d0-4181-a		
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation 10 / 20 / 2014		
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: LA		
Calendar Year-To-Date Per Election for Office Sought		554635.78	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
Full Name of Payee Evelyn Lesaicherre			Date of Public Distribution/Dissemination 10 / 20 / 2014		
Mailing Address 629 Radiance Ave			Amount 3.00		
City Metairie	State LA	Zip Code 70001	Transaction ID : cf03251b-b430-46ee-9		
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement or Obligation 10 / 20 / 2014		
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: LA		
Calendar Year-To-Date Per Election for Office Sought		554635.78	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			83.00		
(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 05 / 18 / 2015		
Signature					

Full Name of Payee Gregory Green		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 20 / 2014	
Mailing Address 2506 Bolch Street		Amount 32.40	
City Shreveport	State LA	Zip Code 71104	Transaction ID : 221a6ff2-7ebb-4d02-9
Purpose of Expenditure Mileage	Category/ Type	002	Date of Disbursement or Obligation MM / DD / YYYY 10 / 20 / 2014
Name of Federal Candidate Ms. Mary L Landrieu	☐ Support ☒ Oppose	Office Sought: ☐ House ☒ Senate	District: 00 State: LA
Calendar Year-To-Date Per Election for Office Sought	554635.78	Disbursement For: ☐ Primary ☒ 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.

Date / /

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 645 OF 3250
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M / D D / Y Y Y Y Y Y					
Full Name of Payee Lilly Green			Date of Public Distribution/Dissemination 10 / 20 / 2014		
Mailing Address 205 Medallion Circle			Amount 80.00		
City Shreveport	State LA	Zip Code 71119	Transaction ID : d8ad9404-ff02-4572-a		
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation 10 / 20 / 2014		
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>LA</u>		
Calendar Year-To-Date Per Election for Office Sought		554635.78	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
Full Name of Payee Lilly Green			Date of Public Distribution/Dissemination 10 / 20 / 2014		
Mailing Address 205 Medallion Circle			Amount 62.70		
City Shreveport	State LA	Zip Code 71119	Transaction ID : 839870c9-0820-4762-b		
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement or Obligation 10 / 20 / 2014		
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>LA</u>		
Calendar Year-To-Date Per Election for Office Sought		554635.78	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			142.70		
(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.					
Signature Ms. Emily Buchanan		[Electronically Filed]		Date 05 / 18 / 2015	

Full Name of Payee Jeanne Tribou			Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 20 / 2014		
Mailing Address 22369 Ponderosa Dr.			Amount 5.10		
City Mandeville	State LA	Zip Code 70471	Transaction ID : b580f2f2-b6db-44f3-9 Date of Disbursement or Obligation MM / DD / YYYY 10 / 20 / 2014		
Purpose of Expenditure Mileage		Category/ Type 002			
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House ☒ Senate ☐ President ☒ Senate		
Calendar Year-To-Date Per Election for Office Sought 554635.78		Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ▶			

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	25.10
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

Signature

Full Name of Payee Anselma A Trinidad		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 20 / 2014	
Mailing Address 7915 Curtina Ln		Amount 80.00	
City Lewisville	State NC	Zip Code 27023	Transaction ID : eb6b1898-b188-403a-9
Purpose of Expenditure Salary	Category/ Type	001	Date of Disbursement or Obligation MM / DD / YYYY 10 / 20 / 2014
Name of Federal Candidate Ms. Kay Hagan	☐ Support ☒ Oppose	Office Sought: ☐ President ☒ Senate	District: 00 State: NC
Calendar Year-To-Date Per Election for Office Sought	1095959.94	Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....	84.00
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures.....	

FEC Schedule E (Form 3X) Rev. 09/2013

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 648 OF 3250
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC		FEC IDENTIFICATION NUMBER ▼ C C00530766
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on		MM / DD / YYYY

Full Name of Payee Lisa Booth		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 20 / 2014
Mailing Address 1434 South Avenue		Amount 100.00
City Eden	State NC	Zip Code 27288
Purpose of Expenditure Salary	Category/Type 001	Transaction ID : cf490509-0a1e-4bad-a Date of Disbursement or Obligation MM / DD / YYYY 10 / 20 / 2014
Name of Federal Candidate Ms. Kay Hagan		Office Sought: ☐ House District: 00 ☒ Senate State: NC
Calendar Year-To-Date Per Election for Office Sought 1095959.94		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶

Full Name of Payee Lisa Booth		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 20 / 2014
Mailing Address 1434 South Avenue		Amount 20.40
City Eden	State NC	Zip Code 27288
Purpose of Expenditure Mileage	Category/Type 002	Transaction ID : 18349ecf-4009-439a-b Date of Disbursement or Obligation MM / DD / YYYY 10 / 20 / 2014
Name of Federal Candidate Ms. Kay Hagan		Office Sought: ☐ House District: 00 ☒ Senate State: NC
Calendar Year-To-Date Per Election for Office Sought 1095959.94		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	120.40
(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]

Signature

Date

MM / DD / YYYY
05 / 18 / 2015

Full Name of Payee Kristina M Jinkens		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 20 / 2014	
Mailing Address 2138 N 1000 Rd		Amount 30.00	
City Eudora	State KS	Zip Code 66025	Transaction ID : 9e663bdd-ab26-43e4-b
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation MM / DD / YYYY 10 / 20 / 2014
Name of Federal Candidate Mr. Greg Orman		☐ Support ☒ Oppose	Office Sought: ☐ House ☒ Senate ☐ President ☐ Other
Calendar Year-To-Date Per Election for Office Sought 261541.03		District: 00 State: KS Disbursement For: ☐ Primary ☒ General ☐ Other (specify)	

Full Name of Payee Courtney Goldstein			Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 20 / 2014		
Mailing Address 1809 N Woodlawn			Amount 90.00		
City	State	Zip Code	Transaction ID : 7eb9d55f-7de8-41d8-b Date of Disbursement or Obligation MM / DD / YYYY 10 / 20 / 2014		
Metairie	LA	70001			
Purpose of Expenditure Salary		Category/ Type	001		
Name of Federal Candidate		☐ Support ☒ Oppose	Office Sought: ☐ House ☒ Senate ☐ President ☐ Other (specify) _____		
Ms. Mary L Landrieu			District: <u>00</u> State: <u>LA</u>		
Calendar Year-To-Date Per Election for Office Sought		554635.78			
		Disbursement For: ☐ Primary ☒ General ☐ 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.

Date _____

Signature

Full Name of Payee Acgranar R Minix			Date of Public Distribution/Dissemination M M / D D / Y Y Y Y 10 / 20 / 2014		
Mailing Address 4201 Lakeshore Dr			Amount 50.00		
City Shreveport	State LA	Zip Code 71109	Transaction ID : 5788b69c-16de-40be-8 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 10 / 20 / 2014		
Purpose of Expenditure Salary		Category/ Type 001			
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House ☒ Senate ☐ President ☐ Other (specify) ▶ _____		
Calendar Year-To-Date Per Election for Office Sought		554635.78	Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ▶ _____		

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	55.40
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

05 / 18 / 2015

FEC Schedule E (Form 3X) Rev. 09/2013

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 651 OF 3250
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on / /					
Full Name of Payee Acgranar R Minix			Date of Public Distribution/Dissemination / / 10 / 20 / 2014		
Mailing Address 4201 Lakeshore Dr			Amount 15.60		
City Shreveport	State LA	Zip Code 71109	Transaction ID : 4018f3e9-b664-4302-a Date of Disbursement or Obligation / / 10 / 20 / 2014		
Purpose of Expenditure Mileage		Category/ Type 002			
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>LA</u>		
Calendar Year-To-Date Per Election for Office Sought 554635.78			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶ _____		
Full Name of Payee Aleksandra B Padua			Date of Public Distribution/Dissemination / / 10 / 20 / 2014		
Mailing Address 110 Bridge gate Dr			Amount 50.00		
City Cary	State NC	Zip Code 27519	Transaction ID : 3d077cc8-aa8f-4067-a Date of Disbursement or Obligation / / 10 / 20 / 2014		
Purpose of Expenditure Salary		Category/ Type 001			
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>NC</u>		
Calendar Year-To-Date Per Election for Office Sought 1095959.94			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶ _____		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			 65.60		
(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.					
Signature <i>Ms. Emily Buchanan</i>		[Electronically Filed]		Date / / 05 / 18 / 2015	

Full Name of Payee Jacob W Joosten		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 20 / 2014	
Mailing Address 1906 S Pine Apt B		Amount 25.00	
City Pittsburg	State KS	Zip Code 66762	Transaction ID : 0674371d-1d73-4d45-9 Date of Disbursement or Obligation MM / DD / YYYY 10 / 20 / 2014
Purpose of Expenditure Salary		Category/ Type 001	
Name of Federal Candidate Mr. Greg Orman		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: KS
Calendar Year-To-Date Per Election for Office Sought		261541.03	Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ►

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	37.96
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

FEC Schedule E (Form 3X) Rev. 09/2013

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 653 OF 3250
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M M / D D D / Y Y Y Y Y Y					
Full Name of Payee Jacob W Joosten			Date of Public Distribution/Dissemination 10 / 20 / 2014		
Mailing Address 1906 S Pine Apt B			Amount 3.60		
City Pittsburg	State KS	Zip Code 66762	Transaction ID : 1ff29036-6cf4-4e63-a Date of Disbursement or Obligation 10 / 20 / 2014		
Purpose of Expenditure Mileage		Category/ Type 002			
Name of Federal Candidate Mr. Greg Orman		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: KS		
Calendar Year-To-Date Per Election for Office Sought		261541.03	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
Full Name of Payee Ralph Smith			Date of Public Distribution/Dissemination 10 / 20 / 2014		
Mailing Address 2090 Fancy Gap Rd			Amount 80.00		
City Mt. Airy	State NC	Zip Code 27030	Transaction ID : dc10ec66-8282-4e86-a Date of Disbursement or Obligation 10 / 20 / 2014		
Purpose of Expenditure Salary		Category/ Type 001			
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: NC		
Calendar Year-To-Date Per Election for Office Sought		1095959.94	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			83.60		
(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.					
Signature Ms. Emily Buchanan		[Electronically Filed]		Date 05 / 18 / 2015	

Full Name of Payee Ralph Smith		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 20 / 2014	
Mailing Address 2090 Fancy Gap Rd		Amount 21.54	
City Mt. Airy	State NC	Zip Code 27030	Transaction ID : 9297bab8-2a26-4da0-9 Date of Disbursement or Obligation MM / DD / YYYY 10 / 20 / 2014
Purpose of Expenditure Mileage		Category/ Type 002	
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House ☒ Senate ☐ President District: 00 State: NC
Calendar Year-To-Date Per Election for Office Sought 1095959.94		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	

Full Name of Payee Christine Stevens		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 20 / 2014	
Mailing Address 100 Asbury Ct		Amount 80.00	
City Winchester	State VA	Zip Code 22602	Transaction ID : 0dc1f7e9-0586-40b8-a Date of Disbursement or Obligation MM / DD / YYYY 10 / 20 / 2014
Purpose of Expenditure Salary	Category/ Type 001		
Name of Federal Candidate Mr. Greg Orman	☐ Support ☒ Oppose	Office Sought: ☐ President ☒ Senate ☐ Other (specify) ▶	District: 00 State: KS ☐ Primary ☒ General
Calendar Year-To-Date Per Election for Office Sought	261541.03		

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	101.54
(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.

Date _____

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 655 OF 3250
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC		FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on		M M M / D D D / Y Y Y Y Y Y	
Full Name of Payee Jazmine d Conner		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 10 / 20 / 2014	
Mailing Address 100 ASBURY CT		Amount 80.00	
City WINCHESTER	State VA	Zip Code 22602	Transaction ID : df826942-dfef-44c8-8
Purpose of Expenditure Salary		Category/Type 001	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 10 / 20 / 2014
Name of Federal Candidate Mr. Greg Orman		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: KS
Calendar Year-To-Date Per Election for Office Sought 261541.03		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Joseph R English		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 10 / 20 / 2014	
Mailing Address 915 East Market Ave Apt 4		Amount 60.00	
City Searcy	State AR	Zip Code 72143	Transaction ID : a5247931-5f8d-4c20-a
Purpose of Expenditure Salary		Category/Type 001	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 10 / 20 / 2014
Name of Federal Candidate Mr. Mark L Pryor		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: AR
Calendar Year-To-Date Per Election for Office Sought 292370.62		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶		140.00	
(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.			
Signature Ms. Emily Buchanan		Date 05 / 18 / 2015	
		[Electronically Filed]	

Full Name of Payee Joseph R English		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 20 / 2014	
Mailing Address 915 East Market Ave Apt 4		Amount 39.00	
City	State	Zip Code	Transaction ID : 7f2ba052-6110-448e-a Date of Disbursement or Obligation MM / DD / YYYY 10 / 20 / 2014
Searcy	AR	72143	
Purpose of Expenditure Mileage		Category/ Type	002
Name of Federal Candidate Mr. Mark L Pryor		☐ Support ☒ Oppose	Office Sought: ☐ House ☒ Senate ☐ President District: 00 State: AR
Calendar Year-To-Date Per Election for Office Sought		292370.62	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶

Full Name of Payee Jon E Conner		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 20 / 2014	
Mailing Address 100 Asbury Ct		Amount 70.00	
City Winchester	State VA	Zip Code 22602	Transaction ID : 54beaab0-9d54-4a60-9
Purpose of Expenditure Salary	Category/ Type	001	Date of Disbursement or Obligation MM / DD / YYYY 10 / 20 / 2014
Name of Federal Candidate Mr. Greg Orman	☐ Support ☒ Oppose	Office Sought: ☐ House ☒ Senate	District: 00 State: KS
Calendar Year-To-Date Per Election for Office Sought	261541.03	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	109.00
(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.

Date / /

Signature

Full Name of Payee Shelbi L Randall		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 20 / 2014	
Mailing Address 202 East Park Ave Apt 40		Amount 26.22	
City	State	Zip Code	Transaction ID : 3ad86228-be7b-4c1e-b Date of Disbursement or Obligation MM / DD / YYYY 10 / 20 / 2014
Searcy	AR	72143	
Purpose of Expenditure Mileage		Category/ Type	002
Name of Federal Candidate Mr. Mark L Pryor		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: AR
Calendar Year-To-Date Per Election for Office Sought		292370.62	
		Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....	81.22
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures.....	

Signature

Full Name of Payee Rodney D Culbreth		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 20 / 2014	
Mailing Address 100 Asbury CT 3200 Dam Neck Rd		Amount 80.00	
City Winchester	State VA	Zip Code 22602	Transaction ID : fe26bedc-c196-43e0-9 Date of Disbursement or Obligation MM / DD / YYYY 10 / 20 / 2014
Purpose of Expenditure Salary	Category/ Type	001	
Name of Federal Candidate Mr. Greg Orman		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: KS
Calendar Year-To-Date Per Election for Office Sought		261541.03	Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	160.00
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

FEC Schedule E (Form 3X) Rev. 09/2013

Full Name of Payee Shantal C Culbreath		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 20 / 2014	
Mailing Address 4691 Hercules Lane		Amount 100.00	
City Woodbridge	State VA	Zip Code 22193	Transaction ID : cacf38cf-2edd-423b-a Date of Disbursement or Obligation MM / DD / YYYY 10 / 20 / 2014
Purpose of Expenditure Salary		Category/ Type 001	
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House ☒ Senate ☐ President ☐ Other (specify) _____
Calendar Year-To-Date Per Election for Office Sought		554635.78	Disbursement For: ☐ Primary ☒ General ☐ Other (specify) _____

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	180.00
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 660 OF 3250
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M M / D D D / Y Y Y Y Y Y				
Full Name of Payee Brieshauna M Stevens			Date of Public Distribution/Dissemination 10 / 20 / 2014	
Mailing Address 1703 Torrey Pines Ct			Amount 70.00	
City Reston	State VA	Zip Code 20190	Transaction ID : 63ec5681-8eea-4d66-a Date of Disbursement or Obligation 10 / 20 / 2014	
Purpose of Expenditure Salary		Category/ Type 001		
Name of Federal Candidate Mr. Greg Orman		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: KS	
Calendar Year-To-Date Per Election for Office Sought		261541.03	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Jacob T Craig			Date of Public Distribution/Dissemination 10 / 20 / 2014	
Mailing Address 1410 Bushville Dr			Amount 25.00	
City Lenoir	State NC	Zip Code 28645	Transaction ID : 8d938219-377a-4d75-a Date of Disbursement or Obligation 10 / 20 / 2014	
Purpose of Expenditure Salary		Category/ Type 001		
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: NC	
Calendar Year-To-Date Per Election for Office Sought		1095959.94	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			95.00	
(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.				
Signature Ms. Emily Buchanan		[Electronically Filed]		Date 05 / 18 / 2015

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 661 OF 3250
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M / D D / Y Y Y Y				
Full Name of Payee Kelly Dolan			Date of Public Distribution/Dissemination 10 / 20 / 2014	
Mailing Address 543 S 2nd St			Amount 70.00	
City Bellaire	State NC	Zip Code 77401	Transaction ID : 784d6754-6775-4699-a Date of Disbursement or Obligation 10 / 20 / 2014	
Purpose of Expenditure Salary		Category/ Type 001		
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>LA</u>	
Calendar Year-To-Date Per Election for Office Sought		554635.78	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Kelly Dolan			Date of Public Distribution/Dissemination 10 / 20 / 2014	
Mailing Address 543 S 2nd St			Amount 6.90	
City Bellaire	State NC	Zip Code 77401	Transaction ID : b2b3bb44-0d81-453a-b Date of Disbursement or Obligation 10 / 20 / 2014	
Purpose of Expenditure Mileage		Category/ Type 002		
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>LA</u>	
Calendar Year-To-Date Per Election for Office Sought		554635.78	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			76.90	
(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 05 / 18 / 2015	
Signature				

Full Name of Payee April A Watson		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 20 / 2014	
Mailing Address 30217 Crook Rd		Amount 25.00	
City Cleveland	State MO	Zip Code 64734	Transaction ID : 898105af-446b-41c3-8 Date of Disbursement or Obligation MM / DD / YYYY 10 / 20 / 2014
Purpose of Expenditure Salary		Category/ Type 001	
Name of Federal Candidate Mr. Greg Orman		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: KS
Calendar Year-To-Date Per Election for Office Sought 261541.03		Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ▶	

Full Name of Payee April A Watson		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 20 / 2014	
Mailing Address 30217 Crook Rd		Amount 12.96	
City Cleveland	State MO	Zip Code 64734	Transaction ID : cb0db4f1-56fa-44c5-b Date of Disbursement or Obligation MM / DD / YYYY 10 / 20 / 2014
Purpose of Expenditure Mileage		Category/ Type 002	
Name of Federal Candidate Mr. Greg Orman		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: KS
Calendar Year-To-Date Per Election for Office Sought 261541.03		Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	37.96
(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.

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 663 OF 3250
 FOR LINE 24 OF FORM 3X

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

Full Name of Payee Jeremy Hollar		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 20 / 2014	
Mailing Address 121 Meadowview Drive		Amount 20.00	
City Boone	State NC	Zip Code 28607	Transaction ID : 2f4c93dd-fac8-475e-8
Purpose of Expenditure Salary	Category/Type 001	Date of Disbursement or Obligation MM / DD / YYYY 10 / 20 / 2014	
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: NC	
Calendar Year-To-Date Per Election for Office Sought 1095959.94		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	

Full Name of Payee Jeremy Hollar		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 20 / 2014	
Mailing Address 121 Meadowview Drive		Amount 20.70	
City Boone	State NC	Zip Code 28607	Transaction ID : a0ba26a2-61b7-415d-9
Purpose of Expenditure Mileage	Category/Type 002	Date of Disbursement or Obligation MM / DD / YYYY 10 / 20 / 2014	
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: NC	
Calendar Year-To-Date Per Election for Office Sought 1095959.94		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	40.70
(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

MM / DD / YYYY
05 / 18 / 2015

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 664 OF 3250
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M / D D / Y Y Y Y					
Full Name of Payee Tylan S Green			Date of Public Distribution/Dissemination 10 / 20 / 2014		
Mailing Address 2320 Saint Nick Dr			Amount 80.00		
City New Orleans	State LA	Zip Code 70131	Transaction ID : 7102dc1e-1f41-4345-8		
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation 10 / 20 / 2014		
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: LA		
Calendar Year-To-Date Per Election for Office Sought		554635.78	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
Full Name of Payee Tylan S Green			Date of Public Distribution/Dissemination 10 / 20 / 2014		
Mailing Address 2320 Saint Nick Dr			Amount 20.40		
City New Orleans	State LA	Zip Code 70131	Transaction ID : 8d44044b-0f17-4b3f-b		
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement or Obligation 10 / 20 / 2014		
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: LA		
Calendar Year-To-Date Per Election for Office Sought		554635.78	Disbursement For: ☐ Primary ☒ 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.					
Signature Ms. Emily Buchanan		[Electronically Filed]		Date 05 / 18 / 2015	

Full Name of Payee Danielle McCoy			Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 20 / 2014		
Mailing Address 1025 Cayley Ct			Amount 18.30		
City High Point	State NC	Zip Code 27260	Transaction ID : 2ca3850d-bbdb-40f7-9 Date of Disbursement or Obligation MM / DD / YYYY 10 / 20 / 2014		
Purpose of Expenditure Mileage		Category/ Type 002			
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House ☒ Senate ☐ President ☐ Other (specify) _____		
Calendar Year-To-Date Per Election for Office Sought		1095959.94	Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ► _____		

(a) SUBTOTAL of Itemized Independent Expenditures.....	73.30
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures.....	

05 / 18 / 2015

FEC Schedule E (Form 3X) Rev. 09/2013

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 666 OF 3250
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M M / D D D / Y Y Y Y Y Y					
Full Name of Payee Eleanor McCoy			Date of Public Distribution/Dissemination 10 / 20 / 2014		
Mailing Address 4902 Catawba Dr			Amount 40.00		
City Greensboro	State NC	Zip Code 27407	Transaction ID : fe55ca5b-d01d-4175-a Date of Disbursement or Obligation 10 / 20 / 2014		
Purpose of Expenditure Salary		Category/ Type 001			
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: NC		
Calendar Year-To-Date Per Election for Office Sought		1095959.94	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
Full Name of Payee Eleanor McCoy			Date of Public Distribution/Dissemination 10 / 20 / 2014		
Mailing Address 4902 Catawba Dr			Amount 17.10		
City Greensboro	State NC	Zip Code 27407	Transaction ID : a8c110ab-8611-4f73-b Date of Disbursement or Obligation 10 / 20 / 2014		
Purpose of Expenditure Mileage		Category/ Type 002			
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: NC		
Calendar Year-To-Date Per Election for Office Sought		1095959.94	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures.....▶			57.10		
(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 05 / 18 / 2015		
Signature					

Full Name of Payee Chris McCoy		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 20 / 2014	
Mailing Address 1025 Cayley Ct		Amount 16.80	
City High Point	State NC	Zip Code 27260	Transaction ID : 8e2d1bb5-ada2-4ebe-a Date of Disbursement or Obligation MM / DD / YYYY 10 / 20 / 2014
Purpose of Expenditure Mileage	Category/ Type 002		
Name of Federal Candidate Ms. Kay Hagan	☐ Support ☒ Oppose	Office Sought: ☐ President ☒ Senate	District: 00 State: NC
Calendar Year-To-Date Per Election for Office Sought	1095959.94	Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	56.80
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

05 / 18 / 2015

FEC Schedule E (Form 3X) Rev. 09/2013

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 668 OF 3250
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M M / D D D / Y Y Y Y Y Y					
Full Name of Payee Carl Brent			Date of Public Distribution/Dissemination 10 / 20 / 2014		
Mailing Address 6718 Lake Willow Dr			Amount 80.00		
City New Orleans	State LA	Zip Code 70126	Transaction ID : 581f0a83-0e46-483b-8		
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation 10 / 20 / 2014		
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: LA		
Calendar Year-To-Date Per Election for Office Sought		554635.78	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
Full Name of Payee Carl Brent			Date of Public Distribution/Dissemination 10 / 20 / 2014		
Mailing Address 6718 Lake Willow Dr			Amount 9.30		
City New Orleans	State LA	Zip Code 70126	Transaction ID : 7fca987f-f11e-44fe-9		
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement or Obligation 10 / 20 / 2014		
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: LA		
Calendar Year-To-Date Per Election for Office Sought		554635.78	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			89.30		
(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.					
Signature Ms. Emily Buchanan		[Electronically Filed]		Date 05 / 18 / 2015	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 669 OF 3250
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC	FEC IDENTIFICATION NUMBER ▼ C C00530766
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M M / D D D / Y Y Y Y Y Y	

Full Name of Payee Brandon Wheeler		Date of Public Distribution/Dissemination 10 / 20 / 2014	
Mailing Address 10112 Piney Creek Ct		Amount 85.00	
City Charolette	State NC	Zip Code 28215	Transaction ID : fd6463c7-957f-4fcb-b Date of Disbursement or Obligation 10 / 20 / 2014
Purpose of Expenditure Salary		Category/Type 001	
Name of Federal Candidate Mr. Mark L Pryor		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: AR
Calendar Year-To-Date Per Election for Office Sought		292370.62	
		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	

Full Name of Payee Brandon Wheeler		Date of Public Distribution/Dissemination 10 / 20 / 2014	
Mailing Address 10112 Piney Creek Ct		Amount 62.10	
City Charolette	State NC	Zip Code 28215	Transaction ID : 472fb659-024c-43ad-a Date of Disbursement or Obligation 10 / 20 / 2014
Purpose of Expenditure Mileage		Category/Type 002	
Name of Federal Candidate Mr. Mark L Pryor		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: AR
Calendar Year-To-Date Per Election for Office Sought		292370.62	
		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	147.10
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	0.00
(c) TOTAL Independent Expenditures..... ▶	147.10

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

05 / 18 / 2015

Signature

Full Name of Payee Julie M Gentry		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 20 / 2014	
Mailing Address 314 S Main St		Amount 7.44	
City Roxboro	State NC	Zip Code 27573	Transaction ID : c02fe3c6-abd0-4d46-a
Purpose of Expenditure Mileage	Category/ Type	002	Date of Disbursement or Obligation MM / DD / YYYY 10 / 20 / 2014
Name of Federal Candidate Ms. Kay Hagan	☐ Support ☒ Oppose	Office Sought: ☐ President ☒ Senate	District: 00 State: NC
Calendar Year-To-Date Per Election for Office Sought	1095959.94	Disbursement For: ☐ Primary ☒ General	☐ Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	42.44
(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.

Date _____

Signature

Full Name of Payee Mr. Roger McKinney			Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 20 / 2014		
Mailing Address 308 West Main Street			Amount 113.30		
City Pilot Mountain	State NC	Zip Code 27041	Transaction ID : 79649545-ec6f-4155-8 Date of Disbursement or Obligation MM / DD / YYYY 10 / 20 / 2014		
Purpose of Expenditure Salary		Category/ Type 001			
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House ☒ Senate ☐ President ☐ Other (specify) ▶		
Calendar Year-To-Date Per Election for Office Sought		1095959.94	Disbursement For: ☐ Primary ☒ General 2014		

Full Name of Payee Mr. Roger McKinney			Date of Public Distribution/Dissemination M M / D D / Y Y Y Y 10 / 20 / 2014		
Mailing Address 308 West Main Street			Amount 35.28		
City	State	Zip Code	Transaction ID : 6a7a75b5-6443-4bbb-9 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 10 / 20 / 2014		
Pilot Mountian	NC	27041			
Purpose of Expenditure Mileage		Category/ Type	M M / D D / Y Y Y Y Y Y 10 / 20 / 2014		
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House ☒ Senate District: <u>00</u> State: <u>NC</u>		
Calendar Year-To-Date Per Election for Office Sought		1095959.94	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ► _____		

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	148.58
(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.

Date _____

Signature

05 / 18 / 2015

Full Name of Payee Glenda McKinney		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 20 / 2014	
Mailing Address 308 West Main Street		Amount 113.30	
City Plot Mountain	State NC	Zip Code 27041	Transaction ID : 4a0d9ed0-0157-4919-a Date of Disbursement or Obligation MM / DD / YYYY 10 / 20 / 2014
Purpose of Expenditure Salary	Category/ Type	001	
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: NC
Calendar Year-To-Date Per Election for Office Sought		1095959.94	Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ▶

Full Name of Payee Jeffrey Hampton		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 20 / 2014	
Mailing Address 1700 E Part Ave		Amount 34.00	
City	State	Zip Code	Transaction ID : fd10ec83-1a7c-4067-a Date of Disbursement or Obligation MM / DD / YYYY 10 / 20 / 2014
Searcy	AR	72149	
Purpose of Expenditure Salary		Category/ Type	001
Name of Federal Candidate Mr. Mark L Pryor		☐ Support ☒ Oppose	Office Sought: ☐ House ☒ Senate ☐ President ☒ Senate District: 00 State: AR
Calendar Year-To-Date Per Election for Office Sought		292370.62	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	147.30
(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.

Date _____

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 673 OF 3250
 FOR LINE 24 OF FORM 3X

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

Full Name of Payee Jeffrey Hampton		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 20 / 2014	
Mailing Address 1700 E Part Ave		Amount 22.62	
City Searcy	State AR	Zip Code 72149	Transaction ID : d686700f-07b9-4199-a
Purpose of Expenditure Mileage	Category/ Type	Date of Disbursement or Obligation MM / DD / YYYY 10 / 20 / 2014	
Name of Federal Candidate Mr. Mark L Pryor		☐ Support ☒ Oppose Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: AR	
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	

Full Name of Payee Carol L Walters		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 20 / 2014	
Mailing Address 1900 Glen West Way		Amount 75.00	
City Fort Smith	State AR	Zip Code 72916	Transaction ID : a65ff157-1639-4550-8
Purpose of Expenditure Salary	Category/ Type	Date of Disbursement or Obligation MM / DD / YYYY 10 / 20 / 2014	
Name of Federal Candidate Mr. Mark L Pryor		☐ Support ☒ Oppose Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: AR	
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	97.62
(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

MM / DD / YYYY
05 / 18 / 2015

Signature

Full Name of Payee ERIC TABARY		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 20 / 2014	
Mailing Address 6101 NORA ST		Amount 70.00	
City METAIRIE	State LA	Zip Code 70003	Transaction ID : f653d680-9bd4-430b-a
Purpose of Expenditure Salary	Category/ Type	001	Date of Disbursement or Obligation MM / DD / YYYY 10 / 20 / 2014
Name of Federal Candidate Ms. Mary L Landrieu	☐ Support ☒ Oppose	Office Sought: ☐ House ☐ President	District: 00 State: LA ☒ Senate
Calendar Year-To-Date Per Election for Office Sought	554635.78		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	71.80
(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.

Date _____

Signature

Full Name of Payee Anthony Pearson		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 21 / 2014	
Mailing Address 112 apache Dr		Amount 55.00	
City	State	Zip Code	Transaction ID : 25843cb5-7085-409e-a Date of Disbursement or Obligation MM / DD / YYYY 10 / 21 / 2014
Search	AR	72149	
Purpose of Expenditure Salary	Category/ Type	001	
Name of Federal Candidate	☐ Support ☒ Oppose	Office Sought:	☐ House District: 00 ☐ President ☒ Senate State: AR
Mr. Mark L Pryor		Disbursement For:	☐ Primary ☒ General 2014 ☐ Other (specify) ▶
Calendar Year-To-Date Per Election for Office Sought	292370.62		

Full Name of Payee Anthony Pearson		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 21 / 2014	
Mailing Address 112 apache Dr		Amount 12.00	
City Search	State AR	Zip Code 72149	Transaction ID : b1e41000-2ecb-4a79-a Date of Disbursement or Obligation MM / DD / YYYY 10 / 21 / 2014
Purpose of Expenditure Mileage	Category/ Type	002	
Name of Federal Candidate Mr. Mark L Pryor	☐ Support ☒ Oppose	Office Sought: ☐ President ☒ Senate	House District: 00 State: AR
Calendar Year-To-Date Per Election for Office Sought	292370.62	Disbursement For: 2014 ☐ Primary ☒ General ☐ Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	67.00
(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.

Date _____

Signature

Three digital displays are shown side-by-side, separated by slashes. The first display shows '05' with 'M' and 'M' above it. The second display shows '18' with 'D' and 'D' above it. The third display shows '2015' with 'Y', 'Y', 'Y', and 'Y' above it.

Full Name of Payee Dionne Vantuyl			Date of Public Distribution/Dissemination M M / D D / Y Y Y Y 10 / 21 / 2014		
Mailing Address 2334 NE Parvin Rd			Amount 3.00		
City Kansas City	State MO	Zip Code 64116	Transaction ID : e5273382-7984-4dca-a Date of Disbursement or Obligation M M / D D / Y Y Y Y 10 / 21 / 2014		
Purpose of Expenditure Mileage		Category/ Type 002			
Name of Federal Candidate Mr. Greg Orman		☐ Support ☒ Oppose	Office Sought: ☐ House ☒ Senate District: 00 State: KS ☐ President ☐ Other (specify) ▶		
Calendar Year-To-Date Per Election for Office Sought		261541.03	Disbursement For: ☐ Primary ☒ General 2014		

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	33.00
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 677 OF 3250
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC		FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on		M M M / D D D / Y Y Y Y Y Y	
Full Name of Payee Rebecca A Robertson		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 10 / 21 / 2014	
Mailing Address 403 S Prescott St		Amount 15.00	
City Wichita	State KS	Zip Code 67209	Transaction ID : 3a96ca8c-ffcc-4589-b
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 10 / 21 / 2014
Name of Federal Candidate Mr. Greg Orman		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: KS
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Rebecca A Robertson		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 10 / 21 / 2014	
Mailing Address 403 S Prescott St		Amount 2.40	
City Wichita	State KS	Zip Code 67209	Transaction ID : 7c0ced0e-4e95-4e5a-b
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 10 / 21 / 2014
Name of Federal Candidate Mr. Greg Orman		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: KS
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶		17.40	
(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]	
Signature		Date M M M / D D D / Y Y Y Y Y Y 05 / 18 / 2015	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 678 OF 3250
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M M / D D D / Y Y Y Y Y Y					
Full Name of Payee Jake Mathews			Date of Public Distribution/Dissemination 10 / 20 / 2014		
Mailing Address 6418 East 12 St			Amount 15.00		
City Wichita		State KS	Zip Code 67206		Transaction ID : cda8c5a8-f34d-4fe7-8
Purpose of Expenditure Salary		Category/ Type 001		Date of Disbursement or Obligation 10 / 20 / 2014	
Name of Federal Candidate Mr. Greg Orman			Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: KS		
Calendar Year-To-Date Per Election for Office Sought 261541.03			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
Full Name of Payee Jake Mathews			Date of Public Distribution/Dissemination 10 / 20 / 2014		
Mailing Address 6418 East 12 St			Amount 3.60		
City Wichita		State KS	Zip Code 67206		Transaction ID : de11a2ac-116d-4038-b
Purpose of Expenditure Mileage		Category/ Type 002		Date of Disbursement or Obligation 10 / 20 / 2014	
Name of Federal Candidate Mr. Greg Orman			Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: KS		
Calendar Year-To-Date Per Election for Office Sought 261541.03			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			18.60		
(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.					
Signature Ms. Emily Buchanan			Date 05 / 18 / 2015		
[Electronically Filed]					

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 679 OF 3250
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC		FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on		M M M / D D D / Y Y Y Y Y Y	
Full Name of Payee Ms. Tonya Boyd		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 10 / 20 / 2014	
Mailing Address 2357 Fancy Cap Rd		Amount 80.00	
City Mt. Airy	State NC	Zip Code 27030	Transaction ID : 51d5d5f1-aa6b-46f6-9
Purpose of Expenditure Salary	Category/ Type	001	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 10 / 20 / 2014
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: NC
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Ms. Tonya Boyd		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 10 / 20 / 2014	
Mailing Address 2357 Fancy Cap Rd		Amount 21.54	
City Mt. Airy	State NC	Zip Code 27030	Transaction ID : 0fba8bd9-bad2-42cc-b
Purpose of Expenditure Mileage	Category/ Type	002	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 10 / 20 / 2014
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: NC
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures.....		101.54	
(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]	
Signature		Date M M M / D D D / Y Y Y Y Y Y 05 / 18 / 2015	

Full Name of Payee Benjamin L Heitman			Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 20 / 2014		
Mailing Address 2520 Helmstetler Rd			Amount 5.40		
City Lexington	State NC	Zip Code 27295	Transaction ID : bf9f274c-979c-4d7c-9 Date of Disbursement or Obligation MM / DD / YYYY 10 / 20 / 2014		
Purpose of Expenditure Mileage		Category/ Type 002			
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House ☒ Senate ☐ President ☒ Senate		
Calendar Year-To-Date Per Election for Office Sought 1095959.94		Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ▶			

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	63.70
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

05 / 18 / 2015

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SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 681 OF 3250
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M / D D / Y Y Y Y					
Full Name of Payee Dylan J Sparks			Date of Public Distribution/Dissemination 10 / 20 / 2014		
Mailing Address 915 East Market Ave			Amount 70.00		
City Searcy	State AR	Zip Code 72149	Transaction ID : da4617db-6ce5-4fe2-8 Date of Disbursement or Obligation 10 / 20 / 2014		
Purpose of Expenditure Salary		Category/ Type 001			
Name of Federal Candidate Mr. Mark L Pryor		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>AR</u>		
Calendar Year-To-Date Per Election for Office Sought		292370.62	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶ _____		
Full Name of Payee Dylan J Sparks			Date of Public Distribution/Dissemination 10 / 20 / 2014		
Mailing Address 915 East Market Ave			Amount 63.60		
City Searcy	State AR	Zip Code 72149	Transaction ID : 13870d49-0718-474b-8 Date of Disbursement or Obligation 10 / 20 / 2014		
Purpose of Expenditure Mileage		Category/ Type 002			
Name of Federal Candidate Mr. Mark L Pryor		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>AR</u>		
Calendar Year-To-Date Per Election for Office Sought		292370.62	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶ _____		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			133.60		
(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.					
Signature Ms. Emily Buchanan		[Electronically Filed]		Date 05 / 18 / 2015	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 682 OF 3250
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M / D D / Y Y Y Y Y Y				
Full Name of Payee Edmond D Rea			Date of Public Distribution/Dissemination 10 / 20 / 2014	
Mailing Address 416 Vine Dr			Amount 70.00	
City Lawrence	State KS	Zip Code 66049	Transaction ID : 44c412c3-c797-4595-8	
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation 10 / 20 / 2014	
Name of Federal Candidate Mr. Greg Orman		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>KS</u>	
Calendar Year-To-Date Per Election for Office Sought		261541.03	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Edmond D Rea			Date of Public Distribution/Dissemination 10 / 20 / 2014	
Mailing Address 416 Vine Dr			Amount 16.89	
City Lawrence	State KS	Zip Code 66049	Transaction ID : 57108726-228d-4bca-b	
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement or Obligation 10 / 20 / 2014	
Name of Federal Candidate Mr. Greg Orman		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>KS</u>	
Calendar Year-To-Date Per Election for Office Sought		261541.03	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			86.89	
(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.				
Signature Ms. Emily Buchanan		[Electronically Filed]		Date 05 / 18 / 2015

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 683 OF 3250
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on / /					
Full Name of Payee Judith A Murphy			Date of Public Distribution/Dissemination / / 10 / 21 / 2014		
Mailing Address PO Box 37			Amount 25.00		
City East Bend		State NC	Zip Code 27018		Transaction ID : fab823cb-84f3-41ae-b
Purpose of Expenditure Salary		Category/ Type 001		Date of Disbursement or Obligation / / 10 / 21 / 2014	
Name of Federal Candidate Ms. Kay Hagan			☐ Support ☒ Oppose Office Sought: ☐ House ☒ Senate District: <u>00</u> ☐ President State: <u>NC</u>		
Calendar Year-To-Date Per Election for Office Sought 1095959.94			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶ _____		
Full Name of Payee Judith A Murphy			Date of Public Distribution/Dissemination / / 10 / 21 / 2014		
Mailing Address PO Box 37			Amount 12.38		
City East Bend		State NC	Zip Code 27018		Transaction ID : f86e4f2d-8634-4e5c-8
Purpose of Expenditure Mileage		Category/ Type 002		Date of Disbursement or Obligation / / 10 / 21 / 2014	
Name of Federal Candidate Ms. Kay Hagan			☐ Support ☒ Oppose Office Sought: ☐ House ☒ Senate District: <u>00</u> ☐ President State: <u>NC</u>		
Calendar Year-To-Date Per Election for Office Sought 1095959.94			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶ _____		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			 37.38		
(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.					
Signature Ms. Emily Buchanan			Date / / 05 / 18 / 2015		
[Electronically Filed]					

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 684 OF 3250
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M M / D D D / Y Y Y Y Y Y					
Full Name of Payee Eric J Smith			Date of Public Distribution/Dissemination 10 / 21 / 2014		
Mailing Address 4967 Dysartville			Amount 80.00		
City Morganton	State NC	Zip Code 28655	Transaction ID : 762805cf-d5a1-4acf-b		
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation 10 / 21 / 2014		
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: NC		
Calendar Year-To-Date Per Election for Office Sought		1095959.94	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
Full Name of Payee Jennifer E Smith			Date of Public Distribution/Dissemination 10 / 21 / 2014		
Mailing Address 4967 Dysartville Rd			Amount 80.00		
City Morganton	State NC	Zip Code 28655	Transaction ID : 81429c8d-2c0c-48c3-b		
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation 10 / 21 / 2014		
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: NC		
Calendar Year-To-Date Per Election for Office Sought		1095959.94	Disbursement For: ☐ Primary ☒ 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.					
Signature Ms. Emily Buchanan		[Electronically Filed]		Date 05 / 18 / 2015	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 685 OF 3250
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M M / D D D / Y Y Y Y Y Y				
Full Name of Payee Jennifer E Smith			Date of Public Distribution/Dissemination 10 / 21 / 2014	
Mailing Address 4967 Dysartsville Rd			Amount 6.60	
City Morganton	State NC	Zip Code 28655	Transaction ID : 89611871-6a01-42d7-8	
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement or Obligation 10 / 21 / 2014	
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: NC	
Calendar Year-To-Date Per Election for Office Sought		1095959.94	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Claud B Murphy JR			Date of Public Distribution/Dissemination 10 / 21 / 2014	
Mailing Address PO Box 37			Amount 25.00	
City East Bend	State NC	Zip Code 27018	Transaction ID : 4624c76f-50c5-4fad-9	
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation 10 / 21 / 2014	
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: NC	
Calendar Year-To-Date Per Election for Office Sought		1095959.94	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			31.60	
(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.				
Signature Ms. Emily Buchanan		[Electronically Filed]		Date 05 / 18 / 2015

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

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 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M / D D / Y Y Y Y					
Full Name of Payee Michael A Stieben			Date of Public Distribution/Dissemination 10 / 21 / 2014		
Mailing Address 16864 Stillwell			Amount 15.00		
City Bonner Springs		State KS	Zip Code 66012		Transaction ID : a14dd600-ed7b-4653-8
Purpose of Expenditure Salary		Category/Type 001		Date of Disbursement or Obligation 10 / 21 / 2014	
Name of Federal Candidate Mr. Greg Orman			☐ Support ☒ Oppose Office Sought: ☐ House ☒ Senate District: <u>00</u> ☐ President State: <u>KS</u>		
Calendar Year-To-Date Per Election for Office Sought 261541.03			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
Full Name of Payee Michael A Stieben			Date of Public Distribution/Dissemination 10 / 21 / 2014		
Mailing Address 16864 Stillwell			Amount 7.50		
City Bonner Springs		State KS	Zip Code 66012		Transaction ID : 3064edc7-ae7d-473a-a
Purpose of Expenditure Mileage		Category/Type 002		Date of Disbursement or Obligation 10 / 21 / 2014	
Name of Federal Candidate Mr. Greg Orman			☐ Support ☒ Oppose Office Sought: ☐ House ☒ Senate District: <u>00</u> ☐ President State: <u>KS</u>		
Calendar Year-To-Date Per Election for Office Sought 261541.03			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			22.50		
(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.					
Signature <u>Ms. Emily Buchanan</u> [Electronically Filed]			Date 05 / 18 / 2015		

Full Name of Payee James Kindstedt		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 21 / 2014	
Mailing Address 5510 Dogwood Dr		Amount 30.00	
City Winston Salem	State NC	Zip Code 27105	Transaction ID : c4437d24-22fe-4a42-9 Date of Disbursement or Obligation MM / DD / YYYY 10 / 21 / 2014
Purpose of Expenditure Salary		Category/ Type 001	
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House ☒ Senate ☐ President ☒ Senate
Calendar Year-To-Date Per Election for Office Sought 1095959.94		Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	2830.00
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

05 / 18 / 2015

FEC Schedule E (Form 3X) Rev. 09/2013

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 688 OF 3250
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on MM / DD / YYYY				
Full Name of Payee James Kindstedt			Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 21 / 2014	
Mailing Address 5510 Dogwood Dr			Amount 9.78	
City Winston Salem	State NC	Zip Code 27105	Transaction ID : a7930c3b-f723-4070-a	
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement or Obligation MM / DD / YYYY 10 / 21 / 2014	
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: NC	
Calendar Year-To-Date Per Election for Office Sought		1095959.94	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Michael B Fuhrmann			Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 20 / 2014	
Mailing Address 329 Columbia St			Amount 60.00	
City Shreveport	State LA	Zip Code 71104	Transaction ID : b929e5b0-8707-42b2-a	
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation MM / DD / YYYY 10 / 20 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: LA	
Calendar Year-To-Date Per Election for Office Sought		554635.78	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			69.78	
(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.				
Signature Ms. Emily Buchanan		[Electronically Filed]		Date MM / DD / YYYY 05 / 18 / 2015

Full Name of Payee Joanna Kindstedt		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 21 / 2014	
Mailing Address 2134 Tobaccoville Rd		Amount Amount 30.00	
City Rural Hall	State NC	Zip Code 27045	Transaction ID : 77e411db-8c18-4473-a Date of Disbursement or Obligation MM / DD / YYYY 10 / 21 / 2014
Purpose of Expenditure Salary		Category/ Type	001
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House ☒ Senate ☐ President ☒ Senate District: 00 State: NC
Calendar Year-To-Date Per Election for Office Sought		1095959.94	Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	46.80
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

Ms. Emily Buchanan

[Electronically Filed]

Date 05 / 18 / 2015

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 690 OF 3250
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M M / D D D / Y Y Y Y Y Y					
Full Name of Payee Thomas A Gawdun			Date of Public Distribution/Dissemination 10 / 20 / 2014		
Mailing Address 2207 SE 64th St			Amount 5.00		
City Topeka	State KS	Zip Code 66605	Transaction ID : a626565d-ac8d-4327-a Date of Disbursement or Obligation 10 / 20 / 2014		
Purpose of Expenditure Salary		Category/ Type 001			
Name of Federal Candidate Mr. Greg Orman		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: KS		
Calendar Year-To-Date Per Election for Office Sought 261541.03			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
Full Name of Payee Thomas A Gawdun			Date of Public Distribution/Dissemination 10 / 20 / 2014		
Mailing Address 2207 SE 64th St			Amount 0.15		
City Topeka	State KS	Zip Code 66605	Transaction ID : d2020105-e020-49dc-8 Date of Disbursement or Obligation 10 / 20 / 2014		
Purpose of Expenditure Mileage		Category/ Type 002			
Name of Federal Candidate Mr. Greg Orman		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: KS		
Calendar Year-To-Date Per Election for Office Sought 261541.03			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			5.15		
(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.					
Signature Ms. Emily Buchanan		[Electronically Filed]		Date 05 / 18 / 2015	

Full Name of Payee Rebecca A Robertson		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 20 / 2014	
Mailing Address 403 S Prescott St		Amount 15.00	
City Wichita	State KS	Zip Code 67209	Transaction ID : 67fde4dd-ed15-4db7-8
Purpose of Expenditure Salary	Category/ Type	001	Date of Disbursement or Obligation MM / DD / YYYY 10 / 20 / 2014
Name of Federal Candidate Mr. Greg Orman	☐ Support ☒ Oppose	Office Sought: ☐ President ☒ Senate	District: 00 State: KS
Calendar Year-To-Date Per Election for Office Sought	261541.03		Disbursement For: ☐ Primary ☒ General ☐ 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.

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 692 OF 3250
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC		FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on		M M M / D D D / Y Y Y Y Y Y	
Full Name of Payee Rebecca A Robertson		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 10 / 20 / 2014	
Mailing Address 403 S Prescott St		Amount 2.40	
City Wichita	State KS	Zip Code 67209	Transaction ID : 204c01f5-268f-4115-b
Purpose of Expenditure Mileage		Category/Type 002	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 10 / 20 / 2014
Name of Federal Candidate Mr. Greg Orman		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: KS
Calendar Year-To-Date Per Election for Office Sought 261541.03		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Jodi DeFrees		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 10 / 17 / 2014	
Mailing Address 201 E Mt Vernon		Amount 60.00	
City Wichita	State KS	Zip Code 67211	Transaction ID : d8d44f82-0efc-4dd4-8
Purpose of Expenditure Salary		Category/Type 001	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 10 / 17 / 2014
Name of Federal Candidate Mr. Greg Orman		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: KS
Calendar Year-To-Date Per Election for Office Sought 261541.03		Disbursement For: ☐ Primary ☒ 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.			
Signature Ms. Emily Buchanan		Date M M M / D D D / Y Y Y Y Y Y 05 / 18 / 2015	
		[Electronically Filed]	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 693 OF 3250
 FOR LINE 24 OF FORM 3X

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

Full Name of Payee Jodi DeFrees		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 17 / 2014	
Mailing Address 201 E Mt Vernon		Amount 6.60	
City Wichita	State KS	Zip Code 67211	Transaction ID : ca8a4b2f-50cd-408f-b Date of Disbursement or Obligation MM / DD / YYYY 10 / 17 / 2014
Purpose of Expenditure Mileage		Category/Type 002	
Name of Federal Candidate Mr. Greg Orman		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: KS
Calendar Year-To-Date Per Election for Office Sought		261541.03	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶

Full Name of Payee Jodi DeFrees		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 19 / 2014	
Mailing Address 201 E Mt Vernon		Amount 30.00	
City Wichita	State KS	Zip Code 67211	Transaction ID : b66ceca4-e4f1-4276-9 Date of Disbursement or Obligation MM / DD / YYYY 10 / 19 / 2014
Purpose of Expenditure Salary		Category/Type 001	
Name of Federal Candidate Mr. Greg Orman		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: KS
Calendar Year-To-Date Per Election for Office Sought		261541.03	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	36.60
(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

MM / DD / YYYY
05 / 18 / 2015

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 694 OF 3250
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M / D D / Y Y Y Y					
Full Name of Payee Jodi DeFrees			Date of Public Distribution/Dissemination 10 / 19 / 2014		
Mailing Address 201 E Mt Vernon			Amount 4.80		
City Wichita		State KS	Zip Code 67211		Transaction ID : b8c51e8c-71b0-42b6-9
Purpose of Expenditure Mileage		Category/Type 002		Date of Disbursement or Obligation 10 / 19 / 2014	
Name of Federal Candidate Mr. Greg Orman			☐ Support ☒ Oppose Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>KS</u>		
Calendar Year-To-Date Per Election for Office Sought 261541.03			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶ _____		
Full Name of Payee Peggy S ODonnell			Date of Public Distribution/Dissemination 10 / 20 / 2014		
Mailing Address 4218 Eagle Lake Ct			Amount 20.00		
City Bel Aire		State KS	Zip Code 67220		Transaction ID : c31411d1-fbfb-4c6c-8
Purpose of Expenditure Salary		Category/Type 001		Date of Disbursement or Obligation 10 / 20 / 2014	
Name of Federal Candidate Mr. Greg Orman			☐ Support ☒ Oppose Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>KS</u>		
Calendar Year-To-Date Per Election for Office Sought 261541.03			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶ _____		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			24.80		
(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.					
Signature <u>Ms. Emily Buchanan</u> [Electronically Filed]			Date 05 / 18 / 2015		

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 695 OF 3250
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC		FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on		M M M / D D D / Y Y Y Y Y Y	
Full Name of Payee Peggy S ODonnell		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 10 / 20 / 2014	
Mailing Address 4218 Eagle Lake Ct		Amount 2.40	
City Bel Aire	State KS	Zip Code 67220	Transaction ID : e235e3f1-58f6-483b-b
Purpose of Expenditure Mileage	Category/ Type 002	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 10 / 20 / 2014	
Name of Federal Candidate Mr. Greg Orman		☐ Support ☒ Oppose	
Office Sought: ☐ President ☒ Senate		District: 00 State: KS	
Calendar Year-To-Date Per Election for Office Sought 261541.03		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Jacob W Joosten		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 10 / 18 / 2014	
Mailing Address 1906 S Pine Apt B		Amount 90.00	
City Pittsburg	State KS	Zip Code 66762	Transaction ID : 9b8c1323-6183-4011-b
Purpose of Expenditure Salary	Category/ Type 001	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 10 / 18 / 2014	
Name of Federal Candidate Mr. Greg Orman		☐ Support ☒ Oppose	
Office Sought: ☐ President ☒ Senate		District: 00 State: KS	
Calendar Year-To-Date Per Election for Office Sought 261541.03		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶		92.40	
(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.			
Signature Ms. Emily Buchanan		Date M M M / D D D / Y Y Y Y Y Y 05 / 18 / 2015	
		[Electronically Filed]	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 696 OF 3250
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M / D D / Y Y Y Y					
Full Name of Payee Jacob W Joosten			Date of Public Distribution/Dissemination 10 / 18 / 2014		
Mailing Address 1906 S Pine Apt B			Amount 15.60		
City Pittsburg	State KS	Zip Code 66762	Transaction ID : 6d30a51a-921f-4143-8 Date of Disbursement or Obligation 10 / 18 / 2014		
Purpose of Expenditure Mileage		Category/ Type 002			
Name of Federal Candidate Mr. Greg Orman		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>KS</u>		
Calendar Year-To-Date Per Election for Office Sought 261541.03			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶ _____		
Full Name of Payee Irene R Hoyer			Date of Public Distribution/Dissemination 10 / 16 / 2014		
Mailing Address 4310 N Mission Rd			Amount 10.00		
City Bel Aire	State KS	Zip Code 67226	Transaction ID : b91d54b2-de67-444c-a Date of Disbursement or Obligation 10 / 16 / 2014		
Purpose of Expenditure Salary		Category/ Type 001			
Name of Federal Candidate Mr. Greg Orman		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>KS</u>		
Calendar Year-To-Date Per Election for Office Sought 261541.03			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶ _____		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			25.60		
(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.					
Signature <u>Ms. Emily Buchanan</u>		[Electronically Filed]		Date 05 / 18 / 2015	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 697 OF 3250
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M / D D / Y Y Y Y					
Full Name of Payee Irene R Hoyer			Date of Public Distribution/Dissemination 10 / 16 / 2014		
Mailing Address 4310 N Mission Rd			Amount 1.50		
City Bel Aire	State KS	Zip Code 67226	Transaction ID : 8551b6b9-9bd6-4239-a		
Purpose of Expenditure Mileage		Category/Type 002	Date of Disbursement or Obligation 10 / 16 / 2014		
Name of Federal Candidate Mr. Greg Orman			Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>KS</u> ☐ Support ☒ Oppose		
Calendar Year-To-Date Per Election for Office Sought 261541.03			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶ _____		
Full Name of Payee Eric Wilson			Date of Public Distribution/Dissemination 10 / 21 / 2014		
Mailing Address 907 Randall Drive			Amount 20.00		
City Searcy	State AR	Zip Code 72149	Transaction ID : 0deb946e-368a-4adc-8		
Purpose of Expenditure Salary		Category/Type 001	Date of Disbursement or Obligation 10 / 21 / 2014		
Name of Federal Candidate Mr. Mark L Pryor			Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>AR</u> ☐ Support ☒ Oppose		
Calendar Year-To-Date Per Election for Office Sought 292370.62			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶ _____		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			21.50		
(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.					
Signature <u>Ms. Emily Buchanan</u> [Electronically Filed]			Date 05 / 18 / 2015		

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 698 OF 3250
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M M / D D D / Y Y Y Y Y Y					
Full Name of Payee Eric Wilson			Date of Public Distribution/Dissemination 10 / 21 / 2014		
Mailing Address 907 Randall Drive			Amount 9.00		
City Searcy	State AR	Zip Code 72149	Transaction ID : 0574794e-5b09-4350-8		
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement or Obligation 10 / 21 / 2014		
Name of Federal Candidate Mr. Mark L Pryor			Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: AR		
Calendar Year-To-Date Per Election for Office Sought 292370.62			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
Full Name of Payee Daniel E Collison			Date of Public Distribution/Dissemination 10 / 21 / 2014		
Mailing Address 3315 Cardinal Ridge Rd			Amount 37.50		
City Greensboro	State NC	Zip Code 27410	Transaction ID : 155fd39f-12b6-4d3e-b		
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation 10 / 21 / 2014		
Name of Federal Candidate Ms. Kay Hagan			Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: NC		
Calendar Year-To-Date Per Election for Office Sought 1095959.94			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			46.50		
(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.					
Signature <u>Ms. Emily Buchanan</u> [Electronically Filed]			Date 05 / 18 / 2015		

Full Name of Payee Daniel E Collison			Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 21 / 2014		
Mailing Address 3315 Cardinal Ridge Rd			Amount 3.60		
City Greensboro	State NC	Zip Code 27410	Transaction ID : b52fe4b7-6fc0-4c06-9		
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement or Obligation MM / DD / YYYY 10 / 21 / 2014		
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House ☒ Senate District: 00 ☐ President State: NC		
Calendar Year-To-Date Per Election for Office Sought		1095959.94	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		

Full Name of Payee Mary M Hill			Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 17 / 2014		
Mailing Address 1354 Wildbriar Dr			Amount 30.00		
City Liberty	State MO	Zip Code 64068	Transaction ID : c960ed59-35c2-46b2-b Date of Disbursement or Obligation MM / DD / YYYY 10 / 17 / 2014		
Purpose of Expenditure Salary		Category/ Type 001			
Name of Federal Candidate Mr. Greg Orman		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: KS		
Calendar Year-To-Date Per Election for Office Sought		261541.03	Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ►		

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	33.60
(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.

Date _____

Signature

05 / 18 / 2015

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 700 OF 3250
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M / D D / Y Y Y Y Y Y / / / / / /					
Full Name of Payee Dwayne C Smith			Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 10 / 21 / 2014		
Mailing Address 900 Bramblegate Rd			Amount 50.00		
City Hope Mills		State NC	Zip Code 28348		Transaction ID : e024c5eb-ccd5-4230-a
Purpose of Expenditure Salary		Category/ Type 001		Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 10 / 21 / 2014	
Name of Federal Candidate Ms. Kay Hagan			Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: NC ☐ Oppose		
Calendar Year-To-Date Per Election for Office Sought			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
Full Name of Payee Dwayne C Smith			Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 10 / 21 / 2014		
Mailing Address 900 Bramblegate Rd			Amount 15.06		
City Hope Mills		State NC	Zip Code 28348		Transaction ID : 063336a4-2470-4e3e-8
Purpose of Expenditure Mileage		Category/ Type 002		Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 10 / 21 / 2014	
Name of Federal Candidate Ms. Kay Hagan			Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: NC ☐ Oppose		
Calendar Year-To-Date Per Election for Office Sought			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			65.06		
(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.					
Signature Ms. Emily Buchanan			Date M M / D D / Y Y Y Y Y Y 05 / 18 / 2015 [Electronically Filed]		

Full Name of Payee William M Criswell		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 21 / 2014	
Mailing Address 115 Burns Mitchell Drive		Amount 10.50	
City Belmont	State NC	Zip Code 28012	Transaction ID : 293577f0-c75e-4530-b Date of Disbursement or Obligation MM / DD / YYYY 10 / 21 / 2014
Purpose of Expenditure Mileage		Category/ Type 002	
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: NC
Calendar Year-To-Date Per Election for Office Sought		1095959.94	Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	90.50
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

Ms. Emily Buchanan

[Electronically Filed]

Date 05 / 18 / 2015

Signature

Full Name of Payee Leslie D Moore		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 21 / 2014	
Mailing Address 1903 Swan Dr		Amount 4.80	
City Lenoir	State NC	Zip Code 28645	Transaction ID : ba4ad0fd-2b89-4e94-b Date of Disbursement or Obligation MM / DD / YYYY 10 / 21 / 2014
Purpose of Expenditure Mileage		Category/ Type 002	
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: NC
Calendar Year-To-Date Per Election for Office Sought		1095959.94	Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	84.80
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

FEC Schedule E (Form 3X) Rev. 09/2013

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 703 OF 3250
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M M / D D D / Y Y Y Y Y Y					
Full Name of Payee Toni A Persinger-Buckler			Date of Public Distribution/Dissemination 10 / 21 / 2014		
Mailing Address 5330 Nestleway Dr			Amount 42.50		
City Clemmons		State NC	Zip Code 27012		Transaction ID : e6d34f9f-ae02-4f55-a
Purpose of Expenditure Salary		Category/ Type 001		Date of Disbursement or Obligation 10 / 21 / 2014	
Name of Federal Candidate Ms. Kay Hagan			Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: NC		
Calendar Year-To-Date Per Election for Office Sought 1095959.94			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
Full Name of Payee Toni A Persinger-Buckler			Date of Public Distribution/Dissemination 10 / 21 / 2014		
Mailing Address 5330 Nestleway Dr			Amount 4.80		
City Clemmons		State NC	Zip Code 27012		Transaction ID : 34e1291a-fa41-48f7-9
Purpose of Expenditure Mileage		Category/ Type 002		Date of Disbursement or Obligation 10 / 21 / 2014	
Name of Federal Candidate Ms. Kay Hagan			Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: NC		
Calendar Year-To-Date Per Election for Office Sought 1095959.94			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			47.30		
(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.					
Signature Ms. Emily Buchanan			Date 05 / 18 / 2015		
[Electronically Filed]					

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 704 OF 3250
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC		FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on		M M M / D D D / Y Y Y Y Y Y	

Full Name of Payee John K Necaie III		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 10 / 21 / 2014	
Mailing Address 1905 Franklin Ave		Amount 25.00	
City New Orleans	State LA	Zip Code 70117	Transaction ID : a4a896f2-a92c-4736-b
Purpose of Expenditure Salary	Category/Type 001	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 10 / 21 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu		Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: LA	
Calendar Year-To-Date Per Election for Office Sought 554635.78		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	

Full Name of Payee John K Necaie III		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 10 / 21 / 2014	
Mailing Address 1905 Franklin Ave		Amount 11.70	
City New Orleans	State LA	Zip Code 70117	Transaction ID : e11e3370-97e4-42e7-b
Purpose of Expenditure Mileage	Category/Type 002	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 10 / 21 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu		Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: LA	
Calendar Year-To-Date Per Election for Office Sought 554635.78		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	36.70
(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]

Signature

Date

M M M / D D D / Y Y Y Y Y Y
05 / 18 / 2015

Full Name of Payee Lauren E Heffington		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 21 / 2014	
Mailing Address 488 Broadwell Dr		Amount 20.00	
City Nashville	State TN	Zip Code 37220	Transaction ID : 978a48a8-43e5-48aa-b Date of Disbursement or Obligation MM / DD / YYYY 10 / 21 / 2014
Purpose of Expenditure Salary	Category/ Type	001	
Name of Federal Candidate Mr. Mark L Pryor		☐ Support ☒ Oppose	Office Sought: ☐ House ☒ Senate ☐ President ☒ Senate District: 00 State: AR
Calendar Year-To-Date Per Election for Office Sought 292370.62		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	

Full Name of Payee Anthony W Stevens		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 21 / 2014	
Mailing Address 3405 German Shepherd Trail		Amount 23.30	
City Wake Forest	State NC	Zip Code 27587	Transaction ID : 3f4b3616-9702-4a50-8
Purpose of Expenditure Salary	Category/ Type	001	Date of Disbursement or Obligation MM / DD / YYYY 10 / 21 / 2014
Name of Federal Candidate Ms. Kay Hagan	☐ Support ☒ Oppose	Office Sought: ☐ House ☒ Senate	District: 00 State: NC
Calendar Year-To-Date Per Election for Office Sought	1095959.94	Disbursement For: ☐ Primary ☒ General	2014 ☐ Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	43.30
(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.

Date _____

Signature

MM / DD / YYYY

05 / 18 / 2015

Full Name of Payee Anthony W Stevens			Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 21 / 2014	
Mailing Address 3405 German Shepherd Trail			Amount 2.88	
City Wake Forest	State NC	Zip Code 27587	Transaction ID : bd112035-1d18-4b0c-9 Date of Disbursement or Obligation MM / DD / YYYY 10 / 21 / 2014	
Purpose of Expenditure Mileage		Category/ Type 002		
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House ☒ Senate ☐ President District: 00 State: NC	
Calendar Year-To-Date Per Election for Office Sought 1095959.94		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		

Full Name of Payee Joseph R Rys			Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 21 / 2014		
Mailing Address 160 #50 Pompano Dr			Amount 67.50		
City New Bern	State NC	Zip Code 28560	Transaction ID : 6d24f2eb-51f8-4bc7-a Date of Disbursement or Obligation MM / DD / YYYY 10 / 21 / 2014		
Purpose of Expenditure Salary		Category/ Type 001			
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: NC		
Calendar Year-To-Date Per Election for Office Sought		1095959.94	Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ►		

(a) SUBTOTAL of Itemized Independent Expenditures.....	70.38
(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.

Date _____

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 707 OF 3250
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on			M M M / D D D / Y Y Y Y Y Y	
Full Name of Payee Joseph R Rys		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 10 / 21 / 2014		
Mailing Address 160 #50 Pompano Dr		Amount 12.84		
City New Bern	State NC	Zip Code 28560	Transaction ID : e57ff511-a132-42d3-b	
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 10 / 21 / 2014	
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: NC	
Calendar Year-To-Date Per Election for Office Sought		1095959.94	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Edmond D Rea		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 10 / 21 / 2014		
Mailing Address 416 Vine Dr		Amount 30.00		
City Lawrence	State KS	Zip Code 66049	Transaction ID : ce9cf231-7732-4d5b-b	
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 10 / 21 / 2014	
Name of Federal Candidate Mr. Greg Orman		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: KS	
Calendar Year-To-Date Per Election for Office Sought		261541.03	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures.....		42.84		
(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.				
Signature Ms. Emily Buchanan		[Electronically Filed]		Date M M M / D D D / Y Y Y Y Y Y 05 / 18 / 2015

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 708 OF 3250
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on MM / DD / YYYY					
Full Name of Payee Edmond D Rea			Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 21 / 2014		
Mailing Address 416 Vine Dr			Amount 10.50		
City Lawrence	State KS	Zip Code 66049	Transaction ID : 16de5e36-3960-4483-b		
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement or Obligation MM / DD / YYYY 10 / 21 / 2014		
Name of Federal Candidate Mr. Greg Orman		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: KS		
Calendar Year-To-Date Per Election for Office Sought		261541.03	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
Full Name of Payee Jacob Bernas			Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 21 / 2014		
Mailing Address 458 S Glendale			Amount 20.00		
City Wichita	State KS	Zip Code 67218	Transaction ID : 8cbb62d8-3678-423f-b		
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation MM / DD / YYYY 10 / 21 / 2014		
Name of Federal Candidate Mr. Greg Orman		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: KS		
Calendar Year-To-Date Per Election for Office Sought		261541.03	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			30.50		
(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.					
Signature Ms. Emily Buchanan		[Electronically Filed]		Date MM / DD / YYYY 05 / 18 / 2015	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 709 OF 3250
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC		FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on		M M M / D D D / Y Y Y Y Y Y	
Full Name of Payee Jacob Bernas		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 10 / 21 / 2014	
Mailing Address 458 S Glendale		Amount 6.00	
City Wichita	State KS	Zip Code 67218	Transaction ID : 3d8eab44-8140-4e43-9
Purpose of Expenditure Mileage		Category/Type 002	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 10 / 21 / 2014
Name of Federal Candidate Mr. Greg Orman		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: KS
Calendar Year-To-Date Per Election for Office Sought 261541.03		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Amanda Boley		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 10 / 21 / 2014	
Mailing Address Split Oak Drive		Amount 70.00	
City charlotte	State NC	Zip Code 28227	Transaction ID : d74d191a-4fee-446f-b
Purpose of Expenditure Salary		Category/Type 001	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 10 / 21 / 2014
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: LA
Calendar Year-To-Date Per Election for Office Sought 554635.78		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures.....▶		76.00	
(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]	
Signature		Date M M M / D D D / Y Y Y Y Y Y 05 / 18 / 2015	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 710 OF 3250
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC		FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on		MM / DD / YYYY	
Full Name of Payee Amanda Boley		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 21 / 2014	
Mailing Address Split Oak Drive		Amount 17.91	
City charlotte	State NC	Zip Code 28227	Transaction ID : cc664f08-7495-445c-a
Purpose of Expenditure Mileage	Category/ Type	002	Date of Disbursement or Obligation MM / DD / YYYY 10 / 21 / 2014
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: LA
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Stephanie E Hardy		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 21 / 2014	
Mailing Address 3039 Four Way Rd		Amount 25.00	
City Snow Hill	State NC	Zip Code 28580	Transaction ID : fd8ad442-8914-4de9-a
Purpose of Expenditure Salary	Category/ Type	001	Date of Disbursement or Obligation MM / DD / YYYY 10 / 21 / 2014
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: NC
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶		42.91	
(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]	
Signature		Date MM / DD / YYYY 05 / 18 / 2015	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 711 OF 3250
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on MM / DD / YYYY					
Full Name of Payee David Ford			Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 21 / 2014		
Mailing Address 106 Hillside St			Amount 92.50		
City Spindale		State NC	Zip Code 28160		Transaction ID : 6bec1f6d-3a2f-467c-8 Date of Disbursement or Obligation MM / DD / YYYY 10 / 21 / 2014
Purpose of Expenditure Salary		Category/Type 001			
Name of Federal Candidate Ms. Kay Hagan			☐ Support ☒ Oppose Office Sought: ☐ House ☒ Senate District: <u>00</u> ☐ President State: <u>NC</u>		
Calendar Year-To-Date Per Election for Office Sought 1095959.94			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
Full Name of Payee David Ford			Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 21 / 2014		
Mailing Address 106 Hillside St			Amount 47.61		
City Spindale		State NC	Zip Code 28160		Transaction ID : fdd1f1e8-2e62-42b7-9 Date of Disbursement or Obligation MM / DD / YYYY 10 / 21 / 2014
Purpose of Expenditure Mileage		Category/Type 002			
Name of Federal Candidate Ms. Kay Hagan			☐ Support ☒ Oppose Office Sought: ☐ House ☒ Senate District: <u>00</u> ☐ President State: <u>NC</u>		
Calendar Year-To-Date Per Election for Office Sought 1095959.94			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			140.11		
(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.					
Signature Ms. Emily Buchanan			Date MM / DD / YYYY 05 / 18 / 2015		
			[Electronically Filed]		

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 712 OF 3250
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC		FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on		M M M / D D D / Y Y Y Y Y Y	
Full Name of Payee Kendyl H Browder		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 10 / 21 / 2014	
Mailing Address 4429 Lagan Circle		Amount 25.00	
City Winterville	State NC	Zip Code 28590	Transaction ID : 9b571a2b-46a5-4862-9
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 10 / 21 / 2014
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: NC
Calendar Year-To-Date Per Election for Office Sought 1095959.94		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Kendyl H Browder		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 10 / 21 / 2014	
Mailing Address 4429 Lagan Circle		Amount 7.50	
City Winterville	State NC	Zip Code 28590	Transaction ID : 55cd0ce6-5c4f-4e1e-a
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 10 / 21 / 2014
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: NC
Calendar Year-To-Date Per Election for Office Sought 1095959.94		Disbursement For: ☐ Primary ☒ 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]	
Signature		Date M M M / D D D / Y Y Y Y Y Y 05 / 18 / 2015	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 713 OF 3250
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC		FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on		M M M / D D D / Y Y Y Y Y Y	
Full Name of Payee Rachel H Young		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 10 / 21 / 2014	
Mailing Address Box #11543 915 E Market Ave		Amount 20.00	
City Searcy	State AR	Zip Code 72149	Transaction ID : a7e024d0-1bfe-47a5-b
Purpose of Expenditure Salary		Category/Type 001	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 10 / 21 / 2014
Name of Federal Candidate Mr. Mark L Pryor		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: AR
Calendar Year-To-Date Per Election for Office Sought 292370.62		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Rachel H Young		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 10 / 21 / 2014	
Mailing Address Box #11543 915 E Market Ave		Amount 4.53	
City Searcy	State AR	Zip Code 72149	Transaction ID : 225b4f30-7dd9-4aeb-a
Purpose of Expenditure Mileage		Category/Type 002	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 10 / 21 / 2014
Name of Federal Candidate Mr. Mark L Pryor		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: AR
Calendar Year-To-Date Per Election for Office Sought 292370.62		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶		24.53	
(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]	
Signature		Date M M M / D D D / Y Y Y Y Y Y 05 / 18 / 2015	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 714 OF 3250
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC		FEC IDENTIFICATION NUMBER ▼ C C00530766
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on		MM / DD / YYYY

Full Name of Payee Heather A Smith		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 21 / 2014
Mailing Address 995 Clairborne Rd		Amount 42.00
City Calhoun	State LA	Zip Code 71225
Purpose of Expenditure Salary		Category/Type 001
Name of Federal Candidate Ms. Mary L Landrieu		Office Sought: ☐ House ☒ Senate ☐ President ☐ District: 00 State: LA
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶

Full Name of Payee Heather A Smith		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 21 / 2014
Mailing Address 995 Clairborne Rd		Amount 13.20
City Calhoun	State LA	Zip Code 71225
Purpose of Expenditure Mileage		Category/Type 002
Name of Federal Candidate Ms. Mary L Landrieu		Office Sought: ☐ House ☒ Senate ☐ President ☐ District: 00 State: LA
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	55.20
(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]

Signature

Date

MM / DD / YYYY
05 / 18 / 2015

Full Name of Payee Jennifer F Gilbert		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 21 / 2014	
Mailing Address 180 McNeil Steep Hollow Rd		Amount 37.20	
City Carriere	State MS	Zip Code 39426	Transaction ID : d6532f17-7643-44f8-a Date of Disbursement or Obligation MM / DD / YYYY 10 / 21 / 2014
Purpose of Expenditure Mileage	Category/ Type 002		
Name of Federal Candidate Ms. Mary L Landrieu	☐ Support ☒ Oppose	Office Sought: ☐ President ☒ Senate	District: 00 State: LA
Calendar Year-To-Date Per Election for Office Sought	554635.78	Disbursement For: 2014 ☐ Primary ☒ General ☐ Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	87.20
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

05 / 18 / 2015

FEC Schedule E (Form 3X) Rev. 09/2013

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 716 OF 3250
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M M / D D D / Y Y Y Y Y Y				
Full Name of Payee Trevor D Hageman			Date of Public Distribution/Dissemination 10 / 21 / 2014	
Mailing Address 5521 Randolph St			Amount 20.00	
City Marrero		State LA	Zip Code 70072	
Purpose of Expenditure Salary			Category/Type 001	
Name of Federal Candidate Ms. Mary L Landrieu			Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: LA	
Calendar Year-To-Date Per Election for Office Sought			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Alice K Salazar			Date of Public Distribution/Dissemination 10 / 21 / 2014	
Mailing Address 605 W Houston St			Amount 50.00	
City Marshall		State TX	Zip Code 75633	
Purpose of Expenditure Salary			Category/Type 001	
Name of Federal Candidate Ms. Mary L Landrieu			Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: LA	
Calendar Year-To-Date Per Election for Office Sought			Disbursement For: ☐ Primary ☒ 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.				
Signature Ms. Emily Buchanan			Date 05 / 18 / 2015	
[Electronically Filed]				

Full Name of Payee Alice K Salazar			Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 21 / 2014		
Mailing Address 605 W Houston St			Amount \$ 38.10		
City Marshall	State TX	Zip Code 75633	Transaction ID : 7a85a4aa-be23-4b14-b Date of Disbursement or Obligation MM / DD / YYYY 10 / 21 / 2014		
Purpose of Expenditure Mileage		Category/ Type 002			
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: LA		
Calendar Year-To-Date Per Election for Office Sought		554635.78	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		

Full Name of Payee Windy Hageman		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 21 / 2014	
Mailing Address 5521 Randolph St.		Amount 10.00	
City Marrero	State LA	Zip Code 70072	Transaction ID : 921a4d84-06e0-42c2-a Date of Disbursement or Obligation MM / DD / YYYY 10 / 21 / 2014
Purpose of Expenditure Salary		Category/ Type 001	
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House ☒ Senate ☐ President ☐ Other (specify) _____
Calendar Year-To-Date Per Election for Office Sought 554635.78		District: 00 State: LA Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ► _____	

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	48.10
(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.

Date _____

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 718 OF 3250
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on / /				
Full Name of Payee Windy Hageman			Date of Public Distribution/Dissemination / / 10 / 21 / 2014	
Mailing Address 5521 Randolph St.			Amount 1.20	
City Marrero	State LA	Zip Code 70072	Transaction ID : 0259cbaf-c374-49d3-a Date of Disbursement or Obligation / / 10 / 21 / 2014	
Purpose of Expenditure Mileage		Category/ Type 002		
Name of Federal Candidate Ms. Mary L Landrieu			Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: LA ☐ Oppose	
Calendar Year-To-Date Per Election for Office Sought 554635.78			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶ _____	
Full Name of Payee Zachary Vidrine			Date of Public Distribution/Dissemination / / 10 / 21 / 2014	
Mailing Address 202 Rue Des Cajun			Amount 35.00	
City Ville Platte	State LA	Zip Code 70586	Transaction ID : 8f5ad602-ca9f-4b3a-b Date of Disbursement or Obligation / / 10 / 21 / 2014	
Purpose of Expenditure Salary		Category/ Type 001		
Name of Federal Candidate Ms. Mary L Landrieu			Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: LA ☒ Oppose	
Calendar Year-To-Date Per Election for Office Sought 554635.78			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶ _____	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			 36.20	
(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.				
Signature Ms. Emily Buchanan			Date / / 05 / 18 / 2015	
[Electronically Filed]				

Full Name of Payee Monique Guillory		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 21 / 2014	
Mailing Address 409 LaSalle Drive		Amount 40.00	
City Little Rock	State AR	Zip Code 72211	Transaction ID : 4735d4f3-81ae-4d68-a Date of Disbursement or Obligation MM / DD / YYYY 10 / 21 / 2014
Purpose of Expenditure Salary		Category/ Type 001	
Name of Federal Candidate Mr. Mark L Pryor		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: AR
Calendar Year-To-Date Per Election for Office Sought		292370.62	Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....	53.80
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures.....	

Ms. Emily Buchanan

[Electronically Filed]

Date 05 / 18 / 2015

Signature _____

Full Name of Payee Logan B Piper		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 21 / 2014	
Mailing Address 3205 Pebble Beach Rd		Amount 64.00	
City Conway	State AR	Zip Code 72034	Transaction ID : 00ee14fa-60b8-4877-9
Purpose of Expenditure Salary	Category/ Type	001	Date of Disbursement or Obligation MM / DD / YYYY 10 / 21 / 2014
Name of Federal Candidate Mr. Mark L Pryor	☐ Support ☒ Oppose	Office Sought: ☐ President ☒ Senate	District: 00 State: AR
Calendar Year-To-Date Per Election for Office Sought	292370.62	Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....	100.00
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures.....	

05 / 18 / 2015

FEC Schedule E (Form 3X) Rev. 09/2013

Full Name of Payee Ronald W Ryckman		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 21 / 2014	
Mailing Address 503 N Cedar St		Amount 57.50	
City Meade	State KS	Zip Code 67864	Transaction ID : d093dcf3-6ea7-4e0d-b
Purpose of Expenditure Salary	Category/ Type	001	Date of Disbursement or Obligation MM / DD / YYYY 10 / 21 / 2014
Name of Federal Candidate Mr. Greg Orman	☐ Support ☒ Oppose	Office Sought: ☐ President ☒ Senate	District: 00 State: KS
Calendar Year-To-Date Per Election for Office Sought	261541.03	Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....	74.21
(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.

Date _____

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 722 OF 3250
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M M / D D D / Y Y Y Y Y Y					
Full Name of Payee Ronald W Ryckman			Date of Public Distribution/Dissemination 10 / 21 / 2014		
Mailing Address 503 N Cedar St			Amount 24.60		
City Meade		State KS	Zip Code 67864		Transaction ID : 699867b9-0945-4b36-a
Purpose of Expenditure Mileage		Category/ Type 002		Date of Disbursement or Obligation 10 / 21 / 2014	
Name of Federal Candidate Mr. Greg Orman			Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: KS		
Calendar Year-To-Date Per Election for Office Sought 261541.03			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
Full Name of Payee Daniel M Qauckenbush			Date of Public Distribution/Dissemination 10 / 21 / 2014		
Mailing Address 12062 NC 902 Hwy			Amount 70.00		
City Bear Creek		State NC	Zip Code 27207		Transaction ID : 3629f8bd-5059-4bd2-8
Purpose of Expenditure Salary		Category/ Type 001		Date of Disbursement or Obligation 10 / 21 / 2014	
Name of Federal Candidate Ms. Kay Hagan			Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: NC		
Calendar Year-To-Date Per Election for Office Sought 1095959.94			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			94.60		
(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.					
Signature Ms. Emily Buchanan			Date 05 / 18 / 2015		
[Electronically Filed]					

Full Name of Payee Anselma A Trinidad		Date of Public Distribution/Dissemination M M / D D / Y Y Y Y 10 / 21 / 2014	
Mailing Address 7915 Curtina Ln		Amount 83.20	
City Lewisville	State NC	Zip Code 27023	Transaction ID : 1b205660-e4a8-4f21-8 Date of Disbursement or Obligation M M / D D / Y Y Y Y 10 / 21 / 2014
Purpose of Expenditure Salary		Category/ Type	001
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House ☒ Senate ☐ President ☒ Senate District: <u>00</u> State: <u>NC</u>
Calendar Year-To-Date Per Election for Office Sought		1095959.94	Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ▶ _____

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.

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 724 OF 3250
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M / D D / Y Y Y Y				
Full Name of Payee Gabriela P Sosa			Date of Public Distribution/Dissemination 10 / 21 / 2014	
Mailing Address 2530 Brook Stone Dr			Amount 83.20	
City Clemmons	State NC	Zip Code 27012	Transaction ID : dab553e8-d66a-4ef2-b	
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation 10 / 21 / 2014	
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>NC</u>	
Calendar Year-To-Date Per Election for Office Sought		1095959.94	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Gabriela P Sosa			Date of Public Distribution/Dissemination 10 / 21 / 2014	
Mailing Address 2530 Brook Stone Dr			Amount 21.00	
City Clemmons	State NC	Zip Code 27012	Transaction ID : e60db707-ea17-43b2-9	
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement or Obligation 10 / 21 / 2014	
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>NC</u>	
Calendar Year-To-Date Per Election for Office Sought		1095959.94	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			104.20	
(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 05 / 18 / 2015	
Signature				

Full Name of Payee Chelsey Waite		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 21 / 2014	
Mailing Address 3738 Woodland Ridge Blvd		Amount MM / DD / YYYY 20.00	
City Baton Rouge	State LA	Zip Code 70816	Transaction ID : cc4637be-c299-4c48-a
Purpose of Expenditure Salary	Category/ Type	001	Date of Disbursement or Obligation MM / DD / YYYY 10 / 21 / 2014
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House ☒ Senate ☐ President ☐ Other
Calendar Year-To-Date Per Election for Office Sought		554635.78	District: 00 State: LA Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	40.00
(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.

Date _____

Signature

Three digital displays are shown side-by-side, separated by slashes. The first display shows '05' under 'MM' labels. The second display shows '18' under 'DD' labels. The third display shows '2015' under 'YYYY' labels.

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 726 OF 3250
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M / D D / Y Y Y Y Y Y				
Full Name of Payee Claire A Smith			Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 10 / 21 / 2014	
Mailing Address 6610 Walcott Rd			Amount 25.00	
City Paragoud		State AR	Zip Code 72450	
Purpose of Expenditure Salary		Category/ Type	Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 10 / 21 / 2014	
Name of Federal Candidate Mr. Mark L Pryor		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: AR	
Calendar Year-To-Date Per Election for Office Sought			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Claire A Smith			Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 10 / 21 / 2014	
Mailing Address 6610 Walcott Rd			Amount 15.00	
City Paragoud		State AR	Zip Code 72450	
Purpose of Expenditure Mileage		Category/ Type	Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 10 / 21 / 2014	
Name of Federal Candidate Mr. Mark L Pryor		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: AR	
Calendar Year-To-Date Per Election for Office Sought			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			40.00	
(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.				
Signature Ms. Emily Buchanan		[Electronically Filed] Date M M / D D / Y Y Y Y Y Y 05 / 18 / 2015		

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 727 OF 3250
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC		FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on		M M M / D D D / Y Y Y Y Y Y	
Full Name of Payee Peggy S ODonnell		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 10 / 21 / 2014	
Mailing Address 4218 Eagle Lake Ct		Amount 10.00	
City Bel Aire	State KS	Zip Code 67220	Transaction ID : d762b595-2bde-45ba-b
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 10 / 21 / 2014
Name of Federal Candidate Mr. Greg Orman		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: KS
Calendar Year-To-Date Per Election for Office Sought 261541.03		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Peggy S ODonnell		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 10 / 21 / 2014	
Mailing Address 4218 Eagle Lake Ct		Amount 2.10	
City Bel Aire	State KS	Zip Code 67220	Transaction ID : 70af0a7d-15b0-42ba-9
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 10 / 21 / 2014
Name of Federal Candidate Mr. Greg Orman		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: KS
Calendar Year-To-Date Per Election for Office Sought 261541.03		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶		12.10	
(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]	
Signature		Date M M M / D D D / Y Y Y Y Y Y 05 / 18 / 2015	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 728 OF 3250
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC		FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on		M M M / D D D / Y Y Y Y Y Y	
Full Name of Payee Cameryn L Rasmussen		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 10 / 21 / 2014	
Mailing Address 4455 N Edaemoor Ct		Amount 10.00	
City Bel Aire	State KS	Zip Code 67220	Transaction ID : 9c14631f-50b2-4969-9
Purpose of Expenditure Salary	Category/Type 001	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 10 / 21 / 2014	
Name of Federal Candidate Mr. Greg Orman		Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: KS	
Calendar Year-To-Date Per Election for Office Sought 261541.03		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Cameryn L Rasmussen		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 10 / 21 / 2014	
Mailing Address 4455 N Edaemoor Ct		Amount 1.20	
City Bel Aire	State KS	Zip Code 67220	Transaction ID : b9838c28-1070-4098-b
Purpose of Expenditure Mileage	Category/Type 002	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 10 / 21 / 2014	
Name of Federal Candidate Mr. Greg Orman		Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: KS	
Calendar Year-To-Date Per Election for Office Sought 261541.03		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶		11.20	
(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.			
Signature Ms. Emily Buchanan		Date M M M / D D D / Y Y Y Y Y Y 05 / 18 / 2015	
		[Electronically Filed]	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 729 OF 3250
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M M / D D D / Y Y Y Y Y Y					
Full Name of Payee Luke S Buren			Date of Public Distribution/Dissemination 10 / 21 / 2014		
Mailing Address 415 E Carroll			Amount 20.00		
City Macomb	State IL	Zip Code 61455	Transaction ID : a310811b-8384-4f72-a		
Purpose of Expenditure Salary		Category/Type 001	Date of Disbursement or Obligation 10 / 21 / 2014		
Name of Federal Candidate Mr. Mark L Pryor			Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>AR</u>		
Calendar Year-To-Date Per Election for Office Sought 292370.62			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
Full Name of Payee Melissa D Turner			Date of Public Distribution/Dissemination 10 / 21 / 2014		
Mailing Address 9653 Nations Dr			Amount 20.00		
City Springdale	State AR	Zip Code 72762	Transaction ID : d6bb7ef2-6a90-4020-9		
Purpose of Expenditure Salary		Category/Type 001	Date of Disbursement or Obligation 10 / 21 / 2014		
Name of Federal Candidate Mr. Mark L Pryor			Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>AR</u>		
Calendar Year-To-Date Per Election for Office Sought 292370.62			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			40.00		
(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.					
Signature <i>Ms. Emily Buchanan</i>			Date 05 / 18 / 2015		

[Electronically Filed]

Full Name of Payee Andrea L Hammond		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 21 / 2014	
Mailing Address 12920 Kneeland Ln		Amount 100.00	
City Neosho	State MO	Zip Code 64850	Transaction ID : 53c5032f-116e-4730-9
Purpose of Expenditure Salary	Category/ Type	001	Date of Disbursement or Obligation MM / DD / YYYY 10 / 21 / 2014
Name of Federal Candidate Mr. Mark L Pryor	☐ Support ☒ Oppose	Office Sought: ☐ President ☒ Senate	District: 00 State: AR
Calendar Year-To-Date Per Election for Office Sought	292370.62	Disbursement For: 2014 ☐ Other (specify) ▶	☐ Primary ☒ General

Full Name of Payee Andrea L Hammond		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 21 / 2014	
Mailing Address 12920 Kneeland Ln		Amount 33.60	
City Neosho	State MO	Zip Code 64850	Transaction ID : eb5f0865-9bf5-4696-9 Date of Disbursement or Obligation MM / DD / YYYY 10 / 21 / 2014
Purpose of Expenditure Mileage		Category/ Type 002	
Name of Federal Candidate Mr. Mark L Pryor		☐ Support ☒ Oppose	Office Sought: ☐ House ☒ Senate ☐ President ☐ Other (specify) _____
Calendar Year-To-Date Per Election for Office Sought 292370.62		District: 00 State: AR Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ► _____	

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	133.60
(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.

Date _____

Signature

Full Name of Payee Eva M Johnston		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 21 / 2014	
Mailing Address 2517 N 47th St		Amount 50.00	
City Milwaukee	State WI	Zip Code 53210	Transaction ID : fd367645-5d5e-4203-8 Date of Disbursement or Obligation MM / DD / YYYY 10 / 21 / 2014
Purpose of Expenditure Salary		Category/ Type 001	
Name of Federal Candidate Mr. Greg Orman		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: KS
Calendar Year-To-Date Per Election for Office Sought 261541.03		Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	150.00
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

Ms. Emily Buchanan

[Electronically Filed]

Date 05 / 18 / 2015

Signature

Full Name of Payee Lilly Green			Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 21 / 2014		
Mailing Address 205 Medallion Circle			Amount 62.10		
City Shreveport	State LA	Zip Code 71119	Transaction ID : 4e017679-f4b2-4ca2-b Date of Disbursement or Obligation MM / DD / YYYY 10 / 21 / 2014		
Purpose of Expenditure Mileage		Category/ Type 002			
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House ☒ Senate ☐ President ☒ Senate		
Calendar Year-To-Date Per Election for Office Sought 554635.78		Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ▶			

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	142.10
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

Ms. Emily Buchanan

[Electronically Filed]

Date 05 / 18 / 2015

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 733 OF 3250
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC		FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on		M M M / D D D / Y Y Y Y Y Y	
Full Name of Payee Amy J McMillion		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 10 / 21 / 2014	
Mailing Address 1325 S Collegiate Dr Apt 202G		Amount 11.70	
City Wilkesboro	State NC	Zip Code 28697	Transaction ID : 5c74d2b0-744d-4bb2-a
Purpose of Expenditure Salary	Category/Type 001	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 10 / 21 / 2014	
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	
Office Sought: ☐ President ☒ Senate		District: 00 State: NC	
Calendar Year-To-Date Per Election for Office Sought 1095959.94		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Amy J McMillion		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 10 / 21 / 2014	
Mailing Address 1325 S Collegiate Dr Apt 202G		Amount 5.40	
City Wilkesboro	State NC	Zip Code 28697	Transaction ID : 5874ab02-303e-482f-b
Purpose of Expenditure Mileage	Category/Type 002	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 10 / 21 / 2014	
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	
Office Sought: ☐ President ☒ Senate		District: 00 State: NC	
Calendar Year-To-Date Per Election for Office Sought 1095959.94		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶		17.10	
(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]	
Signature		Date M M M / D D D / Y Y Y Y Y Y 05 / 18 / 2015	

Full Name of Payee Christine R McDonald		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 21 / 2014	
Mailing Address 3751 N Jeanette Ave		Amount 2.10	
City Wichita	State KS	Zip Code 67204	Transaction ID : 18206700-9c8a-4772-a Date of Disbursement or Obligation MM / DD / YYYY 10 / 21 / 2014
Purpose of Expenditure Mileage	Category/ Type 002		
Name of Federal Candidate Mr. Greg Orman	☐ Support ☒ Oppose	Office Sought: ☐ President ☒ Senate ☐ Other (specify) ▶	District: 00 State: KS ☐ Primary ☒ General
Calendar Year-To-Date Per Election for Office Sought	261541.03		

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	12.10
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 735 OF 3250
 FOR LINE 24 OF FORM 3X

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

Full Name of Payee Diane Smith		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 21 / 2014	
Mailing Address 4006 Wolkswalk Place		Amount 11.50	
City Raleigh	State NC	Zip Code 27610	Transaction ID : 237f9fd8-3b89-48a3-9 Date of Disbursement or Obligation MM / DD / YYYY 10 / 21 / 2014
Purpose of Expenditure Salary		Category/Type 001	
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: NC
Calendar Year-To-Date Per Election for Office Sought		1095959.94	
		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	

Full Name of Payee Diane Smith		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 21 / 2014	
Mailing Address 4006 Wolkswalk Place		Amount 6.30	
City Raleigh	State NC	Zip Code 27610	Transaction ID : 1783407e-05ed-4f40-a Date of Disbursement or Obligation MM / DD / YYYY 10 / 21 / 2014
Purpose of Expenditure Mileage		Category/Type 002	
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: NC
Calendar Year-To-Date Per Election for Office Sought		1095959.94	
		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	17.80
(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]

Signature

Date

MM / DD / YYYY
05 / 18 / 2015

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 736 OF 3250
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M / D D / Y Y Y Y				
Full Name of Payee Carla K Pilgreen			Date of Public Distribution/Dissemination 10 / 21 / 2014	
Mailing Address 212 Stonecliff Dr			Amount 50.00	
City West Monro	State LA	Zip Code 71291	Transaction ID : e04b4763-b7cd-4f5a-a Date of Disbursement or Obligation 10 / 21 / 2014	
Purpose of Expenditure Salary		Category/ Type 001		
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>LA</u>	
Calendar Year-To-Date Per Election for Office Sought		554635.78	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Carla K Pilgreen			Date of Public Distribution/Dissemination 10 / 21 / 2014	
Mailing Address 212 Stonecliff Dr			Amount 10.89	
City West Monro	State LA	Zip Code 71291	Transaction ID : e4a9089c-ebec-4f42-b Date of Disbursement or Obligation 10 / 21 / 2014	
Purpose of Expenditure Mileage		Category/ Type 002		
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>LA</u>	
Calendar Year-To-Date Per Election for Office Sought		554635.78	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			60.89	
(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 05 / 18 / 2015	
Signature				

Full Name of Payee Brenda L McCune		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 21 / 2014	
Mailing Address 1254 Fleming St Apt 6		Amount 120.00	
City Conway	State AR	Zip Code 72032	Transaction ID : 613225f1-1756-4695-9 Date of Disbursement or Obligation MM / DD / YYYY 10 / 21 / 2014
Purpose of Expenditure Salary		Category/ Type 001	
Name of Federal Candidate Mr. Mark L Pryor		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: AR
Calendar Year-To-Date Per Election for Office Sought 292370.62		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	

Full Name of Payee Brenda L McCune		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 21 / 2014	
Mailing Address 1254 Fleming St Apt 6		Amount 24.90	
City Conway	State AR	Zip Code 72032	Transaction ID : 38b9e2e8-ee5b-4721-a Date of Disbursement or Obligation MM / DD / YYYY 10 / 21 / 2014
Purpose of Expenditure Mileage	Category/ Type	002	
Name of Federal Candidate Mr. Mark L Pryor	☐ Support ☒ Oppose	Office Sought: ☐ President ☒ Senate	District: 00 State: AR
Calendar Year-To-Date Per Election for Office Sought	292370.62		Disbursement For: 2014 ☐ Other (specify) ▶
		☐ Primary ☒ General	

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	144.90
(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.

Date _____

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 738 OF 3250
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M / D D / Y Y Y Y				
Full Name of Payee Brittnie W Campbell			Date of Public Distribution/Dissemination 10 / 21 / 2014	
Mailing Address 5828 Rena Road			Amount 25.00	
City Hamptonville	State NC	Zip Code 27020	Transaction ID : 3574febd-f858-46b7-9	
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation 10 / 21 / 2014	
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: NC	
Calendar Year-To-Date Per Election for Office Sought		1095959.94	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Brittnie W Campbell			Date of Public Distribution/Dissemination 10 / 21 / 2014	
Mailing Address 5828 Rena Road			Amount 4.80	
City Hamptonville	State NC	Zip Code 27020	Transaction ID : 62ea6eda-0e4f-45a6-9	
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement or Obligation 10 / 21 / 2014	
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: NC	
Calendar Year-To-Date Per Election for Office Sought		1095959.94	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			29.80	
(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.				
Signature Ms. Emily Buchanan		[Electronically Filed]		Date 05 / 18 / 2015

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 739 OF 3250
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M / D D / Y Y Y Y				
Full Name of Payee Antoinette Franklin			Date of Public Distribution/Dissemination 10 / 21 / 2014	
Mailing Address 8822 Apple St			Amount 40.00	
City New Orleans	State LA	Zip Code 70188	Transaction ID : b8e657c3-f00e-42f5-a Date of Disbursement or Obligation 10 / 21 / 2014	
Purpose of Expenditure Salary		Category/ Type 001		
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>LA</u>	
Calendar Year-To-Date Per Election for Office Sought		554635.78	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Antoinette Franklin			Date of Public Distribution/Dissemination 10 / 21 / 2014	
Mailing Address 8822 Apple St			Amount 9.00	
City New Orleans	State LA	Zip Code 70188	Transaction ID : 9a837207-2ccd-4504-a Date of Disbursement or Obligation 10 / 21 / 2014	
Purpose of Expenditure Mileage		Category/ Type 002		
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>LA</u>	
Calendar Year-To-Date Per Election for Office Sought		554635.78	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures.....▶			49.00	
(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.				
Signature Ms. Emily Buchanan		[Electronically Filed]		Date 05 / 18 / 2015

Full Name of Payee Tammay Williams		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 21 / 2014	
Mailing Address 924 N. Prieur St		Amount 40.00	
City New Orleans	State LA	Zip Code 70116	Transaction ID : f63d27f3-7243-4843-9 Date of Disbursement or Obligation MM / DD / YYYY 10 / 21 / 2014
Purpose of Expenditure Salary	Category/ Type	001	
Name of Federal Candidate Ms. Mary L Landrieu	☐ Support ☒ Oppose	Office Sought: ☐ President ☒ Senate	District: 00 State: LA
Calendar Year-To-Date Per Election for Office Sought	554635.78	Disbursement For: 2014 ☐ Other (specify) ▶	☐ Primary ☒ General

Full Name of Payee Tammy Williams			Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 21 / 2014		
Mailing Address 924 N. Prieur St			Amount 12.00		
City New Orleans	State LA	Zip Code 70116	Transaction ID : 4d4cf365-2d49-42dd-b Date of Disbursement or Obligation MM / DD / YYYY 10 / 21 / 2014		
Purpose of Expenditure Mileage		Category/ Type 002			
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: LA		
Calendar Year-To-Date Per Election for Office Sought		554635.78	Disbursement For: ☐ Primary ☒ General ☐ 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.

Date _____

Signature

05 / 18 / 2015

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 741 OF 3250
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC		FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on		M M M / D D D / Y Y Y Y Y Y	
Full Name of Payee Nathan D Stevens		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 10 / 21 / 2014	
Mailing Address 9653 Nations Dr		Amount 20.00	
City Springdale	State AR	Zip Code 72762	Transaction ID : 85e5733b-eb75-4691-9
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 10 / 21 / 2014
Name of Federal Candidate Mr. Mark L Pryor		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: AR
Calendar Year-To-Date Per Election for Office Sought 292370.62		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Nathan D Stevens		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 10 / 21 / 2014	
Mailing Address 9653 Nations Dr		Amount 9.30	
City Springdale	State AR	Zip Code 72762	Transaction ID : d4ad8aaf-ef2e-4a43-a
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 10 / 21 / 2014
Name of Federal Candidate Mr. Mark L Pryor		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: AR
Calendar Year-To-Date Per Election for Office Sought 292370.62		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶		29.30	
(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]	
Signature		Date M M M / D D D / Y Y Y Y Y Y 05 / 18 / 2015	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 742 OF 3250
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC		FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on		M M M / D D D / Y Y Y Y Y Y	
Full Name of Payee Christopher L Gilbert		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 10 / 21 / 2014	
Mailing Address 55 Lovell Johnson Rd		Amount 70.00	
City Picayune	State MS	Zip Code 39466	Transaction ID : 2230f03b-6b1b-4476-a
Purpose of Expenditure Salary		Category/Type 001	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 10 / 21 / 2014
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: LA
Calendar Year-To-Date Per Election for Office Sought 554635.78		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Christopher L Gilbert		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 10 / 21 / 2014	
Mailing Address 55 Lovell Johnson Rd		Amount 32.40	
City Picayune	State MS	Zip Code 39466	Transaction ID : 39ada36f-0e92-41f6-9
Purpose of Expenditure Mileage		Category/Type 002	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 10 / 21 / 2014
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: LA
Calendar Year-To-Date Per Election for Office Sought 554635.78		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶		102.40	
(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]	
Signature		Date M M M / D D D / Y Y Y Y Y Y 05 / 18 / 2015	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 743 OF 3250
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC		FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on		M M M / D D D / Y Y Y Y Y Y	
Full Name of Payee Bethlehem R Romm		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 10 / 21 / 2014	
Mailing Address 2609 Bluestrem Dr		Amount 20.00	
City Lawrence	State KS	Zip Code 66047	Transaction ID : 88cb5d35-9609-4fc2-8
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 10 / 21 / 2014
Name of Federal Candidate Mr. Greg Orman		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: KS
Calendar Year-To-Date Per Election for Office Sought 261541.03		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Bethlehem R Romm		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 10 / 21 / 2014	
Mailing Address 2609 Bluestrem Dr		Amount 6.12	
City Lawrence	State KS	Zip Code 66047	Transaction ID : 712f5224-57c5-4ca3-9
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 10 / 21 / 2014
Name of Federal Candidate Mr. Greg Orman		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: KS
Calendar Year-To-Date Per Election for Office Sought 261541.03		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶		26.12	
(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]	
Signature		Date M M M / D D D / Y Y Y Y Y Y 05 / 18 / 2015	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 744 OF 3250
 FOR LINE 24 OF FORM 3X

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

Full Name of Payee Lisa Booth		Date of Public Distribution/Dissemination MM / DD / YYYY 10 21 2014	
Mailing Address 1434 South Avenue		Amount 100.00	
City Eden	State NC	Zip Code 27288	Transaction ID : d1713063-407a-4345-8 Date of Disbursement or Obligation MM / DD / YYYY 10 21 2014
Purpose of Expenditure Salary		Category/Type 001	
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: NC
Calendar Year-To-Date Per Election for Office Sought		1095959.94	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶

Full Name of Payee Lisa Booth		Date of Public Distribution/Dissemination MM / DD / YYYY 10 21 2014	
Mailing Address 1434 South Avenue		Amount 18.30	
City Eden	State NC	Zip Code 27288	Transaction ID : 5bfb2ea5-5ef5-4c5a-8 Date of Disbursement or Obligation MM / DD / YYYY 10 21 2014
Purpose of Expenditure Mileage		Category/Type 002	
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: NC
Calendar Year-To-Date Per Election for Office Sought		1095959.94	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	118.30
(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

 MM / DD / YYYY

05

18

2015

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 745 OF 3250
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC		FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M M / D D D / Y Y Y Y Y Y			
Full Name of Payee Sandra H Wagner		Date of Public Distribution/Dissemination 10 / 21 / 2014	
Mailing Address 5828 Rena Road		Amount 52.50	
City Hamptonville	State NC	Zip Code 27020	Transaction ID : 294fe4b0-7201-405d-b
Purpose of Expenditure Salary	Category/ Type	001	Date of Disbursement or Obligation 10 / 21 / 2014
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: NC
Calendar Year-To-Date Per Election for Office Sought		1095959.94	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶
Full Name of Payee Sandra H Wagner		Date of Public Distribution/Dissemination 10 / 21 / 2014	
Mailing Address 5828 Rena Road		Amount 14.10	
City Hamptonville	State NC	Zip Code 27020	Transaction ID : b5d04a04-d5de-4d30-9
Purpose of Expenditure Mileage	Category/ Type	002	Date of Disbursement or Obligation 10 / 21 / 2014
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: NC
Calendar Year-To-Date Per Election for Office Sought		1095959.94	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures.....▶		66.60	
(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]	
Signature		Date 05 / 18 / 2015	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 746 OF 3250
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC		FEC IDENTIFICATION NUMBER ▼ C C00530766
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on		MM / DD / YYYY

Full Name of Payee Casey Stockton		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 21 / 2014
Mailing Address 105 South Dale St		Amount 70.00
City Spruce Pine	State NC	Zip Code 28777
Purpose of Expenditure Salary	Category/Type 001	Transaction ID : 3a429ac5-286e-432a-b Date of Disbursement or Obligation MM / DD / YYYY 10 / 21 / 2014
Name of Federal Candidate Ms. Kay Hagan		Office Sought: ☐ House District: 00 ☒ Senate State: NC
Calendar Year-To-Date Per Election for Office Sought 1095959.94		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶

Full Name of Payee Mary Johnson		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 21 / 2014
Mailing Address 105 South Dale St		Amount 70.00
City Spruce Pine	State NC	Zip Code 28777
Purpose of Expenditure Salary	Category/Type 001	Transaction ID : 9eb2c5c1-888e-4227-9 Date of Disbursement or Obligation MM / DD / YYYY 10 / 21 / 2014
Name of Federal Candidate Ms. Kay Hagan		Office Sought: ☐ House District: 00 ☒ Senate State: NC
Calendar Year-To-Date Per Election for Office Sought 1095959.94		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	140.00
(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

MM / DD / YYYY
05 / 18 / 2015

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 747 OF 3250
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M M / D D D / Y Y Y Y Y Y					
Full Name of Payee Jane M Kesinger			Date of Public Distribution/Dissemination 10 / 21 / 2014		
Mailing Address 209 Hillside Dr			Amount 10.00		
City Baldwin City		State KS	Zip Code 66006		Transaction ID : 2566a075-1444-4cf4-a
Purpose of Expenditure Salary		Category/ Type 001		Date of Disbursement or Obligation 10 / 21 / 2014	
Name of Federal Candidate Mr. Greg Orman			☐ Support ☒ Oppose Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>KS</u>		
Calendar Year-To-Date Per Election for Office Sought 261541.03			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶ _____		
Full Name of Payee Jane M Kesinger			Date of Public Distribution/Dissemination 10 / 21 / 2014		
Mailing Address 209 Hillside Dr			Amount 1.35		
City Baldwin City		State KS	Zip Code 66006		Transaction ID : 95a9464a-e0b9-406b-9
Purpose of Expenditure Mileage		Category/ Type 002		Date of Disbursement or Obligation 10 / 21 / 2014	
Name of Federal Candidate Mr. Greg Orman			☐ Support ☒ Oppose Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>KS</u>		
Calendar Year-To-Date Per Election for Office Sought 261541.03			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶ _____		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			11.35		
(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.					
Signature <i>Ms. Emily Buchanan</i>			[Electronically Filed] Date 05 / 18 / 2015		

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 748 OF 3250
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC		FEC IDENTIFICATION NUMBER ▼ C C00530766
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on		MM / DD / YYYY

Full Name of Payee Lyndsey R Tarr		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 21 / 2014
Mailing Address 109 Essex Cv		Amount 10.00
City Jacksonville	State AR	Zip Code 72076
Purpose of Expenditure Salary	Category/Type 001	Transaction ID : b1537712-f3d6-48ba-b Date of Disbursement or Obligation MM / DD / YYYY 10 / 21 / 2014
Name of Federal Candidate Mr. Mark L Pryor		Office Sought: ☐ House District: 00 ☒ Senate State: AR
Calendar Year-To-Date Per Election for Office Sought 292370.62		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶

Full Name of Payee Lyndsey R Tarr		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 21 / 2014
Mailing Address 109 Essex Cv		Amount 5.70
City Jacksonville	State AR	Zip Code 72076
Purpose of Expenditure Mileage	Category/Type 002	Transaction ID : 403912ae-92a7-4e76-a Date of Disbursement or Obligation MM / DD / YYYY 10 / 21 / 2014
Name of Federal Candidate Mr. Mark L Pryor		Office Sought: ☐ House District: 00 ☒ Senate State: AR
Calendar Year-To-Date Per Election for Office Sought 292370.62		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	15.70
(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]

Signature

Date

MM / DD / YYYY
05 / 18 / 2015

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

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 FOR LINE 24 OF FORM 3X

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

Full Name of Payee Maria A Britt		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 21 / 2014	
Mailing Address 4894 Thunder Bolt		Amount 90.00	
City Concord	State NC	Zip Code 28205	Transaction ID : a5b238f0-32e2-42ea-9
Purpose of Expenditure Salary	Category/Type 001	Date of Disbursement or Obligation MM / DD / YYYY 10 / 21 / 2014	
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: NC	
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	

Full Name of Payee Maria A Britt		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 21 / 2014	
Mailing Address 4894 Thunder Bolt		Amount 20.40	
City Concord	State NC	Zip Code 28205	Transaction ID : ac7596a5-c5b2-4a10-9
Purpose of Expenditure Mileage	Category/Type 002	Date of Disbursement or Obligation MM / DD / YYYY 10 / 21 / 2014	
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: NC	
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	110.40
(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

MM / DD / YYYY
05 / 18 / 2015

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 750 OF 3250
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on MM / DD / YYYY					
Full Name of Payee Deborah J Nunn			Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 21 / 2014		
Mailing Address 910 E Elm St			Amount 27.50		
City Salina	State KS	Zip Code 67401	Transaction ID : ca545eb5-00bb-46a8-b		
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation MM / DD / YYYY 10 / 21 / 2014		
Name of Federal Candidate Mr. Greg Orman		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>KS</u>		
Calendar Year-To-Date Per Election for Office Sought		261541.03	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
Full Name of Payee Deborah J Nunn			Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 21 / 2014		
Mailing Address 910 E Elm St			Amount 2.40		
City Salina	State KS	Zip Code 67401	Transaction ID : 803f68ee-474f-434f-9		
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement or Obligation MM / DD / YYYY 10 / 21 / 2014		
Name of Federal Candidate Mr. Greg Orman		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>KS</u>		
Calendar Year-To-Date Per Election for Office Sought		261541.03	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			29.90		
(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.					
Signature Ms. Emily Buchanan		[Electronically Filed]		Date MM / DD / YYYY 05 / 18 / 2015	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 751 OF 3250
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M M / D D D / Y Y Y Y Y Y				
Full Name of Payee Barbara A Williams			Date of Public Distribution/Dissemination 10 / 21 / 2014	
Mailing Address 3002 Darden Rd Apt A			Amount 45.00	
City Greensboro	State NC	Zip Code 27407	Transaction ID : 922b601d-cc1d-4a3d-9 Date of Disbursement or Obligation 10 / 21 / 2014	
Purpose of Expenditure Salary		Category/ Type 001		
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: NC	
Calendar Year-To-Date Per Election for Office Sought		1095959.94	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Brittany Jones			Date of Public Distribution/Dissemination 10 / 21 / 2014	
Mailing Address 338 Wayne Drive			Amount 5.00	
City Shreveport	State LA	Zip Code 71105	Transaction ID : 77f6d141-cfff-4d19-b Date of Disbursement or Obligation 10 / 21 / 2014	
Purpose of Expenditure Salary		Category/ Type 001		
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: LA	
Calendar Year-To-Date Per Election for Office Sought		554635.78	Disbursement For: ☐ Primary ☒ 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 05 / 18 / 2015	
Signature				

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 752 OF 3250
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC		FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on		M M M / D D D / Y Y Y Y Y Y	
Full Name of Payee Mary Catherine Toburen		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 10 / 21 / 2014	
Mailing Address 1222 SE 44 St		Amount 16.00	
City Topeka	State KS	Zip Code 66609	Transaction ID : e00c5fa6-68e1-446d-9
Purpose of Expenditure Salary	Category/Type 001	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 10 / 21 / 2014	
Name of Federal Candidate Mr. Greg Orman		Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: KS	
Calendar Year-To-Date Per Election for Office Sought 261541.03		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Stuart T Haley		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 10 / 21 / 2014	
Mailing Address 600 W Vine Ave		Amount 70.00	
City Searcy	State AR	Zip Code 72143	Transaction ID : 49c7c7ca-ba9a-4b79-a
Purpose of Expenditure Salary	Category/Type 001	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 10 / 21 / 2014	
Name of Federal Candidate Mr. Mark L Pryor		Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: AR	
Calendar Year-To-Date Per Election for Office Sought 292370.62		Disbursement For: ☐ Primary ☒ 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.			
Signature Ms. Emily Buchanan		Date M M M / D D D / Y Y Y Y Y Y 05 / 18 / 2015	
		[Electronically Filed]	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 753 OF 3250
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M / D D / Y Y Y Y Y Y					
Full Name of Payee Stuart T Haley			Date of Public Distribution/Dissemination 10 / 21 / 2014		
Mailing Address 600 W Vine Ave			Amount 30.00		
City Searcy	State AR	Zip Code 72143	Transaction ID : 4f5f3050-b97a-42b3-9		
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement or Obligation 10 / 21 / 2014		
Name of Federal Candidate Mr. Mark L Pryor		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: AR		
Calendar Year-To-Date Per Election for Office Sought		292370.62	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
Full Name of Payee Michael Terry			Date of Public Distribution/Dissemination 10 / 21 / 2014		
Mailing Address 936 S Cypress			Amount 45.00		
City Wichita	State KS	Zip Code 67207	Transaction ID : 8790dbfb-251a-4d54-b		
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation 10 / 21 / 2014		
Name of Federal Candidate Mr. Greg Orman		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: KS		
Calendar Year-To-Date Per Election for Office Sought		261541.03	Disbursement For: ☐ Primary ☒ 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.					
Signature Ms. Emily Buchanan		[Electronically Filed]		Date 05 / 18 / 2015	

Full Name of Payee Jennifer Cheever		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 21 / 2014	
Mailing Address 4545 S Gold		Amount 4.80	
City Wichita	State KS	Zip Code 67217	Transaction ID : 0903e9ed-34e8-4fb0-8 Date of Disbursement or Obligation MM / DD / YYYY 10 / 21 / 2014
Purpose of Expenditure Mileage		Category/ Type 002	
Name of Federal Candidate Mr. Greg Orman		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: KS
Calendar Year-To-Date Per Election for Office Sought 261541.03		Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ►	

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	49.80
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

Ms. Emily Buchanan

[Electronically Filed]

Date 05 / 18 / 2015

Signature _____

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 755 OF 3250
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC		FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on		MM / DD / YYYY	

Full Name of Payee Mattie Harris		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 21 / 2014	
Mailing Address 3654 Tara St		Amount 60.00	
City springdale	State AR	Zip Code 72762	Transaction ID : 1df658fa-1d04-4763-8
Purpose of Expenditure Salary		Category/Type 001	Date of Disbursement or Obligation MM / DD / YYYY 10 / 21 / 2014
Name of Federal Candidate Mr. Mark L Pryor		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: AR
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
		292370.62	

Full Name of Payee Ruthie M Thompson		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 21 / 2014	
Mailing Address 286 Wrenn Drive		Amount 25.00	
City Lexington	State NC	Zip Code 27292	Transaction ID : e1b36b31-05ff-48c9-b
Purpose of Expenditure Salary		Category/Type 001	Date of Disbursement or Obligation MM / DD / YYYY 10 / 21 / 2014
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: NC
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
		1095959.94	

(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]

Signature

Date

MM / DD / YYYY
05 / 18 / 2015

Full Name of Payee Marilyn A Holt		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 21 / 2014	
Mailing Address 314 Tumbleweed Dr		Amount 25.00	
City Winston Salem	State NC	Zip Code 27127	Transaction ID : 12c6d6e4-ef6c-44d1-9 Date of Disbursement or Obligation MM / DD / YYYY 10 / 21 / 2014
Purpose of Expenditure Salary	Category/ Type	001	
Name of Federal Candidate Ms. Kay Hagan	☐ Support ☒ Oppose	Office Sought: ☐ President ☒ Senate	District: 00 State: NC
Calendar Year-To-Date Per Election for Office Sought	1095959.94	Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....		30.40
(b) SUBTOTAL of Unitemized Independent Expenditures		
(c) TOTAL Independent Expenditures.....		

Signature

Full Name of Payee Gary W Fuhrmann		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 21 / 2014	
Mailing Address 9425 Jessica Drive		Amount 32.50	
City Shreveport	State LA	Zip Code 71106	Transaction ID : 009b8fa9-a588-4a05-a Date of Disbursement or Obligation MM / DD / YYYY 10 / 21 / 2014
Purpose of Expenditure Salary		Category/ Type 001	
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House ☒ Senate ☐ President ☐ Other (specify) _____
Calendar Year-To-Date Per Election for Office Sought		554635.78	Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ► _____

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	35.50
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

FEC Schedule E (Form 3X) Rev. 09/2013

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 758 OF 3250
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC		FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on		M M M / D D D / Y Y Y Y Y Y	
Full Name of Payee Gary W Fuhrmann		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 10 / 21 / 2014	
Mailing Address 9425 Jessica Drive		Amount 7.80	
City Shreveport	State LA	Zip Code 71106	Transaction ID : 9a8c8cc7-03e4-45b8-b
Purpose of Expenditure Mileage	Category/ Type 002	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 10 / 21 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	
Office Sought: ☐ President ☒ Senate		District: 00 State: LA	
Calendar Year-To-Date Per Election for Office Sought 554635.78		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Debra Lindsey		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 10 / 21 / 2014	
Mailing Address 119 Goldenwood Dr		Amount 70.00	
City Slidell	State LA	Zip Code 70461	Transaction ID : ef82c919-b8cc-403c-b
Purpose of Expenditure Salary	Category/ Type 001	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 10 / 21 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	
Office Sought: ☐ President ☒ Senate		District: 00 State: LA	
Calendar Year-To-Date Per Election for Office Sought 554635.78		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶		77.80	
(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.			
Signature Ms. Emily Buchanan		Date M M M / D D D / Y Y Y Y Y Y 05 / 18 / 2015	
		[Electronically Filed]	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 759 OF 3250
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M / D D / Y Y Y Y Y Y					
Full Name of Payee Debra Lindsey			Date of Public Distribution/Dissemination 10 / 21 / 2014		
Mailing Address 119 Goldenwood Dr			Amount 5.40		
City Slidell	State LA	Zip Code 70461	Transaction ID : 22162f14-e4e6-4c1d-b		
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement or Obligation 10 / 21 / 2014		
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: LA		
Calendar Year-To-Date Per Election for Office Sought		554635.78	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
Full Name of Payee Randy G Lookabill			Date of Public Distribution/Dissemination 10 / 21 / 2014		
Mailing Address 200 Carawood Lane			Amount 47.50		
City Lexington	State NC	Zip Code 27295	Transaction ID : ffd89fb3-dd2e-4f22-9		
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation 10 / 21 / 2014		
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: NC		
Calendar Year-To-Date Per Election for Office Sought		1095959.94	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			52.90		
(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.					
Signature Ms. Emily Buchanan		[Electronically Filed]		Date 05 / 18 / 2015	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 760 OF 3250
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC		FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on		M M M / D D D / Y Y Y Y Y Y	
Full Name of Payee Randy G Lookabill		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 10 / 21 / 2014	
Mailing Address 200 Carawood Lane		Amount 23.70	
City Lexington	State NC	Zip Code 27295	Transaction ID : a3d42b65-cf40-4f42-a
Purpose of Expenditure Mileage	Category/ Type	002	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 10 / 21 / 2014
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: NC
Calendar Year-To-Date Per Election for Office Sought		1095959.94	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶
Full Name of Payee Ashley n Thompson		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 10 / 21 / 2014	
Mailing Address 272 Westgate Ct Apt 6		Amount 20.00	
City Lexington	State NC	Zip Code 27295	Transaction ID : b220c416-7af9-437f-9
Purpose of Expenditure Salary	Category/ Type	001	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 10 / 21 / 2014
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: NC
Calendar Year-To-Date Per Election for Office Sought		1095959.94	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures.....		43.70	
(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]	
Signature		Date M M M / D D D / Y Y Y Y Y Y 05 / 18 / 2015	

Full Name of Payee Felicia A Jones			Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y 10 / 21 / 2014		
Mailing Address 4106 Martha St			Amount 30.00		
City Shreveport	State LA	Zip Code 71109	Transaction ID : 5d614383-1436-4459-9 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y 10 / 21 / 2014		
Purpose of Expenditure Salary		Category/ Type 001			
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: LA		
Calendar Year-To-Date Per Election for Office Sought		554635.78	Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ►		

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	33.00
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

Signature

Full Name of Payee Felicia A Jones		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 21 / 2014	
Mailing Address 4106 Martha St		Amount 7.50	
City Shreveport	State LA	Zip Code 71109	Transaction ID : 02bdeb17-feb4-4065-b
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement or Obligation MM / DD / YYYY 10 / 21 / 2014
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: LA
Calendar Year-To-Date Per Election for Office Sought 554635.78		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	

Full Name of Payee Peggy A Sides		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 21 / 2014	
Mailing Address 2183 Spokane Rd		Amount 60.00	
City Fayetteville	State NC	Zip Code 28304	Transaction ID : 5850f79a-bf40-4b8a-b Date of Disbursement or Obligation MM / DD / YYYY 10 / 21 / 2014
Purpose of Expenditure Salary	Category/ Type 001		
Name of Federal Candidate Ms. Kay Hagan	☐ Support ☒ Oppose	Office Sought: ☐ President ☒ Senate	District: 00 State: NC
Calendar Year-To-Date Per Election for Office Sought	1095959.94	Disbursement For: 2014 ☐ Primary ☒ General ☐ Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	
(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.

Date _____

Signature

05 / 18 / 2015

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 763 OF 3250
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC		FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on		M M M / D D D / Y Y Y Y Y Y	
Full Name of Payee Peggy A Sides		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 10 / 21 / 2014	
Mailing Address 2183 Spokane Rd		Amount 7.50	
City Fayetteville	State NC	Zip Code 28304	Transaction ID : 9057d7c0-b160-419c-a
Purpose of Expenditure Mileage	Category/Type 002	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 10 / 21 / 2014	
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	
Office Sought: ☐ President ☒ Senate		District: 00 State: NC	
Calendar Year-To-Date Per Election for Office Sought 1095959.94		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Jacob W Joosten		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 10 / 21 / 2014	
Mailing Address 1906 S Pine Apt B		Amount 40.00	
City Pittsburg	State KS	Zip Code 66762	Transaction ID : 1df4706d-06e2-4f9e-b
Purpose of Expenditure Salary	Category/Type 001	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 10 / 21 / 2014	
Name of Federal Candidate Mr. Greg Orman		☐ Support ☒ Oppose	
Office Sought: ☐ President ☒ Senate		District: 00 State: KS	
Calendar Year-To-Date Per Election for Office Sought 261541.03		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶		47.50	
(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.			
Signature Ms. Emily Buchanan		Date M M M / D D D / Y Y Y Y Y Y 05 / 18 / 2015	
		[Electronically Filed]	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 764 OF 3250
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M / D D / Y Y Y Y				
Full Name of Payee Jacob W Joosten			Date of Public Distribution/Dissemination 10 / 21 / 2014	
Mailing Address 1906 S Pine Apt B			Amount 13.50	
City Pittsburg	State KS	Zip Code 66762	Transaction ID : 01767e45-c836-4b3d-8	
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement or Obligation 10 / 21 / 2014	
Name of Federal Candidate Mr. Greg Orman		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>KS</u>	
Calendar Year-To-Date Per Election for Office Sought		261541.03	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Courtney Goldstein			Date of Public Distribution/Dissemination 10 / 21 / 2014	
Mailing Address 1809 N Woodlawn			Amount 85.00	
City Metairie	State LA	Zip Code 70001	Transaction ID : d373d0bc-158e-437e-b	
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation 10 / 21 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>LA</u>	
Calendar Year-To-Date Per Election for Office Sought		554635.78	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			98.50	
(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.				
Signature Ms. Emily Buchanan		[Electronically Filed]		Date 05 / 18 / 2015

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 766 OF 3250
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC		FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on		M M M / D D D / Y Y Y Y Y Y	
Full Name of Payee Rachel L Anzalone		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 10 / 21 / 2014	
Mailing Address 2319 West Oak		Amount 5.16	
City El Dorado	State AR	Zip Code 71730	Transaction ID : 1277755e-90a4-45ae-8
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 10 / 21 / 2014
Name of Federal Candidate Mr. Mark L Pryor		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: AR
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Jake Mathews		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 10 / 21 / 2014	
Mailing Address 6418 East 12 St		Amount 30.00	
City Wichita	State KS	Zip Code 67206	Transaction ID : 65edbede-2ec0-432c-8
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 10 / 21 / 2014
Name of Federal Candidate Mr. Greg Orman		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: KS
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶		35.16	
(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.			
Signature Ms. Emily Buchanan		Date M M M / D D D / Y Y Y Y Y Y 05 / 18 / 2015	
		[Electronically Filed]	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 767 OF 3250
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M M / D D D / Y Y Y Y Y Y					
Full Name of Payee Jake Mathews			Date of Public Distribution/Dissemination 10 / 21 / 2014		
Mailing Address 6418 East 12 St			Amount 6.60		
City Wichita		State KS	Zip Code 67206		Transaction ID : 6a93dbb2-bd86-4faa-8
Purpose of Expenditure Mileage		Category/ Type 002		Date of Disbursement or Obligation 10 / 21 / 2014	
Name of Federal Candidate Mr. Greg Orman			Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: KS		
Calendar Year-To-Date Per Election for Office Sought 261541.03			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
Full Name of Payee Christopher Marquess			Date of Public Distribution/Dissemination 10 / 21 / 2014		
Mailing Address 110 W Pecan St			Amount 55.00		
City Ville Platte		State LA	Zip Code 70586		Transaction ID : 30843f07-4f5f-45ef-9
Purpose of Expenditure Salary		Category/ Type 001		Date of Disbursement or Obligation 10 / 21 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu			Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: LA		
Calendar Year-To-Date Per Election for Office Sought 554635.78			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			61.60		
(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.					
Signature Ms. Emily Buchanan			Date 05 / 18 / 2015		
[Electronically Filed]					

Full Name of Payee Zachary R McCleese		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 21 / 2014	
Mailing Address 323 Rolling Pines Dr		Amount 90.00	
City Spring Lake	State NC	Zip Code 28390	Transaction ID : 827c2ead-b5be-4d2e-8
Purpose of Expenditure Salary	Category/ Type	001	Date of Disbursement or Obligation MM / DD / YYYY 10 / 21 / 2014
Name of Federal Candidate Mr. Mark L Pryor	☐ Support ☒ Oppose	Office Sought: ☐ President ☒ Senate	District: 00 State: AR
Calendar Year-To-Date Per Election for Office Sought	292370.62		Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....		126.30
(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.

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 769 OF 3250
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M M / D D D / Y Y Y Y Y Y					
Full Name of Payee Zachary R McCleese			Date of Public Distribution/Dissemination 10 / 21 / 2014		
Mailing Address 323 Rolling Pines Dr			Amount 60.30		
City Spring Lake	State NC	Zip Code 28390	Transaction ID : 1a8cb945-37c6-420b-a		
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement or Obligation 10 / 21 / 2014		
Name of Federal Candidate Mr. Mark L Pryor		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>AR</u>		
Calendar Year-To-Date Per Election for Office Sought		292370.62	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
Full Name of Payee Sheri J Peace			Date of Public Distribution/Dissemination 10 / 21 / 2014		
Mailing Address 9685 Paula St			Amount 80.00		
City Keithville	State LA	Zip Code 71047	Transaction ID : da58ae3c-a97a-4657-8		
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation 10 / 21 / 2014		
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>LA</u>		
Calendar Year-To-Date Per Election for Office Sought		554635.78	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			140.30		
(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 05 / 18 / 2015		
Signature					

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 770 OF 3250
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M M / D D D / Y Y Y Y Y Y					
Full Name of Payee The Lukens Company			Date of Public Distribution/Dissemination 10 / 23 / 2014		
Mailing Address 2800 Shirlington Road 9th Floor			Amount 100000.00		
City Arlington		State VA	Zip Code 22206		Transaction ID : 36507719-3b11-4fe5-8
Purpose of Expenditure Mailer		Category/Type 004		Date of Disbursement or Obligation 10 / 23 / 2014	
Name of Federal Candidate Mr. Greg Orman			Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: KS ☐ Support ☒ Oppose		
Calendar Year-To-Date Per Election for Office Sought			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
Full Name of Payee Patrice Wolfe			Date of Public Distribution/Dissemination 10 / 21 / 2014		
Mailing Address 9909 Treasure Hill Rd			Amount 24.50		
City Little Rock		State AR	Zip Code 72205		Transaction ID : 73dfc502-ab80-4871-9
Purpose of Expenditure Salary		Category/Type 001		Date of Disbursement or Obligation 10 / 21 / 2014	
Name of Federal Candidate Mr. Mark L Pryor			Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: AR ☐ Support ☒ Oppose		
Calendar Year-To-Date Per Election for Office Sought			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			100024.50		
(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.					
Signature _____ Ms. Emily Buchanan			Date 05 / 18 / 2015 [Electronically Filed]		

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 771 OF 3250
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M M / D D D / Y Y Y Y Y Y					
Full Name of Payee Patrice Wolfe			Date of Public Distribution/Dissemination 10 / 21 / 2014		
Mailing Address 9909 Treasure Hill Rd			Amount 8.10		
City Little Rock		State AR	Zip Code 72205		Transaction ID : a1fee2b5-f4c1-4f0b-8
Purpose of Expenditure Mileage		Category/ Type 002		Date of Disbursement or Obligation 10 / 21 / 2014	
Name of Federal Candidate Mr. Mark L Pryor			Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: AR		
Calendar Year-To-Date Per Election for Office Sought 292370.62			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
Full Name of Payee The Lukens Company			Date of Public Distribution/Dissemination 10 / 20 / 2014		
Mailing Address 2800 Shirlington Road 9th Floor			Amount 53977.55		
City Arlington		State VA	Zip Code 22206		Transaction ID : 65c47005-532a-4080-8
Purpose of Expenditure Mailer		Category/ Type 004		Date of Disbursement or Obligation 10 / 20 / 2014	
Name of Federal Candidate Mr. Greg Orman			Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: KS		
Calendar Year-To-Date Per Election for Office Sought 261541.03			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			53985.65		
(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.					
Signature <i>Ms. Emily Buchanan</i>			Date 05 / 18 / 2015		
[Electronically Filed]					

Full Name of Payee Heather Ainsworth		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 21 / 2014	
Mailing Address 9685 Paula St		Amount 80.00	
City Keithville	State LA	Zip Code 71047	Transaction ID : aee39aae-4b3d-47d9-8
Purpose of Expenditure Salary	Category/ Type	001	Date of Disbursement or Obligation MM / DD / YYYY 10 / 21 / 2014
Name of Federal Candidate Ms. Mary L Landrieu	☐ Support ☒ Oppose	Office Sought: ☐ President ☒ Senate	District: 00 State: LA
Calendar Year-To-Date Per Election for Office Sought	554635.78	Disbursement For: 2014 ☐ Other (specify) ▶	☐ Primary ☒ General

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	20080.00
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

Three digital displays are shown side-by-side, separated by slashes. The first display shows '05' under 'MM' labels. The second display shows '18' under 'DD' labels. The third display shows '2015' under 'YYYY' labels.

FEC Schedule E (Form 3X) Rev. 09/2013

Full Name of Payee Joshua J Huffman		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 21 / 2014	
Mailing Address 211 Dixie Ave		Amount 45.00	
City Harrisonburg	State VA	Zip Code 22801	Transaction ID : b1de2643-b2f6-442f-9 Date of Disbursement or Obligation MM / DD / YYYY 10 / 21 / 2014
Purpose of Expenditure Salary	Category/ Type	001	
Name of Federal Candidate Mr. Greg Orman	☐ Support ☒ Oppose	Office Sought: ☐ House ☒ Senate ☐ President	District: 00 State: KS
Calendar Year-To-Date Per Election for Office Sought	261541.03		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....	71.10
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures.....	

05 / 18 / 2015

FEC Schedule E (Form 3X) Rev. 09/2013

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 774 OF 3250
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC		FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on		M M M / D D D / Y Y Y Y Y Y	
Full Name of Payee Kristina M Jinkens		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 10 / 21 / 2014	
Mailing Address 2138 N 1000 Rd		Amount 2.33	
City Eudora	State KS	Zip Code 66025	Transaction ID : fc19d8ea-0a21-4425-9
Purpose of Expenditure Salary	Category/Type 001	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 10 / 21 / 2014	
Name of Federal Candidate Mr. Greg Orman		☐ Support ☒ Oppose	
Office Sought: ☐ President ☒ Senate		District: 00 State: KS	
Calendar Year-To-Date Per Election for Office Sought 261541.03		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Charleen Ecuyer		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 10 / 21 / 2014	
Mailing Address 3738 Woodland Ridge Blvd		Amount 20.00	
City Baton Rouge	State LA	Zip Code 70816	Transaction ID : ec8cf798-bc51-4516-9
Purpose of Expenditure Salary	Category/Type 001	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 10 / 21 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	
Office Sought: ☐ President ☒ Senate		District: 00 State: LA	
Calendar Year-To-Date Per Election for Office Sought 554635.78		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶		22.33	
(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.			
Signature Ms. Emily Buchanan		Date M M M / D D D / Y Y Y Y Y Y 05 / 18 / 2015	
[Electronically Filed]			

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 775 OF 3250
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC		FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on		M M M / D D D / Y Y Y Y Y Y	
Full Name of Payee Charleen Ecuyer		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 10 / 21 / 2014	
Mailing Address 3738 Woodland Ridge Blvd		Amount 6.54	
City Baton Rouge	State LA	Zip Code 70816	Transaction ID : 48e13406-8054-47b9-a
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 10 / 21 / 2014
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: LA
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Jessica R Resendiz		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 10 / 21 / 2014	
Mailing Address 9685 Paula St		Amount 80.00	
City Keithville	State LA	Zip Code 71047	Transaction ID : 71af70f4-f878-47bb-9
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 10 / 21 / 2014
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: LA
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶		86.54	
(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.			
Signature Ms. Emily Buchanan		[Electronically Filed] Date M M M / D D D / Y Y Y Y Y Y 05 / 18 / 2015	

Full Name of Payee Jeremy Hollar		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 21 / 2014	
Mailing Address 121 Meadowview Drive		Amount 30.00	
City Boone	State NC	Zip Code 28607	Transaction ID : d8b3dbd1-6c73-4764-a Date of Disbursement or Obligation MM / DD / YYYY 10 / 21 / 2014
Purpose of Expenditure Salary		Category/ Type 001	
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: NC
Calendar Year-To-Date Per Election for Office Sought		1095959.94	Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ►

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	56.10
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

05 / 18 / 2015

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SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 777 OF 3250
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC		FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on		M M M / D D D / Y Y Y Y Y Y	
Full Name of Payee Jeremy Hollar		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 10 / 21 / 2014	
Mailing Address 121 Meadowview Drive		Amount 28.50	
City Boone	State NC	Zip Code 28607	Transaction ID : 66a02e69-608c-4d06-a
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 10 / 21 / 2014
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: NC
Calendar Year-To-Date Per Election for Office Sought 1095959.94		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Joneisha Stewart		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 10 / 21 / 2014	
Mailing Address 2329 Runnymede Dr		Amount 50.00	
City Marrero	State LA	Zip Code 70072	Transaction ID : f9d2b564-86c5-4159-9
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 10 / 21 / 2014
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: LA
Calendar Year-To-Date Per Election for Office Sought 554635.78		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶		78.50	
(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.			
Signature Ms. Emily Buchanan		[Electronically Filed] Date M M M / D D D / Y Y Y Y Y Y 05 / 18 / 2015	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 778 OF 3250
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC		FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on		M M M / D D D / Y Y Y Y Y Y	
Full Name of Payee Joneisha Stewart		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 10 / 21 / 2014	
Mailing Address 2329 Runnymede Dr		Amount 3.00	
City Marrero	State LA	Zip Code 70072	Transaction ID : f1cf5e18-1485-40d0-8
Purpose of Expenditure Mileage	Category/ Type	002	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 10 / 21 / 2014
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: LA
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Philip Elkins		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 10 / 21 / 2014	
Mailing Address 227 Lincoln Dr		Amount 20.00	
City Bossier City	State LA	Zip Code 71111	Transaction ID : c4630bf2-1646-499c-b
Purpose of Expenditure Salary	Category/ Type	001	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 10 / 21 / 2014
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: LA
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶		23.00	
(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]	
Signature		Date M M M / D D D / Y Y Y Y Y Y 05 / 18 / 2015	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 779 OF 3250
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M M / D D D / Y Y Y Y Y Y					
Full Name of Payee Philip Elkins			Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 10 / 21 / 2014		
Mailing Address 227 Lincoln Dr			Amount 17.22		
City Bossier City	State LA	Zip Code 71111	Transaction ID : 98641958-5164-4e83-b Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 10 / 21 / 2014		
Purpose of Expenditure Mileage		Category/ Type 002			
Name of Federal Candidate Ms. Mary L Landrieu			Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: LA		
Calendar Year-To-Date Per Election for Office Sought 554635.78			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
Full Name of Payee Natalie M Foutch			Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 10 / 21 / 2014		
Mailing Address 1057 Waldron Road			Amount 20.00		
City LaVergne	State TN	Zip Code 37086	Transaction ID : 6d9ebce4-b543-4179-8 Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 10 / 21 / 2014		
Purpose of Expenditure Salary		Category/ Type 001			
Name of Federal Candidate Mr. Mark L Pryor			Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: AR		
Calendar Year-To-Date Per Election for Office Sought 292370.62			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			37.22		
(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.					
Signature Ms. Emily Buchanan			Date M M M / D D D / Y Y Y Y Y Y 05 / 18 / 2015		
[Electronically Filed]					

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 780 OF 3250
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M M / D D D / Y Y Y Y Y Y					
Full Name of Payee Caleb J Ellicott			Date of Public Distribution/Dissemination 10 / 21 / 2014		
Mailing Address 56893 S 695 rd			Amount 20.00		
City Colcord		State OK	Zip Code 74338		Transaction ID : 73a186c7-c8c9-4b8a-a
Purpose of Expenditure Salary		Category/ Type 001		Date of Disbursement or Obligation 10 / 21 / 2014	
Name of Federal Candidate Mr. Mark L Pryor			☐ Support ☒ Oppose		Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: AR
Calendar Year-To-Date Per Election for Office Sought			292370.62 Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
Full Name of Payee Caleb J Ellicott			Date of Public Distribution/Dissemination 10 / 21 / 2014		
Mailing Address 56893 S 695 rd			Amount 8.40		
City Colcord		State OK	Zip Code 74338		Transaction ID : cb678dae-eb83-4ba2-a
Purpose of Expenditure Mileage		Category/ Type 002		Date of Disbursement or Obligation 10 / 21 / 2014	
Name of Federal Candidate Mr. Mark L Pryor			☐ Support ☒ Oppose		Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: AR
Calendar Year-To-Date Per Election for Office Sought			292370.62 Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			28.40		
(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.					
Signature Ms. Emily Buchanan			[Electronically Filed]		Date 05 / 18 / 2015

Full Name of Payee Francis Richardson		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 21 / 2014	
Mailing Address 220 Doucet Rd		Amount 25.00	
City Lafayette	State LA	Zip Code 70503	Transaction ID : f262ff36-cf83-43fe-b Date of Disbursement or Obligation MM / DD / YYYY 10 / 21 / 2014
Purpose of Expenditure Salary	Category/ Type	001	
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House ☒ Senate ☐ President District: 00 State: LA
Calendar Year-To-Date Per Election for Office Sought 554635.78		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	

Full Name of Payee Francis Richardson		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 21 / 2014	
Mailing Address 220 Doucet Rd		Amount 1.56	
City Lafayette	State LA	Zip Code 70503	Transaction ID : 77a6b8b9-de29-47ee-b
Purpose of Expenditure Mileage	Category/ Type	002	Date of Disbursement or Obligation MM / DD / YYYY 10 / 21 / 2014
Name of Federal Candidate Ms. Mary L Landrieu	☐ Support ☒ Oppose	Office Sought: ☐ President ☒ Senate	District: 00 State: LA
Calendar Year-To-Date Per Election for Office Sought	554635.78		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	26.56
(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.

Date _____

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 782 OF 3250
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC		FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on		M M M / D D D / Y Y Y Y Y Y	
Full Name of Payee Kathryn M Wolfe Originally reported against Kay Hagan, corrected with filing		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 10 / 21 / 2014	
Mailing Address 204 W 9th St		Amount 35.00	
City Pittsburg	State KS	Zip Code 66762	Transaction ID : bc3590d-5667-4ead-8
Purpose of Expenditure Salary	Category/ Type	001	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 10 / 21 / 2014
Name of Federal Candidate Mr. Greg Orman		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: KS
Calendar Year-To-Date Per Election for Office Sought		261541.03	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶
Full Name of Payee Kathryn M Wolfe Originally reported against Kay Hagan, corrected with filing		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 10 / 21 / 2014	
Mailing Address 204 W 9th St		Amount 12.00	
City Pittsburg	State KS	Zip Code 66762	Transaction ID : f956441d-c8e5-4edb-9
Purpose of Expenditure Mileage	Category/ Type	002	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 10 / 21 / 2014
Name of Federal Candidate Mr. Greg Orman		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: KS
Calendar Year-To-Date Per Election for Office Sought		261541.03	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶		47.00	
(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.			
Signature <i>Ms. Emily Buchanan</i>		Date M M M / D D D / Y Y Y Y Y Y 05 / 18 / 2015	
		[Electronically Filed]	

Full Name of Payee Ms. Tonya Boyd		Date of Public Distribution/Dissemination M M / D D / Y Y Y Y 10 / 21 / 2014	
Mailing Address 2357 Fancy Cap Rd		Amount 12.63	
City Mt. Airy	State NC	Zip Code 27030	Transaction ID : 5083b7b9-3fd7-4beb-8 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 10 / 21 / 2014
Purpose of Expenditure Mileage	Category/ Type	002	
Name of Federal Candidate Ms. Kay Hagan	☐ Support ☒ Oppose	Office Sought: ☐ President ☒ Senate	District: <u>00</u> State: <u>NC</u>
Calendar Year-To-Date Per Election for Office Sought	1095959.94		Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ► _____

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	92.63
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

05 / 18 / 2015

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SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 784 OF 3250
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC		FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on		M M M / D D D / Y Y Y Y Y Y	
Full Name of Payee Danielle E Grindstaff		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 10 / 21 / 2014	
Mailing Address 147 Possum Trot Rd		Amount 65.00	
City Bakersville	State NC	Zip Code 28705	Transaction ID : 434667e0-f1ad-46dd-9
Purpose of Expenditure Salary	Category/ Type 001	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 10 / 21 / 2014	
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	
Office Sought: ☐ President ☒ Senate		District: 00 State: NC	
Calendar Year-To-Date Per Election for Office Sought 1095959.94		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Danielle E Grindstaff		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 10 / 21 / 2014	
Mailing Address 147 Possum Trot Rd		Amount 15.60	
City Bakersville	State NC	Zip Code 28705	Transaction ID : 27ffd523-3706-4621-9
Purpose of Expenditure Mileage	Category/ Type 002	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 10 / 21 / 2014	
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	
Office Sought: ☐ President ☒ Senate		District: 00 State: NC	
Calendar Year-To-Date Per Election for Office Sought 1095959.94		Disbursement For: ☐ Primary ☒ 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]	
Signature		Date M M M / D D D / Y Y Y Y Y Y 05 / 18 / 2015	

Full Name of Payee Michael Vidrine		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 21 / 2014	
Mailing Address 1103 West Wilson Street		Amount 22.20	
City Ville Platte	State LA	Zip Code 70586	Transaction ID : 4341d76d-3011-43ce-9
Purpose of Expenditure Mileage	Category/ Type	002	Date of Disbursement or Obligation MM / DD / YYYY 10 / 21 / 2014
Name of Federal Candidate Ms. Mary L Landrieu	☐ Support ☒ Oppose	Office Sought: ☐ President ☒ Senate	District: 00 State: LA
Calendar Year-To-Date Per Election for Office Sought	554635.78		Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	87.20
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

05 / 18 / 2015

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SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

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 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M / D D / Y Y Y Y					
Full Name of Payee Laura U Logie			Date of Public Distribution/Dissemination 10 / 21 / 2014		
Mailing Address 2565 Shire Circle			Amount 50.00		
City Harrisonburg	State VA	Zip Code 22801	Transaction ID : a34117c2-03fa-4e76-a Date of Disbursement or Obligation 10 / 21 / 2014		
Purpose of Expenditure Salary		Category/ Type 001			
Name of Federal Candidate Mr. Greg Orman			Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>KS</u> ☐ Support ☒ Oppose		
Calendar Year-To-Date Per Election for Office Sought 261541.03			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶ _____		
Full Name of Payee Mary D Meens			Date of Public Distribution/Dissemination 10 / 21 / 2014		
Mailing Address 5724 SW Arrowhead Ct			Amount 17.50		
City Topeka	State KS	Zip Code 66614	Transaction ID : 56b8875c-65d6-47d2-b Date of Disbursement or Obligation 10 / 21 / 2014		
Purpose of Expenditure Salary		Category/ Type 001			
Name of Federal Candidate Mr. Greg Orman			Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>KS</u> ☐ Support ☒ Oppose		
Calendar Year-To-Date Per Election for Office Sought 261541.03			Disbursement For: ☐ Primary ☒ 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.					
Signature <u>Ms. Emily Buchanan</u> [Electronically Filed]			Date 05 / 18 / 2015		

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 787 OF 3250
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M M / D D D / Y Y Y Y Y Y					
Full Name of Payee Mary D Meens			Date of Public Distribution/Dissemination 10 / 21 / 2014		
Mailing Address 5724 SW Arrowhead Ct			Amount 3.60		
City Topeka		State KS	Zip Code 66614		Transaction ID : abe230b4-1432-4b5d-b
Purpose of Expenditure Mileage		Category/ Type 002		Date of Disbursement or Obligation 10 / 21 / 2014	
Name of Federal Candidate Mr. Greg Orman			Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>KS</u>		
Calendar Year-To-Date Per Election for Office Sought 261541.03			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
Full Name of Payee Theresa a Youngblood			Date of Public Distribution/Dissemination 10 / 21 / 2014		
Mailing Address 102 S Main Street Apt A2			Amount 100.00		
City Berryville		State VA	Zip Code 22611		Transaction ID : 88136cd7-02d4-4d0f-b
Purpose of Expenditure Salary		Category/ Type 001		Date of Disbursement or Obligation 10 / 21 / 2014	
Name of Federal Candidate Mr. Greg Orman			Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>KS</u>		
Calendar Year-To-Date Per Election for Office Sought 261541.03			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			103.60		
(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.					
Signature Ms. Emily Buchanan			Date 05 / 18 / 2015		
[Electronically Filed]					

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 788 OF 3250
 FOR LINE 24 OF FORM 3X

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

Full Name of Payee Katie A Barros		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 21 / 2014	
Mailing Address PO Box 398		Amount 70.00	
City Neosho	State MO	Zip Code 64850	Transaction ID : a407de1b-16f3-4880-a
Purpose of Expenditure Salary	Category/Type 001	Date of Disbursement or Obligation MM / DD / YYYY 10 / 21 / 2014	
Name of Federal Candidate Mr. Mark L Pryor		☐ Support ☒ Oppose Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: AR	
Calendar Year-To-Date Per Election for Office Sought 292370.62		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	

Full Name of Payee Katie A Barros		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 21 / 2014	
Mailing Address PO Box 398		Amount 63.00	
City Neosho	State MO	Zip Code 64850	Transaction ID : f3375d58-1482-454a-9
Purpose of Expenditure Mileage	Category/Type 002	Date of Disbursement or Obligation MM / DD / YYYY 10 / 21 / 2014	
Name of Federal Candidate Mr. Mark L Pryor		☐ Support ☒ Oppose Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: AR	
Calendar Year-To-Date Per Election for Office Sought 292370.62		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	133.00
(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

MM / DD / YYYY
05 / 18 / 2015

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

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 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M M / D D D / Y Y Y Y Y Y					
Full Name of Payee Mry S Everly			Date of Public Distribution/Dissemination 10 / 21 / 2014		
Mailing Address 787 N 1851 Diagonal Rd			Amount 25.00		
City Lecompton	State KS	Zip Code 66050	Transaction ID : 8c13b49e-557f-46de-a Date of Disbursement or Obligation 10 / 21 / 2014		
Purpose of Expenditure Salary		Category/Type 001			
Name of Federal Candidate Mr. Greg Orman		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>KS</u>		
Calendar Year-To-Date Per Election for Office Sought		261541.03	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
Full Name of Payee Mry S Everly			Date of Public Distribution/Dissemination 10 / 21 / 2014		
Mailing Address 787 N 1851 Diagonal Rd			Amount 3.03		
City Lecompton	State KS	Zip Code 66050	Transaction ID : a2fb6bb6-cf20-4b38-8 Date of Disbursement or Obligation 10 / 21 / 2014		
Purpose of Expenditure Mileage		Category/Type 002			
Name of Federal Candidate Mr. Greg Orman		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>KS</u>		
Calendar Year-To-Date Per Election for Office Sought		261541.03	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			28.03		
(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.					
Signature <i>Ms. Emily Buchanan</i>		[Electronically Filed]		Date 05 / 18 / 2015	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 790 OF 3250
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M / D D / Y Y Y Y					
Full Name of Payee Mary R Kirkland			Date of Public Distribution/Dissemination 10 / 21 / 2014		
Mailing Address 504 Green Meadow Dr			Amount 65.00		
City Boyd	State TX	Zip Code 76023	Transaction ID : 918c63a8-ac76-4ceb-b		
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation 10 / 21 / 2014		
Name of Federal Candidate Mr. Mark L Pryor		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: AR		
Calendar Year-To-Date Per Election for Office Sought		292370.62	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
Full Name of Payee Carol L Walters			Date of Public Distribution/Dissemination 10 / 21 / 2014		
Mailing Address 1900 Glen West Way			Amount 115.00		
City Fort Smith	State AR	Zip Code 72916	Transaction ID : 8c75943f-5210-49f7-8		
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation 10 / 21 / 2014		
Name of Federal Candidate Mr. Mark L Pryor		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: AR		
Calendar Year-To-Date Per Election for Office Sought		292370.62	Disbursement For: ☐ Primary ☒ 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.					
Signature Ms. Emily Buchanan		[Electronically Filed]		Date 05 / 18 / 2015	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 791 OF 3250
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M M / D D D / Y Y Y Y Y Y					
Full Name of Payee Michael D English			Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 10 / 21 / 2014		
Mailing Address F4 Benton Ave Apt 4			Amount 60.00		
City Searcy		State AR	Zip Code 72149		Transaction ID : 904e7132-72a5-4940-b
Purpose of Expenditure Salary		Category/ Type 001		Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 10 / 21 / 2014	
Name of Federal Candidate Mr. Mark L Pryor			☐ Support ☒ Oppose		Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>AR</u>
Calendar Year-To-Date Per Election for Office Sought 292370.62			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶ _____		
Full Name of Payee Michael D English			Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 10 / 21 / 2014		
Mailing Address F4 Benton Ave Apt 4			Amount 28.80		
City Searcy		State AR	Zip Code 72149		Transaction ID : 3d43bc10-547c-4a59-b
Purpose of Expenditure Mileage		Category/ Type 002		Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 10 / 21 / 2014	
Name of Federal Candidate Mr. Mark L Pryor			☐ Support ☒ Oppose		Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>AR</u>
Calendar Year-To-Date Per Election for Office Sought 292370.62			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶ _____		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶					88.80
(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.					
Signature Ms. Emily Buchanan			[Electronically Filed]		Date M M M / D D D / Y Y Y Y Y Y 05 / 18 / 2015

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 792 OF 3250
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC		FEC IDENTIFICATION NUMBER ▼ C C00530766
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M / D D / Y Y Y Y Y Y		

Full Name of Payee Southwest Airlines		Date of Public Distribution/Dissemination 10 / 20 / 2014
Mailing Address PO BOX 35547-1CR		Amount 529.25
City Dallas	State TX	Zip Code 22302
Purpose of Expenditure Travel	Category/Type 004	Transaction ID : bec4736f-127a-4359-a Date of Disbursement or Obligation 10 / 20 / 2014
Name of Federal Candidate Ann Kuster		Office Sought: ☒ House District: 02 ☐ President ☐ Senate State: NH
Calendar Year-To-Date Per Election for Office Sought 53317.37		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶

Full Name of Payee Rhonda Moback		Date of Public Distribution/Dissemination 10 / 21 / 2014
Mailing Address 2704 E Glen Oaks Dr		Amount 44.00
City Wichita	State KS	Zip Code 67216
Purpose of Expenditure Salary	Category/Type 001	Transaction ID : 372250f7-a226-4657-a Date of Disbursement or Obligation 10 / 21 / 2014
Name of Federal Candidate Mr. Greg Orman		Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: KS
Calendar Year-To-Date Per Election for Office Sought 261541.03		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	573.25
(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]

Signature

Date

05 / 18 / 2015

Full Name of Payee Southwest Airlines		Date of Public Distribution/Dissemination M M / D D / Y Y Y Y 10 / 20 / 2014	
Mailing Address PO BOX 35547-1CR		Amount 529.25	
City Dallas	State TX	Zip Code 22302	Transaction ID : 0266f8d3-fb72-4c0a-9 Date of Disbursement or Obligation M M / D D / Y Y Y Y 10 / 20 / 2014
Purpose of Expenditure Travel		Category/ Type	004
Name of Federal Candidate Marilinda Garcia		☒ Support ☐ Oppose	Office Sought: ☒ House ☐ President ☐ Senate
		District: <u>02</u> State: <u>NH</u>	
Calendar Year-To-Date Per Election for Office Sought		1016.94	Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ►

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	543.35
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

Ms. Emily Buchanan

[Electronically Filed]

Date 05 / 18 / 2015

Signature

Full Name of Payee Dylan J Sparks			Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 21 / 2014		
Mailing Address 915 East Market Ave			Amount 79.80		
City	State	Zip Code	Transaction ID : aedca279-f795-4b7b-8 Date of Disbursement or Obligation MM / DD / YYYY 10 / 21 / 2014		
Searcy	AR	72149			
Purpose of Expenditure Mileage		Category/ Type	MM / DD / YYYY 10 / 21 / 2014		
Name of Federal Candidate Mr. Mark L Pryor		☐ Support ☒ Oppose	Office Sought: ☐ House ☒ Senate ☐ President ☒ Senate		
Calendar Year-To-Date Per Election for Office Sought		292370.62	Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ►		

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	179.80
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

Signature

Full Name of Payee Jeanne Tribou		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 21 / 2014	
Mailing Address 22369 Ponderosa Dr.		Amount \$ 20.00	
City Mandeville	State LA	Zip Code 70471	Transaction ID : a01835d9-cc94-44b0-b Date of Disbursement or Obligation MM / DD / YYYY 10 / 21 / 2014
Purpose of Expenditure Salary	Category/ Type	001	
Name of Federal Candidate Ms. Mary L Landrieu	☐ Support ☒ Oppose	Office Sought: ☐ President ☒ Senate	District: 00 State: LA
Calendar Year-To-Date Per Election for Office Sought	554635.78	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	

Full Name of Payee Jeanne Tribou		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 21 / 2014	
Mailing Address 22369 Ponderosa Dr.		Amount 7.80	
City Mandeville	State LA	Zip Code 70471	Transaction ID : e70bc582-6964-4cd5-b Date of Disbursement or Obligation MM / DD / YYYY 10 / 21 / 2014
Purpose of Expenditure Mileage	Category/ Type	002	
Name of Federal Candidate Ms. Mary L Landrieu	☐ Support ☒ Oppose	Office Sought: ☐ President ☒ Senate	House District: 00 State: LA
Calendar Year-To-Date Per Election for Office Sought	554635.78	Disbursement For: 2014 ☐ Primary ☒ General ☐ Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	27.80
(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.

Date _____

Signature

Three digital displays are shown side-by-side, separated by slashes. The first display shows '05' with 'M' and 'M' above it. The second display shows '18' with 'D' and 'D' above it. The third display shows '2015' with 'Y', 'Y', 'Y', and 'Y' above it.

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 796 OF 3250
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M / D D / Y Y Y Y Y Y					
Full Name of Payee ERIC TABARY			Date of Public Distribution/Dissemination 10 / 21 / 2014		
Mailing Address 6101 NORA ST			Amount 70.00		
City METAIRIE		State LA	Zip Code 70003		Transaction ID : 55c8ccd3-bc6a-460d-9
Purpose of Expenditure Salary		Category/ Type 001		Date of Disbursement or Obligation 10 / 21 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu			Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: LA		
Calendar Year-To-Date Per Election for Office Sought 554635.78			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
Full Name of Payee Residence Inn			Date of Public Distribution/Dissemination 10 / 20 / 2014		
Mailing Address 91 Hall St.			Amount 75.75		
City Concord		State NH	Zip Code 03301		Transaction ID : d840c77a-6af2-480c-b
Purpose of Expenditure Travel		Category/ Type 004		Date of Disbursement or Obligation 10 / 20 / 2014	
Name of Federal Candidate Ann Kuster			Office Sought: ☒ House District: 02 ☐ President ☐ Senate State: NH		
Calendar Year-To-Date Per Election for Office Sought 53317.37			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			145.75		
(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.					
Signature Ms. Emily Buchanan			Date 05 / 18 / 2015		
[Electronically Filed]					

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 797 OF 3250
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC		FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on		M M M / D D D / Y Y Y Y Y Y	
Full Name of Payee Residence Inn		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 10 / 20 / 2014	
Mailing Address 91 Hall St.		Amount 75.75	
City Concord	State NH	Zip Code 03301	Transaction ID : fe2d4cf1-de29-4d3d-a
Purpose of Expenditure Travel		Category/Type 004	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 10 / 20 / 2014
Name of Federal Candidate Marilinda Garcia		☒ Support ☐ Oppose	Office Sought: ☒ House District: 02 ☐ President ☐ Senate State: NH
Calendar Year-To-Date Per Election for Office Sought 1016.94		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Capitol City Cab, LLC		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 10 / 20 / 2014	
Mailing Address PO Box 730		Amount 10.25	
City Concord	State NH	Zip Code 03302	Transaction ID : 96237dc1-f534-4417-8
Purpose of Expenditure Travel		Category/Type 004	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 10 / 20 / 2014
Name of Federal Candidate Ann Kuster		☐ Support ☒ Oppose	Office Sought: ☒ House District: 02 ☐ President ☐ Senate State: NH
Calendar Year-To-Date Per Election for Office Sought 53317.37		Disbursement For: ☐ Primary ☒ 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]	
Signature		Date M M M / D D D / Y Y Y Y Y Y 05 / 18 / 2015	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 798 OF 3250
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M / D D / Y Y Y Y Y Y					
Full Name of Payee Capitol City Cab, LLC			Date of Public Distribution/Dissemination 10 / 20 / 2014		
Mailing Address PO Box 730			Amount 10.25		
City Concord		State NH	Zip Code 03302		Transaction ID : ae96f47e-c16d-4415-b
Purpose of Expenditure Travel		Category/ Type 004		Date of Disbursement or Obligation 10 / 20 / 2014	
Name of Federal Candidate Marilinda Garcia			☒ Support ☐ Oppose		Office Sought: ☒ House District: <u>02</u> ☐ President ☐ Senate State: <u>NH</u>
Calendar Year-To-Date Per Election for Office Sought			1016.94 Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
Full Name of Payee Panera Bread			Date of Public Distribution/Dissemination 10 / 20 / 2014		
Mailing Address 75 Fort Eddy Road			Amount 6.91		
City Concord		State NH	Zip Code 03301		Transaction ID : 015d14b2-abcb-4c20-9
Purpose of Expenditure Travel		Category/ Type 004		Date of Disbursement or Obligation 10 / 20 / 2014	
Name of Federal Candidate Ann Kuster			☐ Support ☒ Oppose		Office Sought: ☒ House District: <u>02</u> ☐ President ☐ Senate State: <u>NH</u>
Calendar Year-To-Date Per Election for Office Sought			53317.37 Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			17.16		
(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.					
Signature Ms. Emily Buchanan			[Electronically Filed]		Date 05 / 18 / 2015

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 799 OF 3250
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M / D D / Y Y Y Y					
Full Name of Payee Panera Bread			Date of Public Distribution/Dissemination 10 / 20 / 2014		
Mailing Address 75 Fort Eddy Road			Amount 6.91		
City Concord	State NH	Zip Code 03301	Transaction ID : 44ccbd7a-1d93-4831-b Date of Disbursement or Obligation 10 / 20 / 2014		
Purpose of Expenditure Travel		Category/ Type 004			
Name of Federal Candidate Marilinda Garcia		☒ Support ☐ Oppose	Office Sought: ☒ House District: 02 ☐ President ☐ Senate State: NH		
Calendar Year-To-Date Per Election for Office Sought		1016.94	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
Full Name of Payee Sue G Walker			Date of Public Distribution/Dissemination 10 / 21 / 2014		
Mailing Address 3 Girard			Amount 120.00		
City Fort Smith	State AR	Zip Code 72901	Transaction ID : c1b0cfd8-817b-415b-9 Date of Disbursement or Obligation 10 / 21 / 2014		
Purpose of Expenditure Salary		Category/ Type 001			
Name of Federal Candidate Mr. Mark L Pryor		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: AR		
Calendar Year-To-Date Per Election for Office Sought		292370.62	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			126.91		
(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.					
Signature Ms. Emily Buchanan		[Electronically Filed]		Date 05 / 18 / 2015	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

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 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M / D D / Y Y Y Y					
Full Name of Payee Sue G Walker			Date of Public Distribution/Dissemination 10 / 21 / 2014		
Mailing Address 3 Girard			Amount 69.00		
City Fort Smith		State AR	Zip Code 72901		Transaction ID : bcaf0809-14cf-49ea-b
Purpose of Expenditure Mileage		Category/Type 002		Date of Disbursement or Obligation 10 / 21 / 2014	
Name of Federal Candidate Mr. Mark L Pryor			☐ Support ☒ Oppose Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: AR		
Calendar Year-To-Date Per Election for Office Sought 292370.62			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
Full Name of Payee Capitol City Cab, LLC			Date of Public Distribution/Dissemination 10 / 20 / 2014		
Mailing Address PO Box 730			Amount 34.50		
City Concord		State NH	Zip Code 03302		Transaction ID : 3a74daad-c2fd-449e-b
Purpose of Expenditure Travel		Category/Type 004		Date of Disbursement or Obligation 10 / 20 / 2014	
Name of Federal Candidate Ann Kuster			☐ Support ☒ Oppose Office Sought: ☒ House District: 02 ☐ President ☐ Senate State: NH		
Calendar Year-To-Date Per Election for Office Sought 53317.37			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			103.50		
(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.					
Signature Ms. Emily Buchanan			Date 05 / 18 / 2015 [Electronically Filed]		

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 801 OF 3250
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC		FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on		M M M / D D D / Y Y Y Y Y Y	
Full Name of Payee Capitol City Cab, LLC		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 10 / 20 / 2014	
Mailing Address PO Box 730		Amount 34.50	
City Concord	State NH	Zip Code 03302	Transaction ID : 894f8d2e-6376-4eab-9
Purpose of Expenditure Travel	Category/Type 004	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 10 / 20 / 2014	
Name of Federal Candidate Marilinda Garcia		☒ Support ☐ Oppose	Office Sought: ☒ House District: 02 ☐ President ☐ Senate State: NH
Calendar Year-To-Date Per Election for Office Sought 1016.94		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee CVS		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 10 / 20 / 2014	
Mailing Address 4 Hall Street		Amount 15.40	
City Concord	State NH	Zip Code 03301	Transaction ID : 2fd50836-cc7c-4663-8
Purpose of Expenditure Travel	Category/Type 004	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 10 / 20 / 2014	
Name of Federal Candidate Ann Kuster		☐ Support ☒ Oppose	Office Sought: ☒ House District: 02 ☐ President ☐ Senate State: NH
Calendar Year-To-Date Per Election for Office Sought 53317.37		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶		49.90	
(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.			
Signature Ms. Emily Buchanan		Date M M M / D D D / Y Y Y Y Y Y 05 / 18 / 2015	
		[Electronically Filed]	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 802 OF 3250
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M / D D / Y Y Y Y					
Full Name of Payee CVS			Date of Public Distribution/Dissemination 10 / 20 / 2014		
Mailing Address 4 Hall Street			Amount 15.40		
City Concord	State NH	Zip Code 03301	Transaction ID : 45325a02-2aa1-43e6-9		
Purpose of Expenditure Travel		Category/ Type 004	Date of Disbursement or Obligation 10 / 20 / 2014		
Name of Federal Candidate Marilinda Garcia		☒ Support ☐ Oppose	Office Sought: ☒ House District: 02 ☐ President ☐ Senate State: NH		
Calendar Year-To-Date Per Election for Office Sought		1016.94	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
Full Name of Payee Hotels.com			Date of Public Distribution/Dissemination 10 / 20 / 2014		
Mailing Address 5400 LBJ Freeway Suite 500			Amount 54.72		
City Dallas	State TX	Zip Code 75240	Transaction ID : 958b898f-788f-4375-8		
Purpose of Expenditure Travel		Category/ Type 004	Date of Disbursement or Obligation 10 / 20 / 2014		
Name of Federal Candidate Ann Kuster		☐ Support ☒ Oppose	Office Sought: ☒ House District: 02 ☐ President ☐ Senate State: NH		
Calendar Year-To-Date Per Election for Office Sought		53317.37	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			70.12		
(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.					
Signature Ms. Emily Buchanan		[Electronically Filed]		Date 05 / 18 / 2015	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

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 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M M / D D D / Y Y Y Y Y Y					
Full Name of Payee Hotels.com			Date of Public Distribution/Dissemination 10 / 20 / 2014		
Mailing Address 5400 LBJ Freeway Suite 500			Amount 54.72		
City Dallas		State TX	Zip Code 75240		Transaction ID : d35f046b-1989-4ab3-8
Purpose of Expenditure Travel		Category/Type 004		Date of Disbursement or Obligation 10 / 20 / 2014	
Name of Federal Candidate Marilinda Garcia			☒ Support ☐ Oppose		Office Sought: ☒ House District: 02 ☐ President ☐ Senate State: NH
Calendar Year-To-Date Per Election for Office Sought			1016.94 Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
Full Name of Payee Colton R Overcash			Date of Public Distribution/Dissemination 10 / 21 / 2014		
Mailing Address 121 Ohara Dr			Amount 80.00		
City Salisbury		State NC	Zip Code 28147		Transaction ID : e3d2811b-9e5e-4251-8
Purpose of Expenditure Salary		Category/Type 001		Date of Disbursement or Obligation 10 / 21 / 2014	
Name of Federal Candidate Ms. Kay Hagan			☐ Support ☒ Oppose		Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: NC
Calendar Year-To-Date Per Election for Office Sought			1095959.94 Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			134.72		
(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.					
Signature Ms. Emily Buchanan			[Electronically Filed]		Date 05 / 18 / 2015

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 804 OF 3250
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M M / D D D / Y Y Y Y Y Y					
Full Name of Payee Colton R Overcash			Date of Public Distribution/Dissemination 10 / 21 / 2014		
Mailing Address 121 Ohara Dr			Amount 122.40		
City Salisbury	State NC	Zip Code 28147	Transaction ID : d4ba20e2-504a-4fa5-8		
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement or Obligation 10 / 21 / 2014		
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: NC		
Calendar Year-To-Date Per Election for Office Sought		1095959.94	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
Full Name of Payee Enterprise			Date of Public Distribution/Dissemination 10 / 20 / 2014		
Mailing Address 1 Airport Road			Amount 34.91		
City Manchester	State NH	Zip Code 03103	Transaction ID : 9e5fddf0-5737-4745-9		
Purpose of Expenditure Travel		Category/ Type 004	Date of Disbursement or Obligation 10 / 20 / 2014		
Name of Federal Candidate Ann Kuster		☐ Support ☒ Oppose	Office Sought: ☒ House District: 02 ☐ President ☐ Senate State: NH		
Calendar Year-To-Date Per Election for Office Sought		53317.37	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures.....▶			157.31		
(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.					
Signature Ms. Emily Buchanan		[Electronically Filed]		Date 05 / 18 / 2015	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

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 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M / D D / Y Y Y Y					
Full Name of Payee Enterprise			Date of Public Distribution/Dissemination 10 / 20 / 2014		
Mailing Address 1 Airport Road			Amount 34.91		
City Manchester		State NH	Zip Code 03103		Transaction ID : 6de53875-1af4-438e-9
Purpose of Expenditure Travel		Category/Type 004		Date of Disbursement or Obligation 10 / 20 / 2014	
Name of Federal Candidate Marilinda Garcia			☒ Support ☐ Oppose Office Sought: ☒ House ☐ Senate District: 02 ☐ President State: NH		
Calendar Year-To-Date Per Election for Office Sought 1016.94			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
Full Name of Payee Xavier Miller			Date of Public Distribution/Dissemination 10 / 21 / 2014		
Mailing Address 407 randall Dr			Amount 75.00		
City Searcy		State AR	Zip Code 72143		Transaction ID : 2456154c-dcb7-4164-9
Purpose of Expenditure Salary		Category/Type 001		Date of Disbursement or Obligation 10 / 21 / 2014	
Name of Federal Candidate Mr. Mark L Pryor			☐ Support ☒ Oppose Office Sought: ☐ House ☒ Senate District: 00 ☐ President State: AR		
Calendar Year-To-Date Per Election for Office Sought 292370.62			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			109.91		
(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.					
Signature <u>Ms. Emily Buchanan</u> [Electronically Filed]			Date 05 / 18 / 2015		

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

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 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M / D D / Y Y Y Y					
Full Name of Payee Xavier Miller			Date of Public Distribution/Dissemination 10 / 21 / 2014		
Mailing Address 407 randall Dr			Amount 30.00		
City Searcy	State AR	Zip Code 72143	Transaction ID : 10955b47-e187-4738-b Date of Disbursement or Obligation 10 / 21 / 2014		
Purpose of Expenditure Mileage		Category/ Type 002			
Name of Federal Candidate Mr. Mark L Pryor			Office Sought: ☐ House District: <u>00</u> ☒ Senate State: <u>AR</u> ☐ President		
Calendar Year-To-Date Per Election for Office Sought 292370.62			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶ _____		
Full Name of Payee Sharon t Craig			Date of Public Distribution/Dissemination 10 / 21 / 2014		
Mailing Address 1410 Bushville Dr			Amount 45.00		
City Lenoir	State NC	Zip Code 28645	Transaction ID : 682e990e-3ac5-4975-b Date of Disbursement or Obligation 10 / 21 / 2014		
Purpose of Expenditure Salary		Category/ Type 001			
Name of Federal Candidate Ms. Kay Hagan			Office Sought: ☐ House District: <u>00</u> ☒ Senate State: <u>NC</u> ☐ President		
Calendar Year-To-Date Per Election for Office Sought 1095959.94			Disbursement For: ☐ Primary ☒ 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.					
Signature <u>Ms. Emily Buchanan</u> [Electronically Filed]			Date 05 / 18 / 2015		

Full Name of Payee Sharon t Craig			Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 21 / 2014		
Mailing Address 1410 Bushville Dr			Amount 14.40		
City Lenoir	State NC	Zip Code 28645	Transaction ID : e09f8d50-c3a2-456e-a Date of Disbursement or Obligation MM / DD / YYYY 10 / 21 / 2014		
Purpose of Expenditure Mileage		Category/ Type 002			
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House ☒ Senate District: 00 ☐ President State: NC		
Calendar Year-To-Date Per Election for Office Sought		1095959.94	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		

Full Name of Payee Todd Ellis		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 21 / 2014	
Mailing Address P.O. Box 712		Amount Amount 85.00	
City Alexander	State AR	Zip Code 72002	Transaction ID : dc2de96d-1a8c-4ab3-9 Date of Disbursement or Obligation MM / DD / YYYY 10 / 21 / 2014
Purpose of Expenditure Salary		Category/ Type 001	
Name of Federal Candidate Mr. Mark L Pryor		☐ Support ☒ Oppose	Office Sought: ☐ House ☒ Senate ☐ President ☒ Senate
Calendar Year-To-Date Per Election for Office Sought Amount 292370.62		Disbursement For: ☐ Primary ☒ 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.

Signature

05 / 18 / 2015

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 808 OF 3250
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC		FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on		MM / DD / YYYY	
Full Name of Payee Todd Ellis		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 21 / 2014	
Mailing Address P.O. Box 712		Amount 35.10	
City Alexander	State AR	Zip Code 72002	Transaction ID : 9cf715e4-b40c-40a9-8
Purpose of Expenditure Mileage	Category/ Type	002	Date of Disbursement or Obligation MM / DD / YYYY 10 / 21 / 2014
Name of Federal Candidate Mr. Mark L Pryor		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: AR
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Phillip Williams		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 21 / 2014	
Mailing Address 3007 Darden Rd		Amount 80.00	
City Greensboro	State NC	Zip Code 27407	Transaction ID : f460fd53-3844-42aa-8
Purpose of Expenditure Salary	Category/ Type	001	Date of Disbursement or Obligation MM / DD / YYYY 10 / 21 / 2014
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: NC
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶		115.10	
(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]	
Signature		Date MM / DD / YYYY 05 / 18 / 2015	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 809 OF 3250
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M / D D / Y Y Y Y					
Full Name of Payee Phillip Williams			Date of Public Distribution/Dissemination 10 / 21 / 2014		
Mailing Address 3007 Darden Rd			Amount 16.50		
City Greensboro	State NC	Zip Code 27407	Transaction ID : bd88c128-790b-43b0-b		
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement or Obligation 10 / 21 / 2014		
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>NC</u>		
Calendar Year-To-Date Per Election for Office Sought		1095959.94	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
Full Name of Payee Beverly Williams			Date of Public Distribution/Dissemination 10 / 21 / 2014		
Mailing Address 3007 Darden Rd			Amount 80.00		
City Greensboro	State NC	Zip Code 27407	Transaction ID : b30c7544-60fc-4a94-9		
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation 10 / 21 / 2014		
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>NC</u>		
Calendar Year-To-Date Per Election for Office Sought		1095959.94	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			96.50		
(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.					
Signature Ms. Emily Buchanan		[Electronically Filed]		Date 05 / 18 / 2015	

Full Name of Payee Kelly Dolan			Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 21 / 2014		
Mailing Address 543 S 2nd St			Amount Amount 4.80		
City Bellaire	State NC	Zip Code 77401	Transaction ID : 5ade1808-fff0-4abc-8 Date of Disbursement or Obligation MM / DD / YYYY 10 / 21 / 2014		
Purpose of Expenditure Mileage		Category/ Type 002			
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House ☒ Senate District: <u>00</u> ☐ President ☒ Senate State: <u>LA</u>		
Calendar Year-To-Date Per Election for Office Sought		Amount 554635.78	Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ▶ _____		

(a) SUBTOTAL of Itemized Independent Expenditures.....	74.80
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures.....	

Ms. Emily Buchanan

[Electronically Filed]

Date 05 / 18 / 2015

Signature _____

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 811 OF 3250
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M / D D / Y Y Y Y Y Y				
Full Name of Payee Ryan Drake			Date of Public Distribution/Dissemination 10 / 21 / 2014	
Mailing Address 29637 Park St			Amount 42.50	
City Walker	State LA	Zip Code 70785	Transaction ID : e088e15d-894b-4dbb-8	
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation 10 / 21 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: LA	
Calendar Year-To-Date Per Election for Office Sought		554635.78	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Ryan Drake			Date of Public Distribution/Dissemination 10 / 21 / 2014	
Mailing Address 29637 Park St			Amount 16.20	
City Walker	State LA	Zip Code 70785	Transaction ID : 0f3dcf96-afd0-4093-a	
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement or Obligation 10 / 21 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: LA	
Calendar Year-To-Date Per Election for Office Sought		554635.78	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			58.70	
(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 05 / 18 / 2015	
Signature				

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 812 OF 3250
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC		FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on		MM / DD / YYYY / / MM / DD / YYYY / /	

Full Name of Payee Ralph Smith		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 21 / 2014	
Mailing Address 2090 Fancy Gap Rd		Amount 60.00	
City Mt. Airy	State NC	Zip Code 27030	Transaction ID : c60e420e-575d-48fb-9
Purpose of Expenditure Salary	Category/Type 001	Date of Disbursement or Obligation MM / DD / YYYY 10 / 21 / 2014	
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: NC
Calendar Year-To-Date Per Election for Office Sought 1095959.94		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	

Full Name of Payee Ralph Smith		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 21 / 2014	
Mailing Address 2090 Fancy Gap Rd		Amount 5.94	
City Mt. Airy	State NC	Zip Code 27030	Transaction ID : 83f13831-bc00-44ba-8
Purpose of Expenditure Mileage	Category/Type 002	Date of Disbursement or Obligation MM / DD / YYYY 10 / 21 / 2014	
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: NC
Calendar Year-To-Date Per Election for Office Sought 1095959.94		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	65.94
(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

 MM / DD / YYYY
 05 / 18 / 2015

Signature

Full Name of Payee Evelyn Lesaicherre		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 21 / 2014	
Mailing Address 629 Radiance Ave		Amount 50.00	
City Metairie	State LA	Zip Code 70001	Transaction ID : 6177d2fa-8447-4278-8 Date of Disbursement or Obligation MM / DD / YYYY 10 / 21 / 2014
Purpose of Expenditure Salary		Category/ Type 001	
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: LA
Calendar Year-To-Date Per Election for Office Sought 554635.78		Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....		130.00
(b) SUBTOTAL of Unitemized Independent Expenditures		
(c) TOTAL Independent Expenditures.....		

Three digital display units are shown, each with a 7-segment display. The first unit shows '05' with 'M' indicators above the segments. The second unit shows '18' with 'D' indicators above the segments. The third unit shows '2015' with 'Y' indicators above the segments. The units are separated by slashes.

FEC Schedule E (Form 3X) Rev. 09/2013

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 814 OF 3250
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M M / D D D / Y Y Y Y Y Y					
Full Name of Payee Evelyn Lesaicherre			Date of Public Distribution/Dissemination 10 / 21 / 2014		
Mailing Address 629 Radiance Ave			Amount 3.00		
City Metairie		State LA	Zip Code 70001		Transaction ID : 3ef50e41-2daa-4104-b
Purpose of Expenditure Mileage		Category/ Type 002		Date of Disbursement or Obligation 10 / 21 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu			Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: LA		
Calendar Year-To-Date Per Election for Office Sought 554635.78			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
Full Name of Payee Randy M Gold			Date of Public Distribution/Dissemination 10 / 21 / 2014		
Mailing Address 1436 Haigs Creek Dr			Amount 80.00		
City Elgin		State SC	Zip Code 29045		Transaction ID : 9d190ac8-04d6-4eca-8
Purpose of Expenditure Salary		Category/ Type 001		Date of Disbursement or Obligation 10 / 21 / 2014	
Name of Federal Candidate Mr. Mark L Pryor			Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: AR		
Calendar Year-To-Date Per Election for Office Sought 292370.62			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			83.00		
(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.					
Signature Ms. Emily Buchanan			Date 05 / 18 / 2015		
[Electronically Filed]					

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 815 OF 3250
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M / D D / Y Y Y Y					
Full Name of Payee Randy M Gold			Date of Public Distribution/Dissemination 10 / 21 / 2014		
Mailing Address 1436 Haigs Creek Dr			Amount 35.88		
City Elgin		State SC	Zip Code 29045		Transaction ID : 0f19f95d-1615-46da-8
Purpose of Expenditure Mileage		Category/Type 002		Date of Disbursement or Obligation 10 / 21 / 2014	
Name of Federal Candidate Mr. Mark L Pryor			Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: AR ☐ Support ☒ Oppose		
Calendar Year-To-Date Per Election for Office Sought			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
Full Name of Payee Kaleigh J Wagner			Date of Public Distribution/Dissemination 10 / 21 / 2014		
Mailing Address 18065 Wayne Rd			Amount 80.00		
City Odessa		State FL	Zip Code 33556		Transaction ID : b8ff4f8a-042e-4fe7-9
Purpose of Expenditure Salary		Category/Type 001		Date of Disbursement or Obligation 10 / 21 / 2014	
Name of Federal Candidate Mr. Mark L Pryor			Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: AR ☐ Support ☒ Oppose		
Calendar Year-To-Date Per Election for Office Sought			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			115.88		
(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.					
Signature Ms. Emily Buchanan			Date 05 / 18 / 2015 [Electronically Filed]		

Full Name of Payee Shelbi L Randall		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 21 / 2014	
Mailing Address 202 East Park Ave Apt 40		Amount 19.02	
City	State	Zip Code	Transaction ID : 6735f8a1-d94f-45de-b Date of Disbursement or Obligation MM / DD / YYYY 10 / 21 / 2014
Searcy	AR	72143	
Purpose of Expenditure Mileage		Category/ Type	002
Name of Federal Candidate Mr. Mark L Pryor		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: AR
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ▶	
		292370.62	

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	49.02
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

05 / 18 / 2015

FEC Schedule E (Form 3X) Rev. 09/2013

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 817 OF 3250
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC		FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on		M M / D D / Y Y Y Y Y Y / / 	

Full Name of Payee Lee R Carter		Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 10 / 21 / 2014	
Mailing Address 3110 Brentwood Rd		Amount / / 85.00	
City Raleigh	State NC	Zip Code 27604	Transaction ID : 88293de0-df91-49bc-8 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 10 / 21 / 2014
Purpose of Expenditure Salary		Category/Type 001	
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: NC
Calendar Year-To-Date Per Election for Office Sought		 / / 1095959.94	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶

Full Name of Payee Lee R Carter		Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 10 / 21 / 2014	
Mailing Address 3110 Brentwood Rd		Amount / / 13.20	
City Raleigh	State NC	Zip Code 27604	Transaction ID : 5054f66a-e415-42ec-8 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 10 / 21 / 2014
Purpose of Expenditure Mileage		Category/Type 002	
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: NC
Calendar Year-To-Date Per Election for Office Sought		 / / 1095959.94	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	 / / 98.20
(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

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

05 / 18 / 2015

Signature

Full Name of Payee Kaitlyn B Allen			Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 21 / 2014		
Mailing Address 2121 Daniel Dr			Amount 70.20		
City	State	Zip Code	Transaction ID : e6a50fe8-f44b-452e-9 Date of Disbursement or Obligation MM / DD / YYYY 10 / 21 / 2014		
Searcy	AR	72143			
Purpose of Expenditure Mileage		Category/ Type	002		
Name of Federal Candidate Mr. Mark L Pryor			☐ Support ☒ Oppose		
Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: AR					
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ▶			
		292370.62			

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶ <table border="1" data-bbox="1102 1648 1364 1652"> <tr><td>175.20</td></tr> </table>	175.20
175.20		
(b) SUBTOTAL of Unitemized Independent Expenditures	▶ <table border="1" data-bbox="1102 1652 1364 1659"> <tr><td></td></tr> </table>	
(c) TOTAL Independent Expenditures.....	▶ <table border="1" data-bbox="1102 1659 1364 1667"> <tr><td></td></tr> </table>	

FEC Schedule E (Form 3X) Rev. 09/2013

Full Name of Payee Kaitlyn B Allen			Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 21 / 2014		
Mailing Address 2121 Daniel Dr			Amount 70.20		
City	State	Zip Code	Transaction ID : 85dc5a2a-4b39-4d96-a Date of Disbursement or Obligation MM / DD / YYYY 10 / 21 / 2014		
Searcy	AR	72143			
Purpose of Expenditure Mileage		Category/ Type	002		
Name of Federal Candidate Mr. Mark L Pryor			☐ Support ☒ Oppose		
Calendar Year-To-Date Per Election for Office Sought			Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: AR Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ▶		
292370.62					

(a) SUBTOTAL of Itemized Independent Expenditures.....		175.20
(b) SUBTOTAL of Unitemized Independent Expenditures		
(c) TOTAL Independent Expenditures.....		

Ms. Emily Buchanan

[Electronically Filed]

Date 05 / 18 / 2015

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 820 OF 3250
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on MM / DD / YYYY				
Full Name of Payee Lucas H Hoyle			Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 21 / 2014	
Mailing Address 282 Falls Ave			Amount 10.00	
City Granite Falls	State NC	Zip Code 28630	Transaction ID : c21bd2f1-68d5-48bb-a	
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation MM / DD / YYYY 10 / 21 / 2014	
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>NC</u>	
Calendar Year-To-Date Per Election for Office Sought		1095959.94	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Lucas H Hoyle			Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 21 / 2014	
Mailing Address 282 Falls Ave			Amount 12.90	
City Granite Falls	State NC	Zip Code 28630	Transaction ID : 7f07b249-04c9-4c98-9	
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement or Obligation MM / DD / YYYY 10 / 21 / 2014	
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>NC</u>	
Calendar Year-To-Date Per Election for Office Sought		1095959.94	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			22.90	
(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.				
Signature <i>Ms. Emily Buchanan</i>		[Electronically Filed]		Date MM / DD / YYYY 05 / 18 / 2015

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 821 OF 3250
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC		FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on		MM / DD / YYYY	
Full Name of Payee Gregory Green		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 21 / 2014	
Mailing Address 2506 Bolch Street		Amount 50.00	
City Shreveport	State LA	Zip Code 71104	Transaction ID : bc173c92-ac2f-4fab-9
Purpose of Expenditure Salary	Category/ Type	001	Date of Disbursement or Obligation MM / DD / YYYY 10 / 21 / 2014
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>LA</u>
Calendar Year-To-Date Per Election for Office Sought		554635.78	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶
Full Name of Payee Gregory Green		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 21 / 2014	
Mailing Address 2506 Bolch Street		Amount 54.00	
City Shreveport	State LA	Zip Code 71104	Transaction ID : 4be9611b-8fb5-4aa8-b
Purpose of Expenditure Mileage	Category/ Type	002	Date of Disbursement or Obligation MM / DD / YYYY 10 / 21 / 2014
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>LA</u>
Calendar Year-To-Date Per Election for Office Sought		554635.78	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures.....		104.00	
(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]	
Signature		Date MM / DD / YYYY 05 / 18 / 2015	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 822 OF 3250
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M / D D / Y Y Y Y				
Full Name of Payee Julia Perry			Date of Public Distribution/Dissemination 10 / 21 / 2014	
Mailing Address 2046 Perrin St Apt C			Amount 80.00	
City Shreveport	State LA	Zip Code 71101	Transaction ID : 5eef0545-498e-4561-a Date of Disbursement or Obligation 10 / 21 / 2014	
Purpose of Expenditure Salary		Category/ Type 001		
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>LA</u>	
Calendar Year-To-Date Per Election for Office Sought		554635.78	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Kevin L Battle			Date of Public Distribution/Dissemination 10 / 21 / 2014	
Mailing Address 3300 Asher Ave			Amount 90.00	
City Little Rock	State AR	Zip Code 72204	Transaction ID : 775f9abd-6132-4e81-8 Date of Disbursement or Obligation 10 / 21 / 2014	
Purpose of Expenditure Salary		Category/ Type 001		
Name of Federal Candidate Mr. Mark L Pryor		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>AR</u>	
Calendar Year-To-Date Per Election for Office Sought		292370.62	Disbursement For: ☐ Primary ☒ 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.				
Signature Ms. Emily Buchanan		[Electronically Filed]		Date 05 / 18 / 2015

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 823 OF 3250
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC		FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on		M M M / D D D / Y Y Y Y Y Y	
Full Name of Payee Kevin L Battle		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 10 / 21 / 2014	
Mailing Address 3300 Asher Ave		Amount 37.80	
City Little Rock	State AR	Zip Code 72204	Transaction ID : 1f25adb3-d7db-400f-a
Purpose of Expenditure Mileage	Category/ Type 002	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 10 / 21 / 2014	
Name of Federal Candidate Mr. Mark L Pryor		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: AR
Calendar Year-To-Date Per Election for Office Sought 292370.62		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Billy Martin		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 10 / 21 / 2014	
Mailing Address 250 JS Brewton rd		Amount 60.00	
City goldonna	State LA	Zip Code 71031	Transaction ID : 8c17962d-6092-4acd-b
Purpose of Expenditure Salary	Category/ Type 001	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 10 / 21 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: LA
Calendar Year-To-Date Per Election for Office Sought 554635.78		Disbursement For: ☐ Primary ☒ 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.			
Signature Ms. Emily Buchanan		Date M M M / D D D / Y Y Y Y Y Y 05 / 18 / 2015	
		[Electronically Filed]	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 824 OF 3250
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC		FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on		MM / DD / YYYY	
Full Name of Payee Billy Martin		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 21 / 2014	
Mailing Address 250 JS Brewton rd		Amount 3.90	
City goldonna	State LA	Zip Code 71031	Transaction ID : 6c54edd8-2fcb-4e31-8
Purpose of Expenditure Mileage	Category/ Type	002	Date of Disbursement or Obligation MM / DD / YYYY 10 / 21 / 2014
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: LA
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Francesca Blom		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 21 / 2014	
Mailing Address 101 Asbury Ct		Amount 90.00	
City Winchester	State VA	Zip Code 22602	Transaction ID : 31e1aebe-00be-4a43-8
Purpose of Expenditure Salary	Category/ Type	001	Date of Disbursement or Obligation MM / DD / YYYY 10 / 21 / 2014
Name of Federal Candidate Mr. Greg Orman		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: KS
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures.....		93.90	
(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]	
Signature		Date MM / DD / YYYY 05 / 18 / 2015	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 825 OF 3250
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M M / D D D / Y Y Y Y Y Y					
Full Name of Payee Nick Berryhill			Date of Public Distribution/Dissemination 10 / 21 / 2014		
Mailing Address 905 Lake Drive			Amount 100.00		
City State Zip Code Shelby NC 28152		Transaction ID : 5eb053ce-35ce-44a5-b Date of Disbursement or Obligation 10 / 21 / 2014			
Purpose of Expenditure Salary		Category/ Type 001			
Name of Federal Candidate Ms. Kay Hagan			☐ Support ☒ Oppose Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: NC		
Calendar Year-To-Date Per Election for Office Sought 1095959.94			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
Full Name of Payee Nick Berryhill			Date of Public Distribution/Dissemination 10 / 21 / 2014		
Mailing Address 905 Lake Drive			Amount 18.30		
City State Zip Code Shelby NC 28152		Transaction ID : 09df86af-bcee-4f42-a Date of Disbursement or Obligation 10 / 21 / 2014			
Purpose of Expenditure Mileage		Category/ Type 002			
Name of Federal Candidate Ms. Kay Hagan			☐ Support ☒ Oppose Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: NC		
Calendar Year-To-Date Per Election for Office Sought 1095959.94			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			118.30		
(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 _____ Signature			[Electronically Filed] Date 05 / 18 / 2015		

Full Name of Payee Corban L Barnett			Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 21 / 2014		
Mailing Address 1001 N Prospect			Amount 1.50		
City Liberal	State KS	Zip Code 67901	Transaction ID : 1840db63-19b3-401f-9 Date of Disbursement or Obligation MM / DD / YYYY 10 / 21 / 2014		
Purpose of Expenditure Mileage		Category/ Type 002			
Name of Federal Candidate Mr. Greg Orman		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: KS		
Calendar Year-To-Date Per Election for Office Sought		261541.03	Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ►		

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	61.50
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

Signature

Full Name of Payee Krystal A Wilson			Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 21 / 2014		
Mailing Address 448 Judson Dr			Amount 40.00		
City Wake Forest	State NC	Zip Code 27587	Transaction ID : 95e96c67-eee5-4782-9 Date of Disbursement or Obligation MM / DD / YYYY 10 / 21 / 2014		
Purpose of Expenditure Salary		Category/ Type 001			
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House ☒ Senate ☐ President ☒ Senate		
Calendar Year-To-Date Per Election for Office Sought 1095959.94		Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ►			
			District: 00 State: NC		

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	80.00
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

Ms. Emily Buchanan

[Electronically Filed]

Date 05 / 18 / 2015

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 828 OF 3250
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M M / D D D / Y Y Y Y Y Y					
Full Name of Payee Krystal A Wilson			Date of Public Distribution/Dissemination 10 / 21 / 2014		
Mailing Address 448 Judson Dr			Amount 3.60		
City Wake Forest	State NC	Zip Code 27587	Transaction ID : 84481a04-d9ac-43d9-a Date of Disbursement or Obligation 10 / 21 / 2014		
Purpose of Expenditure Mileage		Category/ Type 002			
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: NC		
Calendar Year-To-Date Per Election for Office Sought 1095959.94			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
Full Name of Payee Tylan S Green			Date of Public Distribution/Dissemination 10 / 21 / 2014		
Mailing Address 2320 Saint Nick Dr			Amount 80.00		
City New Orleans	State LA	Zip Code 70131	Transaction ID : c59d7c60-1fc9-4912-a Date of Disbursement or Obligation 10 / 21 / 2014		
Purpose of Expenditure Salary		Category/ Type 001			
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: LA		
Calendar Year-To-Date Per Election for Office Sought 554635.78			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			83.60		
(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.					
Signature Ms. Emily Buchanan		[Electronically Filed]		Date 05 / 18 / 2015	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 829 OF 3250
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC		FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on		M M M / D D D / Y Y Y Y Y Y	
Full Name of Payee Tylan S Green		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 10 / 21 / 2014	
Mailing Address 2320 Saint Nick Dr		Amount 20.70	
City New Orleans	State LA	Zip Code 70131	Transaction ID : b8cd8378-8fba-4795-a
Purpose of Expenditure Mileage	Category/Type 002	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 10 / 21 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	
Office Sought: ☐ House ☒ Senate		District: 00 State: LA	
Calendar Year-To-Date Per Election for Office Sought 554635.78		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Irene R Hoyer		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 10 / 21 / 2014	
Mailing Address 4310 N Mission Rd		Amount 44.50	
City Bel Aire	State KS	Zip Code 67226	Transaction ID : 17f4175c-cd09-4a9a-b
Purpose of Expenditure Salary	Category/Type 001	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 10 / 21 / 2014	
Name of Federal Candidate Mr. Greg Orman		☐ Support ☒ Oppose	
Office Sought: ☐ House ☒ Senate		District: 00 State: KS	
Calendar Year-To-Date Per Election for Office Sought 261541.03		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶		65.20	
(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.			
Signature Ms. Emily Buchanan		Date M M M / D D D / Y Y Y Y Y Y 05 / 18 / 2015	
		[Electronically Filed]	

Full Name of Payee Chris McCoy		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 21 / 2014	
Mailing Address 1025 Cayley Ct		Amount 115.00	
City	State	Zip Code	Transaction ID : e8d21c7c-0039-4724-9 Date of Disbursement or Obligation MM / DD / YYYY 10 / 21 / 2014
High Point	NC	27260	
Purpose of Expenditure Salary	Category/ Type	001	
Name of Federal Candidate Ms. Kay Hagan	☐ Support ☒ Oppose	Office Sought: ☐ President ☒ Senate	District: 00 State: NC
Calendar Year-To-Date Per Election for Office Sought	1095959.94	Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶		126.70
(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.

Signature

Full Name of Payee Carl Brent			Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 21 / 2014		
Mailing Address 6718 Lake Willow Dr			Amount 80.00		
City New Orleans	State LA	Zip Code 70126	Transaction ID : c77dc6f6-dc10-4b67-a Date of Disbursement or Obligation MM / DD / YYYY 10 / 21 / 2014		
Purpose of Expenditure Salary		Category/ Type 001			
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: LA		
Calendar Year-To-Date Per Election for Office Sought		554635.78	Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ►		

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶ <table border="1" data-bbox="1102 1650 1364 1656"> <tr><td data-bbox="1102 1650 1364 1656">104.60</td></tr> </table>	104.60
104.60		
(b) SUBTOTAL of Unitemized Independent Expenditures	▶ <table border="1" data-bbox="1102 1656 1364 1661"> <tr><td data-bbox="1102 1656 1364 1661"></td></tr> </table>	
(c) TOTAL Independent Expenditures.....	▶ <table border="1" data-bbox="1102 1661 1364 1669"> <tr><td data-bbox="1102 1661 1364 1669"></td></tr> </table>	

05 / 18 / 2015

FEC Schedule E (Form 3X) Rev. 09/2013

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 832 OF 3250
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M / D D / Y Y Y Y					
Full Name of Payee Carl Brent			Date of Public Distribution/Dissemination 10 / 21 / 2014		
Mailing Address 6718 Lake Willow Dr			Amount 11.10		
City New Orleans	State LA	Zip Code 70126	Transaction ID : d54c23c9-c36a-48a6-8		
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement or Obligation 10 / 21 / 2014		
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: LA		
Calendar Year-To-Date Per Election for Office Sought		554635.78	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
Full Name of Payee Danielle McCoy			Date of Public Distribution/Dissemination 10 / 21 / 2014		
Mailing Address 1025 Cayley Ct			Amount 110.00		
City High Point	State NC	Zip Code 27260	Transaction ID : e92be138-5d94-46a6-a		
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation 10 / 21 / 2014		
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: NC		
Calendar Year-To-Date Per Election for Office Sought		1095959.94	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			121.10		
(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.					
Signature Ms. Emily Buchanan		[Electronically Filed]		Date 05 / 18 / 2015	

Full Name of Payee Eleanor McCoy		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 21 / 2014	
Mailing Address 4902 Catawba Dr		Amount 112.50	
City Greensboro	State NC	Zip Code 27407	Transaction ID : b72552ad-ff4d-4381-a Date of Disbursement or Obligation MM / DD / YYYY 10 / 21 / 2014
Purpose of Expenditure Salary	Category/ Type 001		
Name of Federal Candidate Ms. Kay Hagan	☐ Support ☒ Oppose	Office Sought: ☐ President ☒ Senate	District: 00 State: NC
Calendar Year-To-Date Per Election for Office Sought	1095959.94	Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶ 135.90
(b) SUBTOTAL of Unitemized Independent Expenditures	▶
(c) TOTAL Independent Expenditures.....	▶

FEC Schedule E (Form 3X) Rev. 09/2013

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 834 OF 3250
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC		FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on		M M M / D D D / Y Y Y Y Y Y	
Full Name of Payee Eleanor McCoy		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 10 / 21 / 2014	
Mailing Address 4902 Catawba Dr		Amount 24.90	
City Greensboro	State NC	Zip Code 27407	Transaction ID : 274deae3-828d-4a0a-8
Purpose of Expenditure Mileage	Category/Type 002	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 10 / 21 / 2014	
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	
Office Sought: ☐ President ☒ Senate		District: 00 State: NC	
Calendar Year-To-Date Per Election for Office Sought 1095959.94		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Brandon Wheeler		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 10 / 21 / 2014	
Mailing Address 10112 Piney Creek Ct		Amount 70.00	
City Charolette	State NC	Zip Code 28215	Transaction ID : 8e42a762-e2ac-43fb-8
Purpose of Expenditure Salary	Category/Type 001	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 10 / 21 / 2014	
Name of Federal Candidate Mr. Mark L Pryor		☐ Support ☒ Oppose	
Office Sought: ☐ President ☒ Senate		District: 00 State: AR	
Calendar Year-To-Date Per Election for Office Sought 292370.62		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures.....▶		94.90	
(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.			
Signature Ms. Emily Buchanan		Date M M M / D D D / Y Y Y Y Y Y 05 / 18 / 2015	
		[Electronically Filed]	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 835 OF 3250
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on MM / DD / YYYY					
Full Name of Payee Brandon Wheeler			Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 21 / 2014		
Mailing Address 10112 Piney Creek Ct			Amount 27.90		
City Charolette	State NC	Zip Code 28215	Transaction ID : 6f54e235-1b39-4f93-a		
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement or Obligation MM / DD / YYYY 10 / 21 / 2014		
Name of Federal Candidate Mr. Mark L Pryor		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: AR		
Calendar Year-To-Date Per Election for Office Sought		292370.62	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
Full Name of Payee Jeffrey Hampton			Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 21 / 2014		
Mailing Address 1700 E Part Ave			Amount 38.50		
City Searcy	State AR	Zip Code 72149	Transaction ID : f2b844cf-6e97-48fd-8		
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation MM / DD / YYYY 10 / 21 / 2014		
Name of Federal Candidate Mr. Mark L Pryor		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: AR		
Calendar Year-To-Date Per Election for Office Sought		292370.62	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			66.40		
(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.					
Signature Ms. Emily Buchanan		[Electronically Filed]		Date MM / DD / YYYY 05 / 18 / 2015	

Full Name of Payee Cynthia J Christmas		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 21 / 2014	
Mailing Address 1731 Frenchmen St		Amount 50.00	
City New Orleans	State LA	Zip Code 70116	Transaction ID : 5e214112-f1bd-4b78-8 Date of Disbursement or Obligation MM / DD / YYYY 10 / 21 / 2014
Purpose of Expenditure Salary	Category/ Type	001	
Name of Federal Candidate Ms. Mary L Landrieu	☐ Support ☒ Oppose	Office Sought: ☐ House ☐ President	District: 00 State: LA ☒ Senate
Calendar Year-To-Date Per Election for Office Sought	554635.78		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	73.58
(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.

Date / /

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 837 OF 3250
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M / D D / Y Y Y Y				
Full Name of Payee Mr. Roger McKinney			Date of Public Distribution/Dissemination 10 / 21 / 2014	
Mailing Address 308 West Main Street			Amount 110.00	
City Pilot Mountain	State NC	Zip Code 27041	Transaction ID : 91b8bc16-61c4-425e-9	
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation 10 / 21 / 2014	
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: NC	
Calendar Year-To-Date Per Election for Office Sought		1095959.94	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Mr. Roger McKinney			Date of Public Distribution/Dissemination 10 / 21 / 2014	
Mailing Address 308 West Main Street			Amount 29.01	
City Pilot Mountain	State NC	Zip Code 27041	Transaction ID : bd6e81ce-472a-4111-9	
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement or Obligation 10 / 21 / 2014	
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: NC	
Calendar Year-To-Date Per Election for Office Sought		1095959.94	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			139.01	
(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.				
Signature Ms. Emily Buchanan		[Electronically Filed]		Date 05 / 18 / 2015

Full Name of Payee Charity A Carr		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 21 / 2014	
Mailing Address 13827 S E 44th St		Amount 60.00	
City Choctaw	State OK	Zip Code 73020	Transaction ID : 2c98415a-5325-4bdb-8 Date of Disbursement or Obligation MM / DD / YYYY 10 / 21 / 2014
Purpose of Expenditure Salary	Category/ Type 001		
Name of Federal Candidate Mr. Mark L Pryor	☐ Support ☒ Oppose	Office Sought: ☐ President ☒ Senate ☐ Other (specify) ▶	District: 00 State: AR ☐ Primary ☒ General
Calendar Year-To-Date Per Election for Office Sought	292370.62		

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶ <table border="1" data-bbox="1102 1501 1364 1507"> <tr> <td data-bbox="1102 1501 1364 1507">170.00</td></tr> </table>	170.00
170.00		
(b) SUBTOTAL of Unitemized Independent Expenditures	▶ <table border="1" data-bbox="1102 1507 1364 1512"> <tr> <td data-bbox="1102 1507 1364 1512"></td></tr> </table>	
(c) TOTAL Independent Expenditures.....	▶ <table border="1" data-bbox="1102 1512 1364 1520"> <tr> <td data-bbox="1102 1512 1364 1520"></td></tr> </table>	

FEC Schedule E (Form 3X) Rev. 09/2013

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 839 OF 3250
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC		FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on		M M M / D D D / Y Y Y Y Y Y	
Full Name of Payee Charity A Carr		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 10 / 21 / 2014	
Mailing Address 13827 S E 44th St		Amount 45.30	
City Choctaw	State OK	Zip Code 73020	Transaction ID : 2878d222-f0e8-4a6a-b
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 10 / 21 / 2014
Name of Federal Candidate Mr. Mark L Pryor		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: AR
Calendar Year-To-Date Per Election for Office Sought 292370.62		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Brian A Sherwood		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 10 / 21 / 2014	
Mailing Address 1003 W 5th St		Amount 15.00	
City Coffeyville	State KS	Zip Code 67337	Transaction ID : f3f59517-4496-4855-a
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 10 / 21 / 2014
Name of Federal Candidate Mr. Greg Orman		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: KS
Calendar Year-To-Date Per Election for Office Sought 261541.03		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures.....▶		60.30	
(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]	
Signature		Date M M M / D D D / Y Y Y Y Y Y 05 / 18 / 2015	

Full Name of Payee Darius Beverly			Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 21 / 2014		
Mailing Address 157 Bishop Drive			Amount 90.00		
City Avondale	State LA	Zip Code 70094	Transaction ID : 0dab7b0e-1cc4-4bff-8 Date of Disbursement or Obligation MM / DD / YYYY 10 / 21 / 2014		
Purpose of Expenditure Salary		Category/ Type 001			
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House ☒ Senate ☐ President ☒ Other (specify) _____		
Calendar Year-To-Date Per Election for Office Sought		554635.78	Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ► _____		

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	91.50
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

05 / 18 / 2015

FEC Schedule E (Form 3X) Rev. 09/2013

Full Name of Payee Ms. Dinah Beverly		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 21 / 2014	
Mailing Address 157 Bishop Drive		Amount 90.00	
City Avondale	State LA	Zip Code 70064	Transaction ID : 38886eb1-fbfd-441d-9 Date of Disbursement or Obligation MM / DD / YYYY 10 / 21 / 2014
Purpose of Expenditure Salary		Category/ Type 001	
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: LA
Calendar Year-To-Date Per Election for Office Sought		554635.78	Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....		195.00
(b) SUBTOTAL of Unitemized Independent Expenditures		
(c) TOTAL Independent Expenditures.....		

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 842 OF 3250
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M / D D / Y Y Y Y Y Y					
Full Name of Payee Ms. Dinah Beverly			Date of Public Distribution/Dissemination 10 / 21 / 2014		
Mailing Address 157 Bishop Drive			Amount 6.00		
City Avondale		State LA	Zip Code 70064		Transaction ID : 93e3da69-4ef3-492f-b
Purpose of Expenditure Mileage		Category/ Type 002		Date of Disbursement or Obligation 10 / 21 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu			Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: LA		
Calendar Year-To-Date Per Election for Office Sought 554635.78			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
Full Name of Payee Stephanie L Heun			Date of Public Distribution/Dissemination 10 / 21 / 2014		
Mailing Address 8026 S Wilwood Dr Apt 101			Amount 30.00		
City Oak Creek		State WI	Zip Code 53154		Transaction ID : 56799f44-5fe3-443c-8
Purpose of Expenditure Salary		Category/ Type 001		Date of Disbursement or Obligation 10 / 21 / 2014	
Name of Federal Candidate Mr. Greg Orman			Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: KS		
Calendar Year-To-Date Per Election for Office Sought 261541.03			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			36.00		
(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.					
Signature Ms. Emily Buchanan			Date 05 / 18 / 2015		
[Electronically Filed]					

Full Name of Payee Jazmine d Conner		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 21 / 2014	
Mailing Address 100 ASBURY CT		Amount 75.00	
City WINCHESTER	State VA	Zip Code 22602	Transaction ID : 813840e3-4674-49c8-8 Date of Disbursement or Obligation MM / DD / YYYY 10 / 21 / 2014
Purpose of Expenditure Salary		Category/ Type 001	
Name of Federal Candidate Mr. Greg Orman		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: KS
Calendar Year-To-Date Per Election for Office Sought		261541.03	Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶ <table border="1" data-bbox="1115 1633 1360 1638"> <tr> <td data-bbox="1115 1633 1360 1638">155.00</td></tr> </table>	155.00
155.00		
(b) SUBTOTAL of Unitemized Independent Expenditures	▶ <table border="1" data-bbox="1115 1638 1360 1642"> <tr> <td data-bbox="1115 1638 1360 1642"></td></tr> </table>	
(c) TOTAL Independent Expenditures.....	▶ <table border="1" data-bbox="1115 1642 1360 1646"> <tr> <td data-bbox="1115 1642 1360 1646"></td></tr> </table>	

05 / 18 / 2015

FEC Schedule E (Form 3X) Rev. 09/2013

Full Name of Payee Jon E Conner		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 21 / 2014	
Mailing Address 100 Asbury Ct		Amount 80.00	
City Winchester	State VA	Zip Code 22602	Transaction ID : fe8cd17a-de88-4d46-a Date of Disbursement or Obligation MM / DD / YYYY 10 / 21 / 2014
Purpose of Expenditure Salary	Category/ Type 001		
Name of Federal Candidate Mr. Greg Orman	☐ Support ☒ Oppose	Office Sought: ☐ President ☒ Senate	House District: 00 State: KS
Calendar Year-To-Date Per Election for Office Sought	261541.03	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	

Full Name of Payee Rodney O Culbreath		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 21 / 2014	
Mailing Address 100 Asbury Ct		Amount 80.00	
City Winchester	State VA	Zip Code 22602	Transaction ID : 08fb5362-4de0-4e2c-a Date of Disbursement or Obligation MM / DD / YYYY 10 / 21 / 2014
Purpose of Expenditure Salary	Category/ Type	001	
Name of Federal Candidate Mr. Greg Orman	☐ Support ☒ Oppose	Office Sought: ☐ House ☒ Senate	District: 00 State: KS
Calendar Year-To-Date Per Election for Office Sought	261541.03	Disbursement For: ☐ Primary ☒ 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.

Date _____

Signature

Three digital display boxes are shown, separated by slashes. The first box displays '05' with 'M' and 'M' above it. The second box displays '18' with 'D' and 'D' above it. The third box displays '2015' with 'Y', 'Y', 'Y', and 'Y' above it.

Full Name of Payee John P Hilkert		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 21 / 2014	
Mailing Address 7 Bards Lane		Amount 12.90	
City Fletcher	State NC	Zip Code 28732	Transaction ID : b3574f24-8b9a-4093-a Date of Disbursement or Obligation MM / DD / YYYY 10 / 21 / 2014
Purpose of Expenditure Mileage	Category/ Type 002		
Name of Federal Candidate Ms. Kay Hagan	☐ Support ☒ Oppose	Office Sought: ☐ President ☒ Senate	District: 00 State: NC
Calendar Year-To-Date Per Election for Office Sought	1095959.94	Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	47.90
(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.

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 846 OF 3250
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC		FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M / D D / Y Y Y Y Y Y			
Full Name of Payee Rodney D Culbreth		Date of Public Distribution/Dissemination 10 / 21 / 2014	
Mailing Address 100 Asbury CT 3200 Dam Neck Rd		Amount 80.00	
City Winchester	State VA	Zip Code 22602	Transaction ID : 5520487c-27c0-4ee6-8 Date of Disbursement or Obligation 10 / 21 / 2014
Purpose of Expenditure Salary		Category/ Type 001	
Name of Federal Candidate Mr. Greg Orman		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>KS</u>
Calendar Year-To-Date Per Election for Office Sought		261541.03	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶ _____
Full Name of Payee Rze Culbreath		Date of Public Distribution/Dissemination 10 / 21 / 2014	
Mailing Address 100 Asbury Ct		Amount 80.00	
City Winchester	State VA	Zip Code 22602	Transaction ID : 93f0ded1-86a2-4b9f-9 Date of Disbursement or Obligation 10 / 21 / 2014
Purpose of Expenditure Salary		Category/ Type 001	
Name of Federal Candidate Mr. Greg Orman		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>KS</u>
Calendar Year-To-Date Per Election for Office Sought		261541.03	Disbursement For: ☐ Primary ☒ 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.			
Signature <i>Ms. Emily Buchanan</i>		Date 05 / 18 / 2015	
[Electronically Filed]			

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 847 OF 3250
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC		FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on		M M M / D D D / Y Y Y Y Y Y	
Full Name of Payee Brieshauna M Stevens		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 10 / 21 / 2014	
Mailing Address 1703 Torrey Pines Ct		Amount 70.00	
City Reston	State VA	Zip Code 20190	Transaction ID : 0468ba78-2c30-459c-9
Purpose of Expenditure Salary	Category/Type 001	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 10 / 21 / 2014	
Name of Federal Candidate Mr. Greg Orman		☐ Support ☒ Oppose	
Office Sought: ☐ President ☒ Senate		District: 00 State: KS	
Calendar Year-To-Date Per Election for Office Sought 261541.03		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Misty A Ledford		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 10 / 21 / 2014	
Mailing Address 44 Bell St		Amount 50.00	
City Spruce Pine	State NC	Zip Code 28777	Transaction ID : f893bcfe-1c2f-454a-b
Purpose of Expenditure Salary	Category/Type 001	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 10 / 21 / 2014	
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	
Office Sought: ☐ President ☒ Senate		District: 00 State: NC	
Calendar Year-To-Date Per Election for Office Sought 1095959.94		Disbursement For: ☐ Primary ☒ 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.			
Signature Ms. Emily Buchanan		Date M M M / D D D / Y Y Y Y Y Y 05 / 18 / 2015	
		[Electronically Filed]	

Full Name of Payee Misty A Ledford		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 21 / 2014	
Mailing Address 44 Bell St		Amount 18.60	
City Spruce Pine	State NC	Zip Code 28777	Transaction ID : a82fda52-9929-4e55-9 Date of Disbursement or Obligation MM / DD / YYYY 10 / 21 / 2014
Purpose of Expenditure Mileage		Category/ Type 002	
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: NC
Calendar Year-To-Date Per Election for Office Sought 1095959.94		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	

Full Name of Payee Adam L Clark		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 21 / 2014	
Mailing Address 1851 S Laura St		Amount 20.00	
City Wichita	State KS	Zip Code 67211	Transaction ID : 051dd721-4f36-45d1-b Date of Disbursement or Obligation MM / DD / YYYY 10 / 21 / 2014
Purpose of Expenditure Salary	Category/ Type 001		
Name of Federal Candidate Mr. Greg Orman	☐ Support ☒ Oppose	Office Sought: ☐ President ☒ Senate ☐ Other (specify) ▶	District: 00 State: KS ☒ General
Calendar Year-To-Date Per Election for Office Sought	261541.03		

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	38.60
(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.

Date _____

Signature

Full Name of Payee Adam L Clark		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 21 / 2014	
Mailing Address 1851 S Laura St		Amount 6.60	
City Wichita	State KS	Zip Code 67211	Transaction ID : fd653ef9-627c-4b06-b
Purpose of Expenditure Mileage	Category/ Type	002	Date of Disbursement or Obligation MM / DD / YYYY 10 / 21 / 2014
Name of Federal Candidate Mr. Greg Orman		☐ Support ☒ Oppose	Office Sought: ☐ House ☒ Senate ☐ President ☒ Senate
Calendar Year-To-Date Per Election for Office Sought 261541.03		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	

Full Name of Payee Joseph R English		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 21 / 2014	
Mailing Address 915 East Market Ave Apt 4		Amount 60.00	
City	State	Zip Code	Transaction ID : aa325b3c-e127-4b9c-8 Date of Disbursement or Obligation MM / DD / YYYY 10 / 21 / 2014
Searcy	AR	72143	
Purpose of Expenditure Salary		Category/ Type	001
Name of Federal Candidate Mr. Mark L Pryor		☐ Support ☒ Oppose	Office Sought: ☐ House ☒ Senate ☐ President ☒ Senate District: 00 State: AR
Calendar Year-To-Date Per Election for Office Sought		292370.62	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	66.60
(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.

Date _____

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 850 OF 3250
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC		FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on		MM / DD / YYYY	
Full Name of Payee Joseph R English		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 21 / 2014	
Mailing Address 915 East Market Ave Apt 4		Amount 40.50	
City Searcy	State AR	Zip Code 72143	Transaction ID : b4787488-4166-4fcf-b
Purpose of Expenditure Mileage		Category/Type 002	Date of Disbursement or Obligation MM / DD / YYYY 10 / 21 / 2014
Name of Federal Candidate Mr. Mark L Pryor		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: AR
Calendar Year-To-Date Per Election for Office Sought 292370.62		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Cynthia E Matson		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 21 / 2014	
Mailing Address 7101 E 69th St N		Amount 10.00	
City Valley Center	State KS	Zip Code 67147	Transaction ID : 08c2eed9-b82e-4afd-8
Purpose of Expenditure Salary		Category/Type 001	Date of Disbursement or Obligation MM / DD / YYYY 10 / 21 / 2014
Name of Federal Candidate Mr. Greg Orman		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: KS
Calendar Year-To-Date Per Election for Office Sought 261541.03		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶		50.50	
(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.			
Signature Ms. Emily Buchanan		Date MM / DD / YYYY 05 / 18 / 2015	
		[Electronically Filed]	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 851 OF 3250
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on MM / DD / YYYY					
Full Name of Payee Cynthia E Matson			Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 21 / 2014		
Mailing Address 7101 E 69th St N			Amount 1.80		
City Valley Center		State KS	Zip Code 67147		Transaction ID : ed409cd5-7ef7-4f72-8
Purpose of Expenditure Mileage		Category/ Type	Date of Disbursement or Obligation MM / DD / YYYY 10 / 21 / 2014		
Name of Federal Candidate Mr. Greg Orman		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: KS		
Calendar Year-To-Date Per Election for Office Sought		261541.03		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Jeffrey S Hauge			Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 21 / 2014		
Mailing Address 211 N Ashley Park			Amount 15.00		
City Wichita		State KS	Zip Code 67212		Transaction ID : bedcda37-f8ab-4091-9
Purpose of Expenditure Salary		Category/ Type	Date of Disbursement or Obligation MM / DD / YYYY 10 / 21 / 2014		
Name of Federal Candidate Mr. Greg Orman		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: KS		
Calendar Year-To-Date Per Election for Office Sought		261541.03		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures.....▶			16.80		
(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.					
Signature Ms. Emily Buchanan		[Electronically Filed]		Date MM / DD / YYYY 05 / 18 / 2015	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 852 OF 3250
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on			M M M / D D D / Y Y Y Y Y Y	
Full Name of Payee Jeffrey S Hauge		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 10 / 21 / 2014		
Mailing Address 211 N Ashley Park		Amount 1.80		
City Wichita	State KS	Zip Code 67212	Transaction ID : f8002a37-0cbf-4492-b	
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 10 / 21 / 2014	
Name of Federal Candidate Mr. Greg Orman		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: KS	
Calendar Year-To-Date Per Election for Office Sought		261541.03	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee April A Watson		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 10 / 22 / 2014		
Mailing Address 30217 Crook Rd		Amount 27.50		
City Cleveland	State MO	Zip Code 64734	Transaction ID : 1fc5f930-e793-4f53-8	
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 10 / 22 / 2014	
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: NC	
Calendar Year-To-Date Per Election for Office Sought		1095959.94	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures.....		29.30		
(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.				
Signature Ms. Emily Buchanan		[Electronically Filed]		Date M M M / D D D / Y Y Y Y Y Y 05 / 18 / 2015

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 853 OF 3250
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on			M M M / D D D / Y Y Y Y Y Y	
Full Name of Payee April A Watson		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 10 / 22 / 2014		
Mailing Address 30217 Crook Rd		Amount 17.40		
City Cleveland	State MO	Zip Code 64734	Transaction ID : 9a5d6da1-d10f-4643-9	
Purpose of Expenditure Mileage	Category/ Type	002	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 10 / 22 / 2014	
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: NC	
Calendar Year-To-Date Per Election for Office Sought		1095959.94	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Avery Watson		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 10 / 22 / 2014		
Mailing Address 30217 Crook Rd		Amount 52.50		
City Cleveland	State MO	Zip Code 64734	Transaction ID : 7c031df6-ee65-458e-b	
Purpose of Expenditure Salary	Category/ Type	001	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 10 / 22 / 2014	
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: NC	
Calendar Year-To-Date Per Election for Office Sought		1095959.94	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures.....		69.90		
(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.				
Signature <i>Ms. Emily Buchanan</i>		Date 05 / 18 / 2015		
		[Electronically Filed]		

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 854 OF 3250
 FOR LINE 24 OF FORM 3X

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

Full Name of Payee Avery Watson			Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 22 / 2014		
Mailing Address 30217 Crook Rd			Amount 14.10		
City Cleveland	State MO	Zip Code 64734	Transaction ID : 1b0877a0-cef1-461b-a Date of Disbursement or Obligation MM / DD / YYYY 10 / 22 / 2014		
Purpose of Expenditure Mileage		Category/ Type 002	Name of Federal Candidate Ms. Kay Hagan		
Calendar Year-To-Date Per Election for Office Sought		1095959.94	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: NC		
Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶					

Full Name of Payee Ren W Dasher			Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 22 / 2014		
Mailing Address 1414 Edgemoor Dr			Amount 40.00		
City El Dorado	State KS	Zip Code 67042	Transaction ID : 3240c52e-c3b7-4858-9 Date of Disbursement or Obligation MM / DD / YYYY 10 / 22 / 2014		
Purpose of Expenditure Salary		Category/ Type 001	Name of Federal Candidate Mr. Greg Orman		
Calendar Year-To-Date Per Election for Office Sought		261541.03	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: KS		
Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶					

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	54.10
(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

MM / DD / YYYY
05 / 18 / 2015

Signature

Full Name of Payee Valerie K Braymer		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 20 / 2014	
Mailing Address 106 Ridge Trail		Amount 55.00	
City Boerne	State TX	Zip Code 78006	Transaction ID : 586153db-592e-4b14-9
Purpose of Expenditure Salary	Category/ Type 001	Date of Disbursement or Obligation MM / DD / YYYY 10 / 20 / 2014	
Name of Federal Candidate Mr. Greg Orman	☐ Support ☒ Oppose	Office Sought: ☐ President ☒ Senate	District: 00 State: KS
Calendar Year-To-Date Per Election for Office Sought	261541.03	Disbursement For: 2014 ☐ Primary ☒ General ☐ Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....	105.70
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures.....	

FEC Schedule E (Form 3X) Rev. 09/2013

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 857 OF 3250
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC		FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on		M M M / D D D / Y Y Y Y Y Y	
Full Name of Payee Valerie K Braymer		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 10 / 20 / 2014	
Mailing Address 106 Ridge Trail		Amount 13.50	
City Boerne	State TX	Zip Code 78006	Transaction ID : ea1a7b90-c48f-4083-a
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 10 / 20 / 2014
Name of Federal Candidate Mr. Greg Orman		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: KS
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Valerie K Braymer		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 10 / 21 / 2014	
Mailing Address 106 Ridge Trail		Amount 69.50	
City Boerne	State TX	Zip Code 78006	Transaction ID : 1ab5df0f-95f4-4a39-8
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 10 / 21 / 2014
Name of Federal Candidate Mr. Greg Orman		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: KS
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶		83.00	
(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.			
Signature Ms. Emily Buchanan		Date M M M / D D D / Y Y Y Y Y Y 05 / 18 / 2015	
		[Electronically Filed]	

Full Name of Payee Eric J Smith		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 22 / 2014	
Mailing Address 4967 Dysartville		Amount 80.00	
City Morganton	State NC	Zip Code 28655	Transaction ID : 9d65cfbf-cec0-4bd6-b
Purpose of Expenditure Salary	Category/ Type	001	Date of Disbursement or Obligation MM / DD / YYYY 10 / 22 / 2014
Name of Federal Candidate Ms. Kay Hagan	☐ Support ☒ Oppose	Office Sought: ☐ House ☐ President	District: 00 State: NC ☒ Senate
Calendar Year-To-Date Per Election for Office Sought	1095959.94		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	95.00
(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.

Date _____

Signature

MM / DD / YYYY

05 / 18 / 2015

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 859 OF 3250
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M / D D / Y Y Y Y				
Full Name of Payee Jennifer E Smith			Date of Public Distribution/Dissemination 10 / 22 / 2014	
Mailing Address 4967 Dysartsville Rd			Amount 80.00	
City Morganton	State NC	Zip Code 28655	Transaction ID : dae34ade-0d1b-460b-9	
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation 10 / 22 / 2014	
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>NC</u>	
Calendar Year-To-Date Per Election for Office Sought		1095959.94	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Jennifer E Smith			Date of Public Distribution/Dissemination 10 / 22 / 2014	
Mailing Address 4967 Dysartsville Rd			Amount 7.80	
City Morganton	State NC	Zip Code 28655	Transaction ID : a2d29fda-bb10-47fa-a	
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement or Obligation 10 / 22 / 2014	
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>NC</u>	
Calendar Year-To-Date Per Election for Office Sought		1095959.94	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			87.80	
(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 05 / 18 / 2015	
Signature				

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 860 OF 3250
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M / D D / Y Y Y Y					
Full Name of Payee James Kindstedt			Date of Public Distribution/Dissemination 10 / 22 / 2014		
Mailing Address 5510 Dogwood Dr			Amount 33.30		
City Winston Salem		State NC	Zip Code 27105		Transaction ID : 2ce9b52e-d6bb-4513-9
Purpose of Expenditure Salary		Category/Type 001		Date of Disbursement or Obligation 10 / 22 / 2014	
Name of Federal Candidate Ms. Kay Hagan			☐ Support ☒ Oppose Office Sought: ☐ House ☒ Senate District: <u>00</u> ☐ President State: <u>NC</u>		
Calendar Year-To-Date Per Election for Office Sought 1095959.94			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶ _____		
Full Name of Payee James Kindstedt			Date of Public Distribution/Dissemination 10 / 22 / 2014		
Mailing Address 5510 Dogwood Dr			Amount 12.06		
City Winston Salem		State NC	Zip Code 27105		Transaction ID : 5a244138-a4f4-44e4-a
Purpose of Expenditure Mileage		Category/Type 002		Date of Disbursement or Obligation 10 / 22 / 2014	
Name of Federal Candidate Ms. Kay Hagan			☐ Support ☒ Oppose Office Sought: ☐ House ☒ Senate District: <u>00</u> ☐ President State: <u>NC</u>		
Calendar Year-To-Date Per Election for Office Sought 1095959.94			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶ _____		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			45.36		
(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.					
Signature <u>Ms. Emily Buchanan</u> [Electronically Filed]			Date 05 / 18 / 2015		

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 861 OF 3250
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC		FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on		M M M / D D D / Y Y Y Y Y Y	
Full Name of Payee Tabitha J Barnett		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 10 / 21 / 2014	
Mailing Address 1001 N Prospect		Amount 30.00	
City Liberal	State KS	Zip Code 67901	Transaction ID : ac7dd20c-bdc2-44c4-a
Purpose of Expenditure Salary		Category/Type 001	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 10 / 21 / 2014
Name of Federal Candidate Mr. Greg Orman		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: KS
Calendar Year-To-Date Per Election for Office Sought 261541.03		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Tabitha J Barnett		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 10 / 21 / 2014	
Mailing Address 1001 N Prospect		Amount 22.50	
City Liberal	State KS	Zip Code 67901	Transaction ID : a6d032be-e5c0-4ac4-b
Purpose of Expenditure Mileage		Category/Type 002	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 10 / 21 / 2014
Name of Federal Candidate Mr. Greg Orman		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: KS
Calendar Year-To-Date Per Election for Office Sought 261541.03		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶		52.50	
(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]	
Signature		Date M M M / D D D / Y Y Y Y Y Y 05 / 18 / 2015	

Full Name of Payee Cebrina Ford		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 21 / 2014	
Mailing Address 201 E Mt Vernon		Amount 70.00	
City Wichita	State KS	Zip Code 67211	Transaction ID : 9ee78e5a-2da4-40f0-a
Purpose of Expenditure Salary	Category/ Type	001	Date of Disbursement or Obligation MM / DD / YYYY 10 / 21 / 2014
Name of Federal Candidate Mr. Greg Orman	☐ Support ☒ Oppose	Office Sought: ☐ President ☒ Senate	District: 00 State: KS
Calendar Year-To-Date Per Election for Office Sought	261541.03	Disbursement For: 2014 ☐ Other (specify) ▶	☐ Primary ☒ General

Full Name of Payee Jodi DeFrees			Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 21 / 2014		
Mailing Address 201 E Mt Vernon			Amount 70.00		
City Wichita	State KS	Zip Code 67211	Transaction ID : 13d24175-7faa-459a-a Date of Disbursement or Obligation MM / DD / YYYY 10 / 21 / 2014		
Purpose of Expenditure Salary		Category/ Type 001			
Name of Federal Candidate Mr. Greg Orman		☐ Support ☒ Oppose	Office Sought: ☐ House ☒ Senate ☐ President ☒ Senate		
Calendar Year-To-Date Per Election for Office Sought		261541.03	Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ►		
District: 00			State: KS		

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	140.00
(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.

Date _____

Signature

Full Name of Payee Jodi DeFrees			Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 21 / 2014		
Mailing Address 201 E Mt Vernon			Amount 8.40		
City Wichita	State KS	Zip Code 67211	Transaction ID : 0dcf9474-9454-4784-8		
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement or Obligation MM / DD / YYYY 10 / 21 / 2014		
Name of Federal Candidate Mr. Greg Orman		☐ Support ☒ Oppose	Office Sought: ☐ House ☒ Senate District: 00 ☐ President State: KS		
Calendar Year-To-Date Per Election for Office Sought		261541.03	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		

Full Name of Payee Joanna Kindstedt		Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y 10 / 22 / 2014	
Mailing Address 2134 Tobaccoville Rd		Amount 33.30	
City Rural Hall	State NC	Zip Code 27045	Transaction ID : 18b33640-c43c-4690-9 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y 10 / 22 / 2014
Purpose of Expenditure Salary		Category/ Type 001	
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: NC
Calendar Year-To-Date Per Election for Office Sought 1095959.94		Disbursement For: ☐ Primary ☒ General ☐ 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.

Date _____

Signature

05 / 18 / 2015

Full Name of Payee Dwayne C Smith		Date of Public Distribution/Dissemination M M / D D / Y Y Y Y 10 / 22 / 2014	
Mailing Address 900 Bramblegate Rd		Amount 14.97	
City Hope Mills	State NC	Zip Code 28348	Transaction ID : 83ef3518-8f28-4782-a Date of Disbursement or Obligation M M / D D / Y Y Y Y 10 / 22 / 2014
Purpose of Expenditure Mileage	Category/ Type	002	
Name of Federal Candidate Ms. Kay Hagan	☐ Support ☒ Oppose	Office Sought: ☐ House ☐ President ☒ Senate	District: <u>00</u> State: <u>NC</u>
Calendar Year-To-Date Per Election for Office Sought	1095959.94		Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ►

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	44.97
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

FEC Schedule E (Form 3X) Rev. 09/2013

Full Name of Payee April A Watson		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 21 / 2014	
Mailing Address 30217 Crook Rd		Amount 17.40	
City Cleveland	State MO	Zip Code 64734	Transaction ID : 99f9fb71-cccd-4086-9 Date of Disbursement or Obligation MM / DD / YYYY 10 / 21 / 2014
Purpose of Expenditure Mileage		Category/ Type 002	
Name of Federal Candidate Mr. Greg Orman		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: KS
Calendar Year-To-Date Per Election for Office Sought		261541.03	Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	44.90
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

FEC Schedule E (Form 3X) Rev. 09/2013

Full Name of Payee Avery Watson		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 21 / 2014	
Mailing Address 30217 Crook Rd		Amount 14.28	
City Cleveland	State MO	Zip Code 64734	Transaction ID : 452c47ef-b36f-4236-9
Purpose of Expenditure Mileage	Category/ Type	002	Date of Disbursement or Obligation MM / DD / YYYY 10 / 21 / 2014
Name of Federal Candidate Mr. Greg Orman	☐ Support ☒ Oppose	Office Sought: ☐ House ☐ President	District: 00 State: KS
Calendar Year-To-Date Per Election for Office Sought	261541.03		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	41.78
(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 _____

MM / DD / YYYY

05 / 18 / 2015

Signature

Full Name of Payee Aaron R Cowart		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 22 / 2014	
Mailing Address 184 South Military Rd		Amount 20.00	
City Slidell	State LA	Zip Code 70458	Transaction ID : 4430c74d-9f15-4b9d-9 Date of Disbursement or Obligation MM / DD / YYYY 10 / 22 / 2014
Purpose of Expenditure Salary		Category/ Type 001	
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House ☒ Senate ☐ President ☒ Senate District: 00 State: LA
Calendar Year-To-Date Per Election for Office Sought 554635.78		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	

Full Name of Payee Aaron R Cowart		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 22 / 2014	
Mailing Address 184 South Military Rd		Amount 4.50	
City Slidell	State LA	Zip Code 70458	Transaction ID : 58c8801d-65c4-42af-a Date of Disbursement or Obligation MM / DD / YYYY 10 / 22 / 2014
Purpose of Expenditure Mileage	Category/ Type	002	
Name of Federal Candidate Ms. Mary L Landrieu	☐ Support ☒ Oppose	Office Sought: ☐ President ☒ Senate	House District: 00 State: LA
Calendar Year-To-Date Per Election for Office Sought	554635.78		Disbursement For: 2014 ☐ Primary ☒ General ☐ Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	24.50
(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.

Date _____

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 868 OF 3250
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M M D D D Y Y Y Y Y Y					
Full Name of Payee Corey S McKnight			Date of Public Distribution/Dissemination 10 22 2014		
Mailing Address 1510 Bailey St			Amount 80.00		
City West Monroe	State LA	Zip Code 71292	Transaction ID : cc01108d-28ca-4be6-8 Date of Disbursement or Obligation 10 22 2014		
Purpose of Expenditure Salary		Category/ Type 001			
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: LA		
Calendar Year-To-Date Per Election for Office Sought		554635.78	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
Full Name of Payee Leona Martin			Date of Public Distribution/Dissemination 10 21 2014		
Mailing Address 9901 Floyd St			Amount 30.00		
City Overland Park	State KS	Zip Code 66212	Transaction ID : cb13bcea-eeed-4c22-9 Date of Disbursement or Obligation 10 21 2014		
Purpose of Expenditure Salary		Category/ Type 001			
Name of Federal Candidate Mr. Greg Orman		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: KS		
Calendar Year-To-Date Per Election for Office Sought		261541.03	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			110.00		
(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.					
Signature Ms. Emily Buchanan		[Electronically Filed]		Date 05 18 2015	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 869 OF 3250
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M M / D D D / Y Y Y Y Y Y					
Full Name of Payee Leona Martin			Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 10 / 21 / 2014		
Mailing Address 9901 Floyd St			Amount 6.60		
City Overland Park		State KS	Zip Code 66212		Transaction ID : 74040efb-cb05-4eb2-9
Purpose of Expenditure Mileage		Category/ Type 002		Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 10 / 21 / 2014	
Name of Federal Candidate Mr. Greg Orman			☐ Support ☒ Oppose		Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: KS
Calendar Year-To-Date Per Election for Office Sought 261541.03			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
Full Name of Payee Casey Stockton			Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 10 / 22 / 2014		
Mailing Address 105 South Dale St			Amount 65.00		
City Spruce Pine		State NC	Zip Code 28777		Transaction ID : 27452261-c569-474b-b
Purpose of Expenditure Salary		Category/ Type 001		Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 10 / 22 / 2014	
Name of Federal Candidate Ms. Kay Hagan			☐ Support ☒ Oppose		Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: NC
Calendar Year-To-Date Per Election for Office Sought 1095959.94			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			71.60		
(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.					
Signature <i>Ms. Emily Buchanan</i>			Date M M M / D D D / Y Y Y Y Y Y 05 / 18 / 2015		

[Electronically Filed]

Full Name of Payee Kristina M Jinkens		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 22 / 2014	
Mailing Address 2138 N 1000 Rd		Amount 30.00	
City Eudora	State KS	Zip Code 66025	Transaction ID : 7f38eac4-25cb-4080-9 Date of Disbursement or Obligation MM / DD / YYYY 10 / 22 / 2014
Purpose of Expenditure Salary	Category/ Type 001		
Name of Federal Candidate Mr. Greg Orman	☐ Support ☒ Oppose	Office Sought: ☐ President ☒ Senate ☐ Other (specify) ▶	District: 00 State: KS ☐ Primary ☒ General
Calendar Year-To-Date Per Election for Office Sought	261541.03		

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	95.00
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

05 / 18 / 2015

FEC Schedule E (Form 3X) Rev. 09/2013

Full Name of Payee Heather A Smith			Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 22 / 2014		
Mailing Address 995 Clairborne Rd			Amount 8.10		
City Calhoun	State LA	Zip Code 71225	Transaction ID : d2c53feb-e1cc-44c5-b Date of Disbursement or Obligation MM / DD / YYYY 10 / 22 / 2014		
Purpose of Expenditure Mileage		Category/ Type 002			
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: LA		
Calendar Year-To-Date Per Election for Office Sought		554635.78	Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ►		

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	37.10
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

05 / 18 / 2015

FEC Schedule E (Form 3X) Rev. 09/2013

Full Name of Payee Windy Hageman		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 22 / 2014	
Mailing Address 5521 Randolph St.		Amount 1.80	
City Marrero	State LA	Zip Code 70072	Transaction ID : 03d103ea-93ee-4060-8 Date of Disbursement or Obligation MM / DD / YYYY 10 / 22 / 2014
Purpose of Expenditure Mileage		Category/ Type 002	
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House ☒ Senate ☐ President
Calendar Year-To-Date Per Election for Office Sought 554635.78		District: 00 State: LA Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	21.80
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

Ms. Emily Buchanan

[Electronically Filed]

Date 05 / 18 / 2015

Signature _____

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 873 OF 3250
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M / D D / Y Y Y Y Y Y					
Full Name of Payee Thomas A Gawdun			Date of Public Distribution/Dissemination 10 / 22 / 2014		
Mailing Address 2207 SE 64th St			Amount 30.00		
City Topeka	State KS	Zip Code 66605	Transaction ID : ba8cfb83-63f6-4a26-8		
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation 10 / 22 / 2014		
Name of Federal Candidate Mr. Greg Orman		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>KS</u>		
Calendar Year-To-Date Per Election for Office Sought		261541.03	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶ _____		
Full Name of Payee Thomas A Gawdun			Date of Public Distribution/Dissemination 10 / 22 / 2014		
Mailing Address 2207 SE 64th St			Amount 3.81		
City Topeka	State KS	Zip Code 66605	Transaction ID : 82067299-234f-4e0e-b		
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement or Obligation 10 / 22 / 2014		
Name of Federal Candidate Mr. Greg Orman		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>KS</u>		
Calendar Year-To-Date Per Election for Office Sought		261541.03	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶ _____		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			33.81		
(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 05 / 18 / 2015		
Signature _____					

Full Name of Payee William M Criswell		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 22 / 2014	
Mailing Address 115 Burns Mitchell Drive		Amount 9.30	
City Belmont	State NC	Zip Code 28012	Transaction ID : 6e9e5c16-cd20-4c4c-b
Purpose of Expenditure Mileage	Category/ Type	002	Date of Disbursement or Obligation MM / DD / YYYY 10 / 22 / 2014
Name of Federal Candidate Ms. Kay Hagan	☐ Support ☒ Oppose	Office Sought: ☐ President ☒ Senate	District: 00 State: NC
Calendar Year-To-Date Per Election for Office Sought	1095959.94	Disbursement For: ☐ Primary ☒ General	☐ Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	69.30
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

FEC Schedule E (Form 3X) Rev. 09/2013

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 875 OF 3250
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC		FEC IDENTIFICATION NUMBER ▼ C C00530766
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on		MM / DD / YYYY

Full Name of Payee Mry S Everly		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 22 / 2014
Mailing Address 787 N 1851 Diagonal Rd		Amount 30.00
City Lecompton	State KS	Zip Code 66050
Purpose of Expenditure Salary	Category/Type 001	Transaction ID : 489ab5e2-48be-43af-a Date of Disbursement or Obligation MM / DD / YYYY 10 / 22 / 2014
Name of Federal Candidate Mr. Greg Orman		Office Sought: ☐ House District: 00 ☒ Senate State: KS
Calendar Year-To-Date Per Election for Office Sought 261541.03		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶

Full Name of Payee Mry S Everly		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 22 / 2014
Mailing Address 787 N 1851 Diagonal Rd		Amount 3.30
City Lecompton	State KS	Zip Code 66050
Purpose of Expenditure Mileage	Category/Type 002	Transaction ID : aba7ef19-c69b-43a0-b Date of Disbursement or Obligation MM / DD / YYYY 10 / 22 / 2014
Name of Federal Candidate Mr. Greg Orman		Office Sought: ☐ House District: 00 ☒ Senate State: KS
Calendar Year-To-Date Per Election for Office Sought 261541.03		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	33.30
(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

MM / DD / YYYY
05 / 18 / 2015

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 876 OF 3250
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M M / D D D / Y Y Y Y Y Y					
Full Name of Payee Trevor D Hageman			Date of Public Distribution/Dissemination 10 / 22 / 2014		
Mailing Address 5521 Randolph St			Amount 30.00		
City Marrero		State LA	Zip Code 70072		Transaction ID : db120228-f42a-4936-b
Purpose of Expenditure Salary		Category/ Type 001		Date of Disbursement or Obligation 10 / 22 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu			Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: LA		
Calendar Year-To-Date Per Election for Office Sought 554635.78			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
Full Name of Payee Claud B Murphy JR			Date of Public Distribution/Dissemination 10 / 22 / 2014		
Mailing Address PO Box 37			Amount 35.00		
City East Bend		State NC	Zip Code 27018		Transaction ID : 9928528f-43b1-4788-9
Purpose of Expenditure Salary		Category/ Type 001		Date of Disbursement or Obligation 10 / 22 / 2014	
Name of Federal Candidate Ms. Kay Hagan			Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: NC		
Calendar Year-To-Date Per Election for Office Sought 1095959.94			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			65.00		
(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.					
Signature Ms. Emily Buchanan			Date 05 / 18 / 2015		
			[Electronically Filed]		

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 877 OF 3250
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC		FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on		M M M / D D D / Y Y Y Y Y Y	
Full Name of Payee Claud B Murphy JR		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 10 / 22 / 2014	
Mailing Address PO Box 37		Amount 10.80	
City East Bend	State NC	Zip Code 27018	Transaction ID : 43c15cf0-7419-4701-a
Purpose of Expenditure Mileage	Category/Type 002	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 10 / 22 / 2014	
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	
Office Sought: ☐ President ☒ Senate		District: 00 State: NC	
Calendar Year-To-Date Per Election for Office Sought 1095959.94		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Judith A Murphy		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 10 / 22 / 2014	
Mailing Address PO Box 37		Amount 35.00	
City East Bend	State NC	Zip Code 27018	Transaction ID : e4e350cf-47e3-4ce9-8
Purpose of Expenditure Salary	Category/Type 001	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 10 / 22 / 2014	
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	
Office Sought: ☐ President ☒ Senate		District: 00 State: NC	
Calendar Year-To-Date Per Election for Office Sought 1095959.94		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶		45.80	
(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.			
Signature Ms. Emily Buchanan		Date M M M / D D D / Y Y Y Y Y Y 05 / 18 / 2015	
		[Electronically Filed]	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 878 OF 3250
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M / D D / Y Y Y Y					
Full Name of Payee Jon Lynch			Date of Public Distribution/Dissemination 10 / 22 / 2014		
Mailing Address 6108 Harkins Ave			Amount 80.00		
City Little Rock		State AR	Zip Code 72210		Transaction ID : 7748ec85-8c89-4256-a
Purpose of Expenditure Salary		Category/Type 001		Date of Disbursement or Obligation 10 / 22 / 2014	
Name of Federal Candidate Mr. Mark L Pryor			Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>AR</u> ☐ Support ☒ Oppose		
Calendar Year-To-Date Per Election for Office Sought			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶ _____		
Full Name of Payee Jon Lynch			Date of Public Distribution/Dissemination 10 / 22 / 2014		
Mailing Address 6108 Harkins Ave			Amount 29.10		
City Little Rock		State AR	Zip Code 72210		Transaction ID : 02672177-ac02-4f79-8
Purpose of Expenditure Mileage		Category/Type 002		Date of Disbursement or Obligation 10 / 22 / 2014	
Name of Federal Candidate Mr. Mark L Pryor			Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>AR</u> ☐ Support ☒ Oppose		
Calendar Year-To-Date Per Election for Office Sought			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶ _____		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			109.10		
(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.					
Signature <u>Ms. Emily Buchanan</u> [Electronically Filed]			Date 05 / 18 / 2015		

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 879 OF 3250
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M / D D / Y Y Y Y				
Full Name of Payee Sharon t Craig			Date of Public Distribution/Dissemination 10 / 22 / 2014	
Mailing Address 1410 Bushville Dr			Amount 45.00	
City Lenoir	State NC	Zip Code 28645	Transaction ID : fa2740f6-5eef-4ab3-9 Date of Disbursement or Obligation 10 / 22 / 2014	
Purpose of Expenditure Salary		Category/ Type 001		
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>NC</u>	
Calendar Year-To-Date Per Election for Office Sought		1095959.94	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶ _____	
Full Name of Payee Sharon t Craig			Date of Public Distribution/Dissemination 10 / 22 / 2014	
Mailing Address 1410 Bushville Dr			Amount 15.30	
City Lenoir	State NC	Zip Code 28645	Transaction ID : dc7b982a-94de-4005-b Date of Disbursement or Obligation 10 / 22 / 2014	
Purpose of Expenditure Mileage		Category/ Type 002		
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>NC</u>	
Calendar Year-To-Date Per Election for Office Sought		1095959.94	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶ _____	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			60.30	
(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.				
Signature Ms. Emily Buchanan		[Electronically Filed]		Date 05 / 18 / 2015

Full Name of Payee Kathy Anderson			Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 22 / 2014		
Mailing Address 3041 SW Burlingame Rd			Amount 8.70		
City Topeka	State KS	Zip Code 66611	Transaction ID : 71bfd74b-aa8a-4863-a Date of Disbursement or Obligation MM / DD / YYYY 10 / 22 / 2014		
Purpose of Expenditure Mileage		Category/ Type 002			
Name of Federal Candidate Mr. Greg Orman		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: KS		
Calendar Year-To-Date Per Election for Office Sought		261541.03	Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ►		

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	43.70
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 881 OF 3250
 FOR LINE 24 OF FORM 3X

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

Full Name of Payee Irene R Hoyer			Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 22 / 2014	
Mailing Address 4310 N Mission Rd			Amount 35.00	
City Bel Aire	State KS	Zip Code 67226	Transaction ID : ef211a9b-26b8-46cb-8	
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation MM / DD / YYYY 10 / 22 / 2014	
Name of Federal Candidate Mr. Greg Orman		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: KS	
Calendar Year-To-Date Per Election for Office Sought 261541.03			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	

Full Name of Payee Irene R Hoyer			Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 22 / 2014	
Mailing Address 4310 N Mission Rd			Amount 7.59	
City Bel Aire	State KS	Zip Code 67226	Transaction ID : d428a65e-98fc-4892-8	
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement or Obligation MM / DD / YYYY 10 / 22 / 2014	
Name of Federal Candidate Mr. Greg Orman		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: KS	
Calendar Year-To-Date Per Election for Office Sought 261541.03			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	42.59
(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

 MM / DD / YYYY

05 / 18 / 2015

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 882 OF 3250
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC		FEC IDENTIFICATION NUMBER ▼ C C00530766
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on		MM / DD / YYYY

Full Name of Payee Leslie D Moore		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 22 / 2014
Mailing Address 1903 Swan Dr		Amount 75.00
City Lenoir	State NC	Zip Code 28645
Purpose of Expenditure Salary	Category/Type 001	Transaction ID : 24768735-e22f-4fde-8 Date of Disbursement or Obligation MM / DD / YYYY 10 / 22 / 2014
Name of Federal Candidate Ms. Kay Hagan		Office Sought: ☐ House District: 00 ☒ Senate State: NC
Calendar Year-To-Date Per Election for Office Sought 1095959.94		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶

Full Name of Payee Leslie D Moore		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 22 / 2014
Mailing Address 1903 Swan Dr		Amount 4.80
City Lenoir	State NC	Zip Code 28645
Purpose of Expenditure Mileage	Category/Type 002	Transaction ID : 7bdbec38-5aba-4f92-b Date of Disbursement or Obligation MM / DD / YYYY 10 / 22 / 2014
Name of Federal Candidate Ms. Kay Hagan		Office Sought: ☐ House District: 00 ☒ Senate State: NC
Calendar Year-To-Date Per Election for Office Sought 1095959.94		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	79.80
(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]

Signature

Date

MM / DD / YYYY
05 / 18 / 2015

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 883 OF 3250
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC		FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on		M M M / D D D / Y Y Y Y Y Y	
Full Name of Payee Kirsten E McKinney		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 10 / 22 / 2014	
Mailing Address 1419 S Highbush Ave		Amount 20.00	
City Fayetteville	State AR	Zip Code 72701	Transaction ID : 65d66828-c8f4-4078-8
Purpose of Expenditure Salary	Category/Type 001	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 10 / 22 / 2014	
Name of Federal Candidate Mr. Mark L Pryor		Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: AR	
Calendar Year-To-Date Per Election for Office Sought 292370.62		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Kirsten E McKinney		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 10 / 22 / 2014	
Mailing Address 1419 S Highbush Ave		Amount 6.00	
City Fayetteville	State AR	Zip Code 72701	Transaction ID : 78f30517-e7c6-4b43-8
Purpose of Expenditure Mileage	Category/Type 002	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 10 / 22 / 2014	
Name of Federal Candidate Mr. Mark L Pryor		Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: AR	
Calendar Year-To-Date Per Election for Office Sought 292370.62		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶		26.00	
(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]	
Signature		Date M M M / D D D / Y Y Y Y Y Y 05 / 18 / 2015	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 884 OF 3250
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC		FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on		MM / DD / YYYY	
Full Name of Payee Joshua J Huffman		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 22 / 2014	
Mailing Address 211 Dixie Ave		Amount 35.00	
City Harrisonburg	State VA	Zip Code 22801	Transaction ID : 926750cc-03f1-4c4d-a
Purpose of Expenditure Salary	Category/Type 001	Date of Disbursement or Obligation MM / DD / YYYY 10 / 22 / 2014	
Name of Federal Candidate Mr. Greg Orman		☐ Support ☒ Oppose Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: KS	
Calendar Year-To-Date Per Election for Office Sought 261541.03		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Alisha A Hauser		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 22 / 2014	
Mailing Address 199 Raven Circle		Amount 53.80	
City Wilkesboro	State NC	Zip Code 28697	Transaction ID : 037fcc36-93fb-4137-a
Purpose of Expenditure Salary	Category/Type 001	Date of Disbursement or Obligation MM / DD / YYYY 10 / 22 / 2014	
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: NC	
Calendar Year-To-Date Per Election for Office Sought 1095959.94		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶		88.80	
(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.			
Signature Ms. Emily Buchanan		Date MM / DD / YYYY 05 / 18 / 2015	
		[Electronically Filed]	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 885 OF 3250
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC		FEC IDENTIFICATION NUMBER ▼ C C00530766
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on		MM / DD / YYYY

Full Name of Payee Alisha A Hauser		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 22 / 2014
Mailing Address 199 Raven Circle		Amount 10.71
City Wilkesboro	State NC	Zip Code 28697
Purpose of Expenditure Mileage	Category/Type 002	Transaction ID : 16153beb-e245-4986-b Date of Disbursement or Obligation MM / DD / YYYY 10 / 22 / 2014
Name of Federal Candidate Ms. Kay Hagan		Office Sought: ☐ House District: 00 ☒ Senate State: NC
Calendar Year-To-Date Per Election for Office Sought 1095959.94		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶

Full Name of Payee Leona Martin		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 22 / 2014
Mailing Address 9901 Floyd St		Amount 35.00
City Overland Park	State KS	Zip Code 66212
Purpose of Expenditure Salary	Category/Type 001	Transaction ID : 879fb616-9186-498b-a Date of Disbursement or Obligation MM / DD / YYYY 10 / 22 / 2014
Name of Federal Candidate Mr. Greg Orman		Office Sought: ☐ House District: 00 ☒ Senate State: KS
Calendar Year-To-Date Per Election for Office Sought 261541.03		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	45.71
(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]

Signature

Date

MM / DD / YYYY
05 / 18 / 2015

Full Name of Payee Amanda Boley		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 22 / 2014	
Mailing Address Split Oak Drive		Amount 71.50	
City charlotte	State NC	Zip Code 28227	Transaction ID : 06b371ef-b3c9-4e46-9 Date of Disbursement or Obligation MM / DD / YYYY 10 / 22 / 2014
Purpose of Expenditure Salary		Category/ Type 001	
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: LA
Calendar Year-To-Date Per Election for Office Sought		554635.78	Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....	79.30
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures.....	

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FEC Schedule E (Form 3X) Rev. 09/2013

Full Name of Payee Christopher L Gilbert		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 22 / 2014	
Mailing Address 55 Lovell Johnson Rd		Amount 75.00	
City Picayune	State MS	Zip Code 39466	Transaction ID : dd1b6b5d-91df-4d44-b
Purpose of Expenditure Salary	Category/ Type	001	Date of Disbursement or Obligation MM / DD / YYYY 10 / 22 / 2014
Name of Federal Candidate Ms. Mary L Landrieu	☐ Support ☒ Oppose	Office Sought: ☐ President ☒ Senate	District: 00 State: LA
Calendar Year-To-Date Per Election for Office Sought	554635.78		Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	92.49
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

05 / 18 / 2015

FEC Schedule E (Form 3X) Rev. 09/2013

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 888 OF 3250
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC		FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on		M M M / D D D / Y Y Y Y Y Y	
Full Name of Payee Christopher L Gilbert		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 10 / 22 / 2014	
Mailing Address 55 Lovell Johnson Rd		Amount 34.20	
City Picayune	State MS	Zip Code 39466	Transaction ID : e0c2a988-7454-4723-b
Purpose of Expenditure Mileage	Category/Type 002	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 10 / 22 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	
Office Sought: ☐ House ☒ Senate		District: 00 State: LA	
Calendar Year-To-Date Per Election for Office Sought 554635.78		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Edmond D Rea		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 10 / 22 / 2014	
Mailing Address 416 Vine Dr		Amount 70.00	
City Lawrence	State KS	Zip Code 66049	Transaction ID : 1168b28e-2e01-4567-8
Purpose of Expenditure Salary	Category/Type 001	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 10 / 22 / 2014	
Name of Federal Candidate Mr. Greg Orman		☐ Support ☒ Oppose	
Office Sought: ☐ House ☒ Senate		District: 00 State: KS	
Calendar Year-To-Date Per Election for Office Sought 261541.03		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶		104.20	
(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.			
Signature Ms. Emily Buchanan		Date M M M / D D D / Y Y Y Y Y Y 05 / 18 / 2015	
[Electronically Filed]			

Full Name of Payee Edmond D Rea		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 22 / 2014	
Mailing Address 416 Vine Dr		Amount 14.40	
City Lawrence	State KS	Zip Code 66049	Transaction ID : 42af6e80-0673-48f0-a
Purpose of Expenditure Mileage	Category/ Type	002	Date of Disbursement or Obligation MM / DD / YYYY 10 / 22 / 2014
Name of Federal Candidate Mr. Greg Orman		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: KS
Calendar Year-To-Date Per Election for Office Sought		261541.03	Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ▶

Full Name of Payee Malissa A Arsnoe		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 22 / 2014	
Mailing Address 3301 N First St		Amount 10.00	
City Jacksonville	State AR	Zip Code 72076	Transaction ID : 5a1e0bd6-8adf-432e-8
Purpose of Expenditure Salary	Category/ Type	001	Date of Disbursement or Obligation MM / DD / YYYY 10 / 22 / 2014
Name of Federal Candidate Mr. Mark L Pryor	☐ Support ☒ Oppose	Office Sought: ☐ President ☒ Senate	District: 00 State: AR
Calendar Year-To-Date Per Election for Office Sought	292370.62	Disbursement For: 2014 ☐ Other (specify) ▶	☐ Primary ☒ General

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	24.40
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	<!-- Empty box -->
(c) TOTAL Independent Expenditures.....	▶	<!-- Empty box -->

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.

Date _____

Signature

Full Name of Payee Lyndsey R Tarr		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 22 / 2014	
Mailing Address 109 Essex Cv		Amount 10.00	
City Jacksonville	State AR	Zip Code 72076	Transaction ID : 59780b5c-a5cb-4c96-b Date of Disbursement or Obligation MM / DD / YYYY 10 / 22 / 2014
Purpose of Expenditure Salary	Category/ Type 001		
Name of Federal Candidate Mr. Mark L Pryor	☐ Support ☒ Oppose	Office Sought: ☐ President ☒ Senate	District: 00 State: AR
Calendar Year-To-Date Per Election for Office Sought	292370.62	Disbursement For: 2014 ☐ Primary ☒ General ☐ Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	11.20
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

05 / 18 / 2015

FEC Schedule E (Form 3X) Rev. 09/2013

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 891 OF 3250
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC		FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on		M M M / D D D / Y Y Y Y Y Y	
Full Name of Payee Lyndsey R Tarr		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 10 / 22 / 2014	
Mailing Address 109 Essex Cv		Amount 1.20	
City Jacksonville	State AR	Zip Code 72076	Transaction ID : 5293ab23-3dfc-491a-a
Purpose of Expenditure Mileage	Category/Type 002	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 10 / 22 / 2014	
Name of Federal Candidate Mr. Mark L Pryor		☐ Support ☒ Oppose	
Office Sought: ☐ President ☒ Senate		District: 00 State: AR	
Calendar Year-To-Date Per Election for Office Sought 292370.62		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee James A Sears		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 10 / 22 / 2014	
Mailing Address 305 Averroe Dr		Amount 35.00	
City Apex	State NC	Zip Code 27502	Transaction ID : 4a06d900-93a6-405f-b
Purpose of Expenditure Salary	Category/Type 001	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 10 / 22 / 2014	
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	
Office Sought: ☐ President ☒ Senate		District: 00 State: NC	
Calendar Year-To-Date Per Election for Office Sought 1095959.94		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶		36.20	
(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.			
Signature Ms. Emily Buchanan		Date M M M / D D D / Y Y Y Y Y Y 05 / 18 / 2015	
		[Electronically Filed]	

Full Name of Payee Katelyn Stringer		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 22 / 2014	
Mailing Address 2134 Oxford Dr		Amount 0.76	
City Salina	State KS	Zip Code 67401	Transaction ID : a9f1aaaf-8016-4e0b-b
Purpose of Expenditure Mileage	Category/ Type	002	Date of Disbursement or Obligation MM / DD / YYYY 10 / 22 / 2014
Name of Federal Candidate Mr. Greg Orman	☐ Support ☒ Oppose	Office Sought: ☐ President ☒ Senate	District: 00 State: KS
Calendar Year-To-Date Per Election for Office Sought	261541.03	Disbursement For: 2014 ☐ Other (specify) ▶	☐ Primary ☒ General

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	30.76
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 893 OF 3250
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC		FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M M / D D D / Y Y Y Y Y Y			
Full Name of Payee Kendyl H Browder		Date of Public Distribution/Dissemination 10 / 22 / 2014	
Mailing Address 4429 Lagan Circle		Amount 18.00	
City Winterville	State NC	Zip Code 28590	Transaction ID : 39109847-be71-407f-8
Purpose of Expenditure Salary		Category/Type 001	Date of Disbursement or Obligation 10 / 22 / 2014
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>NC</u>
Calendar Year-To-Date Per Election for Office Sought 1095959.94		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Hannah J Landry		Date of Public Distribution/Dissemination 10 / 22 / 2014	
Mailing Address 1110 N Coolidge		Amount 92.50	
City Gonzales	State LA	Zip Code 70737	Transaction ID : f86e26e2-0338-4508-a
Purpose of Expenditure Salary		Category/Type 001	Date of Disbursement or Obligation 10 / 22 / 2014
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>LA</u>
Calendar Year-To-Date Per Election for Office Sought 554635.78		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶		110.50	
(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]	
Signature		Date 05 / 18 / 2015	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 894 OF 3250
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC		FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on		M M M / D D D / Y Y Y Y Y Y	
Full Name of Payee Hannah J Landry		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 10 / 22 / 2014	
Mailing Address 1110 N Coolidge		Amount 14.91	
City Gonzales	State LA	Zip Code 70737	Transaction ID : bbca83f5-e61c-499e-8
Purpose of Expenditure Mileage	Category/Type 002	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 10 / 22 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	
Office Sought: ☐ President ☒ Senate		District: 00 State: LA	
Calendar Year-To-Date Per Election for Office Sought 554635.78		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Mary C Lee		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 10 / 22 / 2014	
Mailing Address 1030 N Coolidge Ave		Amount 92.50	
City Gonzales	State LA	Zip Code 70737	Transaction ID : e074bb99-bb97-4557-b
Purpose of Expenditure Salary	Category/Type 001	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 10 / 22 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	
Office Sought: ☐ President ☒ Senate		District: 00 State: LA	
Calendar Year-To-Date Per Election for Office Sought 554635.78		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶		107.41	
(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.			
Signature Ms. Emily Buchanan		Date M M M / D D D / Y Y Y Y Y Y 05 / 18 / 2015	
		[Electronically Filed]	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 895 OF 3250
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC		FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on		M M M / D D D / Y Y Y Y Y Y	
Full Name of Payee Mary C Lee		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 10 / 22 / 2014	
Mailing Address 1030 N Coolidge Ave		Amount 14.91	
City Gonzales	State LA	Zip Code 70737	Transaction ID : 7a40df85-d835-4f89-9
Purpose of Expenditure Mileage	Category/Type 002	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 10 / 22 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	
Office Sought: ☐ President ☒ Senate		District: 00 State: LA	
Calendar Year-To-Date Per Election for Office Sought 554635.78		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Luke S Buren		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 10 / 22 / 2014	
Mailing Address 415 E Carroll		Amount 30.00	
City Macomb	State IL	Zip Code 61455	Transaction ID : 577593a0-3212-4bbd-b
Purpose of Expenditure Salary	Category/Type 001	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 10 / 22 / 2014	
Name of Federal Candidate Mr. Mark L Pryor		☐ Support ☒ Oppose	
Office Sought: ☐ President ☒ Senate		District: 00 State: AR	
Calendar Year-To-Date Per Election for Office Sought 292370.62		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶		44.91	
(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.			
Signature Ms. Emily Buchanan		Date M M M / D D D / Y Y Y Y Y Y 05 / 18 / 2015	
[Electronically Filed]			

Full Name of Payee Rhonda Moback		Date of Public Distribution/Dissemination M M / D D / Y Y Y Y 10 / 22 / 2014	
Mailing Address 2704 E Glen Oaks Dr		Amount 35.00	
City Wichita	State KS	Zip Code 67216	Transaction ID : 83c56bec-72b9-42a7-8 Date of Disbursement or Obligation M M / D D / Y Y Y Y 10 / 22 / 2014
Purpose of Expenditure Salary		Category/ Type 001	
Name of Federal Candidate Mr. Greg Orman		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: KS
Calendar Year-To-Date Per Election for Office Sought		261541.03	Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ►

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	65.00
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

FEC Schedule E (Form 3X) Rev. 09/2013

Full Name of Payee Kayla T Royce		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 22 / 2014	
Mailing Address 500 Lakeview Dr		Amount 30.00	
City Huntsville	State AR	Zip Code 72740	Transaction ID : 0079ab52-931c-42b1-8 Date of Disbursement or Obligation MM / DD / YYYY 10 / 22 / 2014
Purpose of Expenditure Salary	Category/ Type 001		
Name of Federal Candidate Mr. Mark L Pryor	☐ Support ☒ Oppose	Office Sought: ☐ President ☒ Senate ☐ Other (specify) ▶	District: 00 State: AR ☐ Primary ☒ General
Calendar Year-To-Date Per Election for Office Sought	292370.62		

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	42.00
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

05 / 18 / 2015

FEC Schedule E (Form 3X) Rev. 09/2013

Full Name of Payee Elizabeth H Newlun		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 22 / 2014	
Mailing Address 19762 Waldon Rd		Amount 9.60	
City Rogers	State AR	Zip Code 72756	Transaction ID : 045ed5ac-16c2-40a6-8
Purpose of Expenditure Mileage	Category/ Type	002	Date of Disbursement or Obligation MM / DD / YYYY 10 / 22 / 2014
Name of Federal Candidate Mr. Mark L Pryor	☐ Support ☒ Oppose	Office Sought: ☐ President ☒ Senate	District: 00 State: AR
Calendar Year-To-Date Per Election for Office Sought	292370.62		Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	39.60
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

05 / 18 / 2015

(a) SUBTOTAL of Itemized Independent Expenditures.....	41.10
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures.....	

Signature

Full Name of Payee Erissia Anderson		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 22 / 2014	
Mailing Address 11005 Oak Forest Pkwy Dr Apt F		Amount 20.00	
City Saint Louis	State MO	Zip Code 63146	Transaction ID : 853640e3-c45f-44ff-b Date of Disbursement or Obligation MM / DD / YYYY 10 / 22 / 2014
Purpose of Expenditure Salary		Category/ Type 001	
Name of Federal Candidate Mr. Mark L Pryor		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: AR
Calendar Year-To-Date Per Election for Office Sought 292370.62		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ►	

Full Name of Payee Daniel M Quackenbush		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 22 / 2014	
Mailing Address 12062 NC 902 Hwy		Amount 45.00	
City Bear Creek	State NC	Zip Code 27207	Transaction ID : 7f8f9607-9835-4db0-b
Purpose of Expenditure Salary	Category/ Type	001	Date of Disbursement or Obligation MM / DD / YYYY 10 / 22 / 2014
Name of Federal Candidate Ms. Kay Hagan	☐ Support ☒ Oppose	Office Sought: ☐ President ☒ Senate	District: 00 State: NC
Calendar Year-To-Date Per Election for Office Sought	1095959.94		Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	65.00
(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.

Date _____

Signature

Three digital display units are shown, each with a 7-segment display. The first unit shows '05' with 'M' indicators above. The second unit shows '18' with 'D' indicators above. The third unit shows '2015' with 'Y' indicators above. They are separated by slashes, representing the date MM/DD/YYYY.

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 901 OF 3250
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC		FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on		M M M / D D D / Y Y Y Y Y Y	
Full Name of Payee Daniel M Qauckenbush		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 10 / 22 / 2014	
Mailing Address 12062 NC 902 Hwy		Amount 13.20	
City Bear Creek	State NC	Zip Code 27207	Transaction ID : 61d3067f-ec0f-4fea-b
Purpose of Expenditure Mileage	Category/Type 002	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 10 / 22 / 2014	
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose ☐ President ☒ Senate	
Office Sought: ☐ House ☒ Senate		District: 00 State: NC	
Calendar Year-To-Date Per Election for Office Sought 1095959.94		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Theresa a Youngblood		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 10 / 22 / 2014	
Mailing Address 102 S Main Street Apt A2		Amount 55.00	
City Berryville	State VA	Zip Code 22611	Transaction ID : f0956f7c-7333-4322-b
Purpose of Expenditure Salary	Category/Type 001	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 10 / 22 / 2014	
Name of Federal Candidate Mr. Greg Orman		☐ Support ☒ Oppose ☐ President ☒ Senate	
Office Sought: ☐ House ☒ Senate		District: 00 State: KS	
Calendar Year-To-Date Per Election for Office Sought 261541.03		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶		68.20	
(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.			
Signature Ms. Emily Buchanan		Date M M M / D D D / Y Y Y Y Y Y 05 / 18 / 2015	
		[Electronically Filed]	

Full Name of Payee Zachary R McCleese		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 22 / 2014	
Mailing Address 323 Rolling Pines Dr		Amount 20.70	
City Spring Lake	State NC	Zip Code 28390	Transaction ID : 40c549ea-ad1d-4a2b-8 Date of Disbursement or Obligation MM / DD / YYYY 10 / 22 / 2014
Purpose of Expenditure Mileage		Category/ Type 002	
Name of Federal Candidate Mr. Mark L Pryor		☐ Support ☒ Oppose	Office Sought: ☐ House ☒ Senate ☐ President ☐ Other (specify) _____
Calendar Year-To-Date Per Election for Office Sought		292370.62	Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ► _____

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

FEC Schedule E (Form 3X) Rev. 09/2013

Full Name of Payee Mr. Roger McKinney		Date of Public Distribution/Dissemination M M / D D / Y Y Y Y 10 / 22 / 2014	
Mailing Address 308 West Main Street		Amount 15.96	
City	State	Zip Code	Transaction ID : f2d71882-94da-4c95-8 Date of Disbursement or Obligation M M / D D / Y Y Y Y 10 / 22 / 2014
Pilot Mountian	NC	27041	
Purpose of Expenditure Mileage		Category/ Type	002
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>NC</u>
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ►	
		1095959.94	

(a) SUBTOTAL of Itemized Independent Expenditures.....	78.46
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures.....	

05 / 18 / 2015

FEC Schedule E (Form 3X) Rev. 09/2013

Full Name of Payee Alice K Salazar		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 22 / 2014	
Mailing Address 605 W Houston St		Amount 80.00	
City Marshall	State TX	Zip Code 75633	Transaction ID : 499b952f-e816-438a-9
Purpose of Expenditure Salary	Category/ Type	001	Date of Disbursement or Obligation MM / DD / YYYY 10 / 22 / 2014
Name of Federal Candidate Ms. Mary L Landrieu	☐ Support ☒ Oppose	Office Sought: ☐ President ☒ Senate	District: 00 State: LA
Calendar Year-To-Date Per Election for Office Sought	554635.78		Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶		142.50
(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.

Signature

Full Name of Payee Brian A Sherwood		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 22 / 2014	
Mailing Address 1003 W 5th St		Amount 32.50	
City Coffeyville	State KS	Zip Code 67337	Transaction ID : d6e42cc6-1eff-4ee1-8 Date of Disbursement or Obligation MM / DD / YYYY 10 / 22 / 2014
Purpose of Expenditure Salary		Category/ Type 001	
Name of Federal Candidate Mr. Greg Orman		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: KS
Calendar Year-To-Date Per Election for Office Sought 261541.03		Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	82.90
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

FEC Schedule E (Form 3X) Rev. 09/2013

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 906 OF 3250
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC		FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on		M M M / D D D / Y Y Y Y Y Y	
Full Name of Payee Brian A Sherwood		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 10 / 22 / 2014	
Mailing Address 1003 W 5th St		Amount 1.80	
City Coffeyville	State KS	Zip Code 67337	Transaction ID : 141141fa-c669-4207-8
Purpose of Expenditure Mileage	Category/Type 002	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 10 / 22 / 2014	
Name of Federal Candidate Mr. Greg Orman		☐ Support ☒ Oppose Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: KS	
Calendar Year-To-Date Per Election for Office Sought 261541.03		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Chad E Day		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 10 / 22 / 2014	
Mailing Address 168 Emerald Hill		Amount 120.00	
City Forest City	State NC	Zip Code 28043	Transaction ID : 9fc0796d-72c4-422c-9
Purpose of Expenditure Salary	Category/Type 001	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 10 / 22 / 2014	
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: NC	
Calendar Year-To-Date Per Election for Office Sought 1095959.94		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶		121.80	
(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.			
Signature Ms. Emily Buchanan		Date M M M / D D D / Y Y Y Y Y Y 05 / 18 / 2015	
		[Electronically Filed]	

Full Name of Payee James R Hooper		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 22 / 2014	
Mailing Address 502 N Oak St		Amount Amount 15.60	
City Little Rock	State AR	Zip Code 72205	Transaction ID : 0670ec8f-9d56-4746-9 Date of Disbursement or Obligation MM / DD / YYYY 10 / 22 / 2014
Purpose of Expenditure Mileage		Category/ Type 002	
Name of Federal Candidate Mr. Mark L Pryor		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: AR
Calendar Year-To-Date Per Election for Office Sought Amount 292370.62		Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	68.10
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

Ms. Emily Buchanan

[Electronically Filed]

Date 05 / 18 / 2015

Signature

Full Name of Payee Diane Smith		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 22 / 2014	
Mailing Address 4006 Wolkswalk Place		Amount 6.00	
City Raleigh	State NC	Zip Code 27610	Transaction ID : 48dfbdcd-c8c6-40fb-9 Date of Disbursement or Obligation MM / DD / YYYY 10 / 22 / 2014
Purpose of Expenditure Mileage	Category/ Type	002	
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: NC
Calendar Year-To-Date Per Election for Office Sought		1095959.94	Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	
(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.

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 909 OF 3250
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M M / D D D / Y Y Y Y Y Y					
Full Name of Payee Regina R Mouton			Date of Public Distribution/Dissemination 10 / 22 / 2014		
Mailing Address 5827 Brighton Pl			Amount 5.00		
City New Orleans		State LA	Zip Code 70131		Transaction ID : 71dd0275-afba-4b41-8
Purpose of Expenditure Salary		Category/ Type 001		Date of Disbursement or Obligation 10 / 22 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu			☐ Support ☒ Oppose Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: LA		
Calendar Year-To-Date Per Election for Office Sought 554635.78			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
Full Name of Payee Sommer E Cox			Date of Public Distribution/Dissemination 10 / 22 / 2014		
Mailing Address 1519 Walshtown Rd			Amount 63.30		
City Boomer		State NC	Zip Code 28606		Transaction ID : 70312a8f-e439-4b09-9
Purpose of Expenditure Salary		Category/ Type 001		Date of Disbursement or Obligation 10 / 22 / 2014	
Name of Federal Candidate Ms. Kay Hagan			☐ Support ☒ Oppose Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: NC		
Calendar Year-To-Date Per Election for Office Sought 1095959.94			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			68.30		
(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.					
Signature Ms. Emily Buchanan			Date 05 / 18 / 2015		
			[Electronically Filed]		

Full Name of Payee Kevin L Battle		Date of Public Distribution/Dissemination M M / D D / Y Y Y Y 10 / 22 / 2014	
Mailing Address 3300 Asher Ave		Amount 80.00	
City Little Rock	State AR	Zip Code 72204	Transaction ID : fe92b500-06b8-4ea8-a Date of Disbursement or Obligation M M / D D / Y Y Y Y 10 / 22 / 2014
Purpose of Expenditure Salary		Category/ Type	001
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House ☒ Senate ☐ President ☒ Senate District: 00 State: NC
Calendar Year-To-Date Per Election for Office Sought		1095959.94	Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	87.86
(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.

Date _____

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 911 OF 3250
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC		FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on		M M M / D D D / Y Y Y Y Y Y	
Full Name of Payee Kevin L Battle		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 10 / 22 / 2014	
Mailing Address 3300 Asher Ave		Amount 30.60	
City Little Rock	State AR	Zip Code 72204	Transaction ID : 3b3b73e7-0cc7-4fea-9
Purpose of Expenditure Mileage	Category/ Type 002	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 10 / 22 / 2014	
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	
Office Sought: ☐ President ☒ Senate		District: 00 State: NC	
Calendar Year-To-Date Per Election for Office Sought 1095959.94		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Aleksandra B Padua		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 10 / 22 / 2014	
Mailing Address 110 Bridge gate Dr		Amount 57.50	
City Cary	State NC	Zip Code 27519	Transaction ID : 4f74850c-600c-463f-b
Purpose of Expenditure Salary	Category/ Type 001	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 10 / 22 / 2014	
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	
Office Sought: ☐ President ☒ Senate		District: 00 State: NC	
Calendar Year-To-Date Per Election for Office Sought 1095959.94		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶		88.10	
(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.			
Signature Ms. Emily Buchanan		Date M M M / D D D / Y Y Y Y Y Y 05 / 18 / 2015	
		[Electronically Filed]	

Full Name of Payee David Ford		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 22 / 2014	
Mailing Address 106 Hillside St		Amount 112.50	
City Spindale	State NC	Zip Code 28160	Transaction ID : 2566988e-be52-4a8e-9 Date of Disbursement or Obligation MM / DD / YYYY 10 / 22 / 2014
Purpose of Expenditure Salary	Category/ Type	001	
Name of Federal Candidate Ms. Kay Hagan	☐ Support ☒ Oppose	Office Sought: ☐ President ☒ Senate	District: 00 State: NC
Calendar Year-To-Date Per Election for Office Sought	1095959.94	Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	
(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.

Date _____

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 913 OF 3250
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M / D D / Y Y Y Y Y Y					
Full Name of Payee David Ford			Date of Public Distribution/Dissemination 10 / 22 / 2014		
Mailing Address 106 Hillside St			Amount 58.41		
City Spindale	State NC	Zip Code 28160	Transaction ID : 700a54f2-33c4-4012-b		
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement or Obligation 10 / 22 / 2014		
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: NC		
Calendar Year-To-Date Per Election for Office Sought		1095959.94	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
Full Name of Payee Danielle E Grindstaff			Date of Public Distribution/Dissemination 10 / 22 / 2014		
Mailing Address 147 Possum Trot Rd			Amount 65.00		
City Bakersville	State NC	Zip Code 28705	Transaction ID : dbc6976b-2185-4907-8		
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation 10 / 22 / 2014		
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: NC		
Calendar Year-To-Date Per Election for Office Sought		1095959.94	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			123.41		
(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 05 / 18 / 2015		
Signature					

Full Name of Payee Misty A Ledford		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 22 / 2014	
Mailing Address 44 Bell St		Amount Amount 50.00	
City Spruce Pine	State NC	Zip Code 28777	Transaction ID : e0794134-47f9-4eeb-a
Purpose of Expenditure Salary	Category/ Type	001	Date of Disbursement or Obligation MM / DD / YYYY 10 / 22 / 2014
Name of Federal Candidate Ms. Kay Hagan	☐ Support ☒ Oppose	Office Sought: ☐ President ☒ Senate	District: 00 State: NC
Calendar Year-To-Date Per Election for Office Sought	Year-To-Date 1095959.94		Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	
(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.

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 915 OF 3250
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M M / D D D / Y Y Y Y Y Y					
Full Name of Payee Misty A Ledford			Date of Public Distribution/Dissemination 10 / 22 / 2014		
Mailing Address 44 Bell St			Amount 22.80		
City Spruce Pine		State NC	Zip Code 28777		Transaction ID : b0f17ef5-5f3c-4e30-b
Purpose of Expenditure Mileage		Category/Type 002		Date of Disbursement or Obligation 10 / 22 / 2014	
Name of Federal Candidate Ms. Kay Hagan			☐ Support ☒ Oppose Office Sought: ☐ House ☒ Senate ☐ President ☐ State: NC		
Calendar Year-To-Date Per Election for Office Sought 1095959.94			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
Full Name of Payee Barbara A Williams			Date of Public Distribution/Dissemination 10 / 22 / 2014		
Mailing Address 3002 Darden Rd Apt A			Amount 50.00		
City Greensboro		State NC	Zip Code 27407		Transaction ID : 2df0d65a-c1c0-4845-a
Purpose of Expenditure Salary		Category/Type 001		Date of Disbursement or Obligation 10 / 22 / 2014	
Name of Federal Candidate Ms. Kay Hagan			☐ Support ☒ Oppose Office Sought: ☐ House ☒ Senate ☐ President ☐ State: NC		
Calendar Year-To-Date Per Election for Office Sought 1095959.94			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			72.80		
(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.					
Signature <u>Ms. Emily Buchanan</u> [Electronically Filed]			Date 05 / 18 / 2015		

Full Name of Payee Dylan J Sparks			Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 22 / 2014		
Mailing Address 915 East Market Ave			Amount 79.80		
City	State	Zip Code	Transaction ID : d2abbc5d-7317-4579-9 Date of Disbursement or Obligation MM / DD / YYYY 10 / 22 / 2014		
Searcy	AR	72149			
Purpose of Expenditure Mileage		Category/ Type	002		
Name of Federal Candidate Mr. Mark L Pryor			☐ Support ☒ Oppose Office Sought: ☐ House ☒ Senate ☐ President ☒ Other (specify) ▶ _____ District: <u>00</u> State: <u>AR</u>		
Calendar Year-To-Date Per Election for Office Sought		292370.62 Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ▶ _____			

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	179.80
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

Ms. Emily Buchanan

[Electronically Filed]

Date 05 / 18 / 2015

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 917 OF 3250
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC		FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on		M M M / D D D / Y Y Y Y Y Y	
Full Name of Payee Christine R McDonald		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 10 / 22 / 2014	
Mailing Address 3751 N Jeanette Ave		Amount 59.00	
City Wichita	State KS	Zip Code 67204	Transaction ID : 20707cc9-d3e9-44cd-b
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 10 / 22 / 2014
Name of Federal Candidate Mr. Greg Orman		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: KS
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Christine R McDonald		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 10 / 22 / 2014	
Mailing Address 3751 N Jeanette Ave		Amount 13.80	
City Wichita	State KS	Zip Code 67204	Transaction ID : 2b170f74-2bcc-4736-a
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 10 / 22 / 2014
Name of Federal Candidate Mr. Greg Orman		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: KS
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures.....▶		72.80	
(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.			
Signature Ms. Emily Buchanan		Date M M M / D D D / Y Y Y Y Y Y 05 / 18 / 2015	
		[Electronically Filed]	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 918 OF 3250
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M / D D / Y Y Y Y Y Y					
Full Name of Payee Laura U Logie			Date of Public Distribution/Dissemination 10 / 22 / 2014		
Mailing Address 2565 Shire Circle			Amount 55.00		
City Harrisonburg	State VA	Zip Code 22801	Transaction ID : 2a2da5fd-f13b-4e13-b Date of Disbursement or Obligation 10 / 22 / 2014		
Purpose of Expenditure Salary		Category/ Type 001			
Name of Federal Candidate Mr. Greg Orman		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: KS		
Calendar Year-To-Date Per Election for Office Sought		261541.03	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
Full Name of Payee Debra Lindsey			Date of Public Distribution/Dissemination 10 / 22 / 2014		
Mailing Address 119 Goldenwood Dr			Amount 15.00		
City Slidell	State LA	Zip Code 70461	Transaction ID : f629bf28-5e5c-4b23-a Date of Disbursement or Obligation 10 / 22 / 2014		
Purpose of Expenditure Salary		Category/ Type 001			
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: LA		
Calendar Year-To-Date Per Election for Office Sought		554635.78	Disbursement For: ☐ Primary ☒ 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.					
Signature Ms. Emily Buchanan		[Electronically Filed]		Date 05 / 18 / 2015	

Full Name of Payee Debra Lindsey		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 22 / 2014	
Mailing Address 119 Goldenwood Dr		Amount 2.40	
City Slidell	State LA	Zip Code 70461	Transaction ID : efcf129d-88ca-4bbf-a
Purpose of Expenditure Mileage	Category/ Type	002	Date of Disbursement or Obligation MM / DD / YYYY 10 / 22 / 2014
Name of Federal Candidate Ms. Mary L Landrieu	☐ Support ☒ Oppose	Office Sought: ☐ President ☒ Senate	District: 00 State: LA
Calendar Year-To-Date Per Election for Office Sought	554635.78		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶

Full Name of Payee Mary Catherine Toburen		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 22 / 2014	
Mailing Address 1222 SE 44 St		Amount 50.00	
City Topeka	State KS	Zip Code 66609	Transaction ID : 6b8481bd-eeb7-433a-8 Date of Disbursement or Obligation MM / DD / YYYY 10 / 22 / 2014
Purpose of Expenditure Salary	Category/ Type	001	
Name of Federal Candidate Mr. Greg Orman	☐ Support ☒ Oppose	Office Sought: ☐ House ☒ Senate	District: 00 State: KS
Calendar Year-To-Date Per Election for Office Sought	261541.03	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	52.40
(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.

Date _____

Signature

Full Name of Payee Mary Catherine Toburen			Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 22 / 2014		
Mailing Address 1222 SE 44 St			Amount 3.00		
City Topeka	State KS	Zip Code 66609	Transaction ID : 09bfbaf0f-1d7a-4311-9		
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement or Obligation MM / DD / YYYY 10 / 22 / 2014		
Name of Federal Candidate Mr. Greg Orman		☐ Support ☒ Oppose	Office Sought: ☐ House ☒ Senate District: 00 ☐ President State: KS		
Calendar Year-To-Date Per Election for Office Sought		261541.03	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		

Full Name of Payee Bailey R Blair		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 22 / 2014	
Mailing Address 402A N 10th St		Amount 20.00	
City Manhattan	State KS	Zip Code 66502	Transaction ID : bf7fc523-d05f-477b-9 Date of Disbursement or Obligation MM / DD / YYYY 10 / 22 / 2014
Purpose of Expenditure Salary		Category/ Type 001	
Name of Federal Candidate Mr. Greg Orman		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: KS
Calendar Year-To-Date Per Election for Office Sought		261541.03	Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ►

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	23.00
(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.

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 921 OF 3250
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC		FEC IDENTIFICATION NUMBER ▼ C C00530766
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on		MM / DD / YYYY

Full Name of Payee Bailey R Blair		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 22 / 2014
Mailing Address 402A N 10th St		Amount 1.50
City Manhattan	State KS	Zip Code 66502
Purpose of Expenditure Mileage	Category/Type 002	Transaction ID : a039399c-617c-4a5f-9 Date of Disbursement or Obligation MM / DD / YYYY 10 / 22 / 2014
Name of Federal Candidate Mr. Greg Orman		Office Sought: ☐ House District: 00 ☒ Senate State: KS
Calendar Year-To-Date Per Election for Office Sought 261541.03		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶

Full Name of Payee Caelan J Blair		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 22 / 2014
Mailing Address 510 Haymaker Hall		Amount 20.00
City Manhattan	State KS	Zip Code 66506
Purpose of Expenditure Salary	Category/Type 001	Transaction ID : 79ec02f8-c9d1-4b59-b Date of Disbursement or Obligation MM / DD / YYYY 10 / 22 / 2014
Name of Federal Candidate Mr. Greg Orman		Office Sought: ☐ House District: 00 ☒ Senate State: KS
Calendar Year-To-Date Per Election for Office Sought 261541.03		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	21.50
(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

MM / DD / YYYY
05 / 18 / 2015

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 922 OF 3250
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC		FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on		M M M / D D D / Y Y Y Y Y Y	
Full Name of Payee Caelan J Blair		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 10 / 22 / 2014	
Mailing Address 510 Haymaker Hall		Amount 1.50	
City Manhattan	State KS	Zip Code 66506	Transaction ID : 45eced1c-cf8b-4188-9
Purpose of Expenditure Mileage	Category/ Type 002	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 10 / 22 / 2014	
Name of Federal Candidate Mr. Greg Orman		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: KS
Calendar Year-To-Date Per Election for Office Sought 261541.03		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Brittany Jones		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 10 / 22 / 2014	
Mailing Address 338 Wayne Drive		Amount 5.00	
City Shreveport	State LA	Zip Code 71105	Transaction ID : 79cfe440-415e-48c4-8
Purpose of Expenditure Salary	Category/ Type 001	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 10 / 22 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: LA
Calendar Year-To-Date Per Election for Office Sought 554635.78		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶		6.50	
(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.			
Signature Ms. Emily Buchanan		Date M M M / D D D / Y Y Y Y Y Y 05 / 18 / 2015	
		[Electronically Filed]	

Full Name of Payee Kenny Wallis		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 22 / 2014	
Mailing Address 6412 Osage Dr		Amount 6.60	
City North Little rock	State AR	Zip Code 72116	Transaction ID : edfb18b9-0365-4d19-9 Date of Disbursement or Obligation MM / DD / YYYY 10 / 22 / 2014
Purpose of Expenditure Mileage	Category/ Type 002		
Name of Federal Candidate Mr. Mark L Pryor	☐ Support ☒ Oppose	Office Sought: ☐ President ☒ Senate ☐ Other (specify) ▶	District: 00 State: AR ☐ Primary ☒ General
Calendar Year-To-Date Per Election for Office Sought	292370.62		

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	51.60
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

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 FOR LINE 24 OF FORM 3X

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

Full Name of Payee Lilly Green		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 22 / 2014	
Mailing Address 205 Medallion Circle		Amount 80.00	
City Shreveport	State LA	Zip Code 71119	Transaction ID : e118d995-c9fb-408e-b Date of Disbursement or Obligation MM / DD / YYYY 10 / 22 / 2014
Purpose of Expenditure Salary		Category/ Type 001	
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: LA
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	

Full Name of Payee Lilly Green		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 22 / 2014	
Mailing Address 205 Medallion Circle		Amount 61.20	
City Shreveport	State LA	Zip Code 71119	Transaction ID : c2afe69e-5e7b-4869-9 Date of Disbursement or Obligation MM / DD / YYYY 10 / 22 / 2014
Purpose of Expenditure Mileage		Category/ Type 002	
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: LA
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	141.20
(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

MM / DD / YYYY
05 / 18 / 2015

Signature

Full Name of Payee Kinsey E Beck		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 22 / 2014	
Mailing Address 103 Glenhaven Ct		Amount 22.20	
City Harvest	State AL	Zip Code 35749	Transaction ID : 44df9715-bf60-43d0-a Date of Disbursement or Obligation MM / DD / YYYY 10 / 22 / 2014
Purpose of Expenditure Mileage		Category/ Type 002	
Name of Federal Candidate Mr. Mark L Pryor		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: AR
Calendar Year-To-Date Per Election for Office Sought 292370.62		Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ►	

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	102.20
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

Signature

Full Name of Payee Patrice Wolfe			Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 22 / 2014		
Mailing Address 9909 Treasure Hill Rd			Amount 7.50		
City Little Rock	State AR	Zip Code 72205	Transaction ID : 576ccb0f-f1b0-4c45-a Date of Disbursement or Obligation MM / DD / YYYY 10 / 22 / 2014		
Purpose of Expenditure Mileage		Category/ Type 002			
Name of Federal Candidate Mr. Mark L Pryor		☐ Support ☒ Oppose	Office Sought: ☐ House ☒ Senate ☐ President ☒ Senate		
District: 00 State: AR					
Calendar Year-To-Date Per Election for Office Sought		292370.62	Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ▶		

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

FEC Schedule E (Form 3X) Rev. 09/2013

Full Name of Payee Chelsey Waite			Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 22 / 2014		
Mailing Address 3738 Woodland Ridge Blvd			Amount Amount 20.00		
City Baton Rouge	State LA	Zip Code 70816	Transaction ID : 12dcaa8e-135f-4b58-8 Date of Disbursement or Obligation MM / DD / YYYY 10 / 22 / 2014		
Purpose of Expenditure Salary		Category/ Type 001			
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House ☒ Senate ☐ President ☐ Other (specify) _____		
Calendar Year-To-Date Per Election for Office Sought		Amount 1095959.94	Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ► _____		

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	100.00
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

Ms. Emily Buchanan

[Electronically Filed]

Date 05 / 18 / 2015

Signature

Full Name of Payee Jessica R Resendiz			Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 22 / 2014		
Mailing Address 9685 Paula St			Amount 34.50		
City Keithville	State LA	Zip Code 71047	Transaction ID : 463cf5c4-95bd-4e64-b Date of Disbursement or Obligation MM / DD / YYYY 10 / 22 / 2014		
Purpose of Expenditure Mileage		Category/ Type 002			
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: LA		
Calendar Year-To-Date Per Election for Office Sought		554635.78	Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ►		

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	129.50
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

Signature

Full Name of Payee Christopher Marquess			Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 22 / 2014		
Mailing Address 110 W Pecan St			Amount Amount 34.80		
City Ville Platte	State LA	Zip Code 70586	Transaction ID : c7d91eb0-b406-4300-8 Date of Disbursement or Obligation MM / DD / YYYY 10 / 22 / 2014		
Purpose of Expenditure Mileage		Category/ Type 002			
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: LA		
Calendar Year-To-Date Per Election for Office Sought		Amount 554635.78	Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ▶		

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	84.80
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

Ms. Emily Buchanan

[Electronically Filed]

Date 05 / 18 / 2015

Signature _____

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 930 OF 3250
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M / D D / Y Y Y Y					
Full Name of Payee Sheri J Peace			Date of Public Distribution/Dissemination 10 / 22 / 2014		
Mailing Address 9685 Paula St			Amount 80.00		
City Keithville		State LA	Zip Code 71047		Transaction ID : 59efc32b-a99d-4f28-a Date of Disbursement or Obligation 10 / 22 / 2014
Purpose of Expenditure Salary		Category/ Type 001			
Name of Federal Candidate Ms. Mary L Landrieu			☐ Support ☒ Oppose		
Office Sought: ☐ President ☒ Senate			District: 00 State: LA		
Calendar Year-To-Date Per Election for Office Sought 554635.78			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
Full Name of Payee Heather Ainsworth			Date of Public Distribution/Dissemination 10 / 22 / 2014		
Mailing Address 9685 Paula St			Amount 80.00		
City Keithville		State LA	Zip Code 71047		Transaction ID : 1be1c4b1-da58-4265-b Date of Disbursement or Obligation 10 / 22 / 2014
Purpose of Expenditure Salary		Category/ Type 001			
Name of Federal Candidate Ms. Mary L Landrieu			☐ Support ☒ Oppose		
Office Sought: ☐ President ☒ Senate			District: 00 State: LA		
Calendar Year-To-Date Per Election for Office Sought 554635.78			Disbursement For: ☐ Primary ☒ 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]		
Signature			Date 05 / 18 / 2015		

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 931 OF 3250
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M / D D / Y Y Y Y Y Y					
Full Name of Payee Heather Ainsworth			Date of Public Distribution/Dissemination 10 / 22 / 2014		
Mailing Address 9685 Paula St			Amount 29.40		
City Keithville		State LA	Zip Code 71047		Transaction ID : 20c1ddd2-9d12-44e8-a
Purpose of Expenditure Mileage		Category/ Type 002		Date of Disbursement or Obligation 10 / 22 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu			Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: LA		
Calendar Year-To-Date Per Election for Office Sought 554635.78			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
Full Name of Payee Monique Guillory			Date of Public Distribution/Dissemination 10 / 22 / 2014		
Mailing Address 409 LaSalle Drive			Amount 75.00		
City Little Rock		State AR	Zip Code 72211		Transaction ID : b39d7a40-4038-4538-8
Purpose of Expenditure Salary		Category/ Type 001		Date of Disbursement or Obligation 10 / 22 / 2014	
Name of Federal Candidate Mr. Mark L Pryor			Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: AR		
Calendar Year-To-Date Per Election for Office Sought 292370.62			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶ 104.40 (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. Signature Ms. Emily Buchanan [Electronically Filed] Date 05 / 18 / 2015					

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 932 OF 3250
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC		FEC IDENTIFICATION NUMBER ▼ C C00530766
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on		MM / DD / YYYY

Full Name of Payee Monique Guillory		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 22 / 2014
Mailing Address 409 LaSalle Drive		Amount 60.00
City Little Rock	State AR	Zip Code 72211
Purpose of Expenditure Mileage	Category/Type 002	Transaction ID : febe8abe-ee59-41a1-8 Date of Disbursement or Obligation MM / DD / YYYY 10 / 22 / 2014
Name of Federal Candidate Mr. Mark L Pryor		Office Sought: ☐ House District: 00 ☒ Senate State: AR
Calendar Year-To-Date Per Election for Office Sought 292370.62		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶

Full Name of Payee Felicia A Jones		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 22 / 2014
Mailing Address 4106 Martha St		Amount 70.00
City Shreveport	State LA	Zip Code 71109
Purpose of Expenditure Salary	Category/Type 001	Transaction ID : d9f59635-b06f-46f1-a Date of Disbursement or Obligation MM / DD / YYYY 10 / 22 / 2014
Name of Federal Candidate Ms. Mary L Landrieu		Office Sought: ☐ House District: 00 ☒ Senate State: LA
Calendar Year-To-Date Per Election for Office Sought 554635.78		Disbursement For: ☐ Primary ☒ 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]

Signature

Date

MM / DD / YYYY
05 / 18 / 2015

Full Name of Payee Ashley n Thompson		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 22 / 2014	
Mailing Address 272 Westgate Ct Apt 6		Amount Amount 20.00	
City Lexington	State NC	Zip Code 27295	Transaction ID : 28dfce49-572d-489e-8 Date of Disbursement or Obligation MM / DD / YYYY 10 / 22 / 2014
Purpose of Expenditure Salary		Category/ Type 001	
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: NC
Calendar Year-To-Date Per Election for Office Sought		Amount 1095959.94	Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	
		29.60
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

Ms. Emily Buchanan

[Electronically Filed]

Date 05 / 18 / 2015

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 934 OF 3250
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC		FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on		M M M / D D D / Y Y Y Y Y Y	
Full Name of Payee Ashley n Thompson		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 10 / 22 / 2014	
Mailing Address 272 Westgate Ct Apt 6		Amount 12.00	
City Lexington	State NC	Zip Code 27295	Transaction ID : f70c27ab-7504-4b4c-9
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 10 / 22 / 2014
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: NC
Calendar Year-To-Date Per Election for Office Sought 1095959.94		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Randy G Lookabill		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 10 / 22 / 2014	
Mailing Address 200 Carawood Lane		Amount 50.00	
City Lexington	State NC	Zip Code 27295	Transaction ID : b12325a7-f6ee-4c59-9
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 10 / 22 / 2014
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: NC
Calendar Year-To-Date Per Election for Office Sought 1095959.94		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶		62.00	
(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.			
Signature Ms. Emily Buchanan		Date M M M / D D D / Y Y Y Y Y Y 05 / 18 / 2015	
		[Electronically Filed]	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 935 OF 3250
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC		FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on		M M M / D D D / Y Y Y Y Y Y	
Full Name of Payee Randy G Lookabill		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 10 / 22 / 2014	
Mailing Address 200 Carawood Lane		Amount 20.40	
City Lexington	State NC	Zip Code 27295	Transaction ID : fc5ce1ae-289a-4144-8
Purpose of Expenditure Mileage	Category/ Type	002	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 10 / 22 / 2014
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: NC
Calendar Year-To-Date Per Election for Office Sought		1095959.94	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶
Full Name of Payee Xavier Miller		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 10 / 22 / 2014	
Mailing Address 407 randall Dr		Amount 80.00	
City Searcy	State AR	Zip Code 72143	Transaction ID : 3a41465f-61ce-482b-9
Purpose of Expenditure Salary	Category/ Type	001	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 10 / 22 / 2014
Name of Federal Candidate Mr. Mark L Pryor		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: AR
Calendar Year-To-Date Per Election for Office Sought		292370.62	Disbursement For: ☐ Primary ☒ 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.			
Signature <i>Ms. Emily Buchanan</i>		Date M M M / D D D / Y Y Y Y Y Y 05 / 18 / 2015	
		[Electronically Filed]	

Full Name of Payee Xavier Miller			Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 22 / 2014		
Mailing Address 407 randall Dr			Amount 33.60		
City	State	Zip Code	Transaction ID : 0e2061b0-4a71-4b39-9 Date of Disbursement or Obligation MM / DD / YYYY 10 / 22 / 2014		
Searcy	AR	72143			
Purpose of Expenditure Mileage		Category/ Type	002		
Name of Federal Candidate Mr. Mark L Pryor		☐ Support ☒ Oppose	Office Sought: ☐ House ☒ Senate District: 00 ☐ President State: AR		
Calendar Year-To-Date Per Election for Office Sought		292370.62		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	

Full Name of Payee Gary W Fuhrmann		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 22 / 2014	
Mailing Address 9425 Jessica Drive		Amount 32.50	
City Shreveport	State LA	Zip Code 71106	Transaction ID : ec0785a8-4fff-48b4-a Date of Disbursement or Obligation MM / DD / YYYY 10 / 22 / 2014
Purpose of Expenditure Salary		Category/ Type 001	
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House ☒ Senate ☐ President ☐ Other (specify) _____
Calendar Year-To-Date Per Election for Office Sought		554635.78	Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ► _____

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	66.10
(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.

Date _____

Signature

05 / 18 / 2015

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 937 OF 3250
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on MM / DD / YYYY					
Full Name of Payee Gary W Fuhrmann			Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 22 / 2014		
Mailing Address 9425 Jessica Drive			Amount 6.00		
City Shreveport	State LA	Zip Code 71106	Transaction ID : e6e8dc03-3a14-436f-a		
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement or Obligation MM / DD / YYYY 10 / 22 / 2014		
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: LA		
Calendar Year-To-Date Per Election for Office Sought		554635.78	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
Full Name of Payee Sarah Bassil			Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 22 / 2014		
Mailing Address 7650 Fallswood Way			Amount 30.00		
City Lorton	State VA	Zip Code 22079	Transaction ID : 01f30336-694b-4666-9		
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation MM / DD / YYYY 10 / 22 / 2014		
Name of Federal Candidate Mr. Greg Orman		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: KS		
Calendar Year-To-Date Per Election for Office Sought		261541.03	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			36.00		
(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.					
Signature Ms. Emily Buchanan		[Electronically Filed]		Date MM / DD / YYYY 05 / 18 / 2015	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 938 OF 3250
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M M / D D D / Y Y Y Y Y Y				
Full Name of Payee Stuart T Haley			Date of Public Distribution/Dissemination 10 / 22 / 2014	
Mailing Address 600 W Vine Ave			Amount 80.00	
City Searcy	State AR	Zip Code 72143	Transaction ID : e9732f84-c2ce-41b8-8 Date of Disbursement or Obligation 10 / 22 / 2014	
Purpose of Expenditure Salary		Category/ Type 001		
Name of Federal Candidate Mr. Mark L Pryor		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: AR	
Calendar Year-To-Date Per Election for Office Sought		292370.62	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Stuart T Haley			Date of Public Distribution/Dissemination 10 / 22 / 2014	
Mailing Address 600 W Vine Ave			Amount 36.00	
City Searcy	State AR	Zip Code 72143	Transaction ID : 77168129-a95b-42f8-b Date of Disbursement or Obligation 10 / 22 / 2014	
Purpose of Expenditure Mileage		Category/ Type 002		
Name of Federal Candidate Mr. Mark L Pryor		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: AR	
Calendar Year-To-Date Per Election for Office Sought		292370.62	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures.....▶			116.00	
(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.				
Signature Ms. Emily Buchanan		[Electronically Filed]		Date 05 / 18 / 2015

Full Name of Payee Reagan Waites			Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 22 / 2014		
Mailing Address 9805 St Stephens Ct			Amount 1.50		
City Raleigh	State NC	Zip Code 27615	Transaction ID : 9ad6b30a-824c-4ca0-b Date of Disbursement or Obligation MM / DD / YYYY 10 / 22 / 2014		
Purpose of Expenditure Mileage		Category/ Type 002			
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: NC		
Calendar Year-To-Date Per Election for Office Sought		1095959.94	Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ►		

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶ 16.50
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures.....	

FEC Schedule E (Form 3X) Rev. 09/2013

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 940 OF 3250
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC		FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on		M M M / D D D / Y Y Y Y Y Y	
Full Name of Payee Claire A Smith		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 10 / 22 / 2014	
Mailing Address 6610 Walcott Rd		Amount 55.00	
City Paragoud	State AR	Zip Code 72450	Transaction ID : 8c8b7963-50cb-4652-a
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 10 / 22 / 2014
Name of Federal Candidate Mr. Mark L Pryor		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: AR
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Claire A Smith		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 10 / 22 / 2014	
Mailing Address 6610 Walcott Rd		Amount 12.00	
City Paragoud	State AR	Zip Code 72450	Transaction ID : 280a7185-c0e7-4098-a
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 10 / 22 / 2014
Name of Federal Candidate Mr. Mark L Pryor		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: AR
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶		67.00	
(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.			
Signature Ms. Emily Buchanan		Date M M M / D D D / Y Y Y Y Y Y 05 / 18 / 2015	
		[Electronically Filed]	

Full Name of Payee Tammy Williams			Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 22 / 2014		
Mailing Address 924 N. Prieur St			Amount Amount 13.50		
City New Orleans	State LA	Zip Code 70116	Transaction ID : 077a1c97-6fa8-46d3-9 Date of Disbursement or Obligation MM / DD / YYYY 10 / 22 / 2014		
Purpose of Expenditure Mileage		Category/ Type 002			
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: LA		
Calendar Year-To-Date Per Election for Office Sought		Amount 554635.78	Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ▶		

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	83.50
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

05 / 18 / 2015

FEC Schedule E (Form 3X) Rev. 09/2013

Full Name of Payee Anthony Pearson		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 22 / 2014	
Mailing Address 112 apache Dr		Amount 9999.99 55.00	
City Search	State AR	Zip Code 72149	Transaction ID : 275b0357-eaf0-4991-8 Date of Disbursement or Obligation MM / DD / YYYY 10 / 22 / 2014
Purpose of Expenditure Salary		Category/ Type 001	
Name of Federal Candidate Mr. Mark L Pryor		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: AR
Calendar Year-To-Date Per Election for Office Sought 999999.99 292370.62		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	

Full Name of Payee Anthony Pearson			Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 22 / 2014		
Mailing Address 112 apache Dr			Amount 12.00		
City	State	Zip Code	Transaction ID : 023f4211-3a7b-4775-8 Date of Disbursement or Obligation MM / DD / YYYY 10 / 22 / 2014		
Search	AR	72149			
Purpose of Expenditure Mileage		Category/ Type	002		
Name of Federal Candidate Mr. Mark L Pryor			☐ Support ☒ Oppose Office Sought: ☐ House ☒ Senate District: <u>00</u> ☐ President State: <u>AR</u>		
Calendar Year-To-Date Per Election for Office Sought		292370.62	Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ▶ _____		

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	67.00
(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.

Date _____

Signature

05 / 18 / 2015

Full Name of Payee Antoinette Franklin		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 22 / 2014	
Mailing Address 8822 Apple St		Amount 70.00	
City New Orleans	State LA	Zip Code 70188	Transaction ID : eea426ee-5ce3-4903-8
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation MM / DD / YYYY 10 / 22 / 2014
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: LA
Calendar Year-To-Date Per Election for Office Sought 554635.78		Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....	85.00
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures.....	

Signature

Full Name of Payee Antoinette Franklin		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 22 / 2014	
Mailing Address 8822 Apple St		Amount 13.50	
City New Orleans	State LA	Zip Code 70188	Transaction ID : 21bfb70-4a3c-4f08-b Date of Disbursement or Obligation MM / DD / YYYY 10 / 22 / 2014
Purpose of Expenditure Mileage	Category/ Type	002	
Name of Federal Candidate Ms. Mary L Landrieu	☐ Support ☒ Oppose	Office Sought: ☐ President ☒ Senate	District: 00 State: LA
Calendar Year-To-Date Per Election for Office Sought	554635.78	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	

Full Name of Payee Jerome M Weil		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 22 / 2014	
Mailing Address 101 Durham Drive		Amount 30.00	
City Lafayette	State LA	Zip Code 70508	Transaction ID : 428479f6-c02e-4f0b-b Date of Disbursement or Obligation MM / DD / YYYY 10 / 22 / 2014
Purpose of Expenditure Salary	Category/ Type	001	
Name of Federal Candidate Ms. Mary L Landrieu	☐ Support ☒ Oppose	Office Sought: ☐ President ☒ Senate	House District: 00 State: LA
Calendar Year-To-Date Per Election for Office Sought	554635.78	Disbursement For: 2014 ☐ Primary ☒ General ☐ Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	43.50
(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.

Date _____

Signature

MM / DD / YYYY

05 / 18 / 2015

Full Name of Payee Jerome M Weil		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 22 / 2014	
Mailing Address 101 Durham Drive		Amount 7.50	
City Lafayette	State LA	Zip Code 70508	Transaction ID : f56e09c5-2246-486f-9
Purpose of Expenditure Mileage	Category/ Type	002	Date of Disbursement or Obligation MM / DD / YYYY 10 / 22 / 2014
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House ☒ Senate ☐ President ☐ Other
Calendar Year-To-Date Per Election for Office Sought		554635.78	Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ▶

Full Name of Payee Sandra H Wagner		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 22 / 2014	
Mailing Address 5828 Rena Road		Amount 999,999.99 70.00	
City Hamptonville	State NC	Zip Code 27020	Transaction ID : cf6bbb1b-5cdf-475f-b Date of Disbursement or Obligation MM / DD / YYYY 10 / 22 / 2014
Purpose of Expenditure Salary	Category/ Type	001	
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House ☒ Senate ☐ President ☒ Senate District: 00 State: NC
Calendar Year-To-Date Per Election for Office Sought		999,999.99 1095959.94	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	77.50
(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.

Date _____

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 946 OF 3250
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC		FEC IDENTIFICATION NUMBER ▼ C C00530766
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on		MM / DD / YYYY

Full Name of Payee Sandra H Wagner		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 22 / 2014
Mailing Address 5828 Rena Road		Amount 20.70
City Hamptonville	State NC	Zip Code 27020
Purpose of Expenditure Mileage	Category/Type 002	Transaction ID : a74f5fe0-b353-45fe-a Date of Disbursement or Obligation MM / DD / YYYY 10 / 22 / 2014
Name of Federal Candidate Ms. Kay Hagan		Office Sought: ☐ House District: 00 ☒ Senate State: NC
Calendar Year-To-Date Per Election for Office Sought 1095959.94		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶

Full Name of Payee Benjamin Hernandez		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 22 / 2014
Mailing Address 915 E Market Ave		Amount 40.00
City Searcy	State AR	Zip Code 72149
Purpose of Expenditure Salary	Category/Type 001	Transaction ID : 9520d894-913d-4d13-9 Date of Disbursement or Obligation MM / DD / YYYY 10 / 22 / 2014
Name of Federal Candidate Mr. Mark L Pryor		Office Sought: ☐ House District: 00 ☒ Senate State: AR
Calendar Year-To-Date Per Election for Office Sought 292370.62		Disbursement For: ☐ Primary ☒ 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

MM / DD / YYYY
05 / 18 / 2015

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 947 OF 3250
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC		FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on		M M M / D D D / Y Y Y Y Y Y	
Full Name of Payee Benjamin Hernandez		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 10 / 22 / 2014	
Mailing Address 915 E Market Ave		Amount 20.10	
City Searcy	State AR	Zip Code 72149	Transaction ID : 983d1357-6fc1-424d-b
Purpose of Expenditure Mileage		Category/Type 002	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 10 / 22 / 2014
Name of Federal Candidate Mr. Mark L Pryor		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: AR
Calendar Year-To-Date Per Election for Office Sought 292370.62		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Ralph Smith		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 10 / 22 / 2014	
Mailing Address 2090 Fancy Gap Rd		Amount 70.00	
City Mt. Airy	State NC	Zip Code 27030	Transaction ID : c5047d81-02de-47d8-9
Purpose of Expenditure Salary		Category/Type 001	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 10 / 22 / 2014
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: NC
Calendar Year-To-Date Per Election for Office Sought 1095959.94		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶		90.10	
(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.			
Signature Ms. Emily Buchanan		Date M M M / D D D / Y Y Y Y Y Y 05 / 18 / 2015	
		[Electronically Filed]	

Full Name of Payee Ralph Smith		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 22 / 2014	
Mailing Address 2090 Fancy Gap Rd		Amount 12.84	
City Mt. Airy	State NC	Zip Code 27030	Transaction ID : d92730a7-602f-40f4-8 Date of Disbursement or Obligation MM / DD / YYYY 10 / 22 / 2014
Purpose of Expenditure Mileage	Category/ Type	002	
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House ☒ Senate ☐ President ☒ Senate
Calendar Year-To-Date Per Election for Office Sought 1095959.94		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	

Full Name of Payee Kaitlyn B Allen		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 22 / 2014	
Mailing Address 2121 Daniel Dr		Amount 85.00	
City Searcy	State AR	Zip Code 72143	Transaction ID : 68980407-49ec-4b57-b Date of Disbursement or Obligation MM / DD / YYYY 10 / 22 / 2014
Purpose of Expenditure Salary		Category/ Type 001	
Name of Federal Candidate Mr. Mark L Pryor		☐ Support ☒ Oppose	Office Sought: ☐ House ☒ Senate ☐ President District: 00 State: AR
Calendar Year-To-Date Per Election for Office Sought 292370.62		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	97.84
(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.

Date _____

Signature

Full Name of Payee Kaitlyn B Allen			Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 22 / 2014		
Mailing Address 2121 Daniel Dr			Amount 99.99		
City Searcy	State AR	Zip Code 72143	Transaction ID : 588b5fb4-187c-4886-9 Date of Disbursement or Obligation MM / DD / YYYY 10 / 22 / 2014		
Purpose of Expenditure Mileage		Category/ Type 002			
Name of Federal Candidate Mr. Mark L Pryor		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: AR		
Calendar Year-To-Date Per Election for Office Sought		292370.62	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		

Full Name of Payee Caleb Craig		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 22 / 2014	
Mailing Address 1410 Bushville drive		Amount 80.00	
City Lenoir	State NC	Zip Code 28645	Transaction ID : d8cdb304-6939-45c1-a Date of Disbursement or Obligation MM / DD / YYYY 10 / 22 / 2014
Purpose of Expenditure Salary		Category/ Type 001	
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: NC
Calendar Year-To-Date Per Election for Office Sought 1095959.94		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	
(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.

Date _____

Signature

05 / 18 / 2015

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 950 OF 3250
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC		FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on		M M M / D D D / Y Y Y Y Y Y	
Full Name of Payee Joshua D Syrotchen		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 10 / 22 / 2014	
Mailing Address 915 East Market Ave		Amount 70.00	
City Searcy	State AR	Zip Code 72149	Transaction ID : d12bcb9b-c258-4ce9-9
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 10 / 22 / 2014
Name of Federal Candidate Mr. Mark L Pryor		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: AR
Calendar Year-To-Date Per Election for Office Sought 292370.62		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Joshua D Syrotchen		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 10 / 22 / 2014	
Mailing Address 915 East Market Ave		Amount 56.70	
City Searcy	State AR	Zip Code 72149	Transaction ID : 4726b20e-a4c3-431b-b
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 10 / 22 / 2014
Name of Federal Candidate Mr. Mark L Pryor		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: AR
Calendar Year-To-Date Per Election for Office Sought 292370.62		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶		126.70	
(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]	
Signature		Date M M M / D D D / Y Y Y Y Y Y 05 / 18 / 2015	

Full Name of Payee Todd Ellis		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 22 / 2014	
Mailing Address P.O. Box 712		Amount 80.00	
City Alexander	State AR	Zip Code 72002	Transaction ID : 86f64bb4-5792-4bd4-9 Date of Disbursement or Obligation MM / DD / YYYY 10 / 22 / 2014
Purpose of Expenditure Salary		Category/ Type 001	
Name of Federal Candidate Mr. Mark L Pryor		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: AR
Calendar Year-To-Date Per Election for Office Sought 292370.62		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	

Full Name of Payee Todd Ellis		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 22 / 2014	
Mailing Address P.O. Box 712		Amount 44.40	
City Alexander	State AR	Zip Code 72002	Transaction ID : 08170195-7bb2-4a03-a Date of Disbursement or Obligation MM / DD / YYYY 10 / 22 / 2014
Purpose of Expenditure Mileage	Category/ Type 002		
Name of Federal Candidate Mr. Mark L Pryor	☐ Support ☒ Oppose	Office Sought: ☐ President ☒ Senate	District: 00 State: AR
Calendar Year-To-Date Per Election for Office Sought	292370.62	Disbursement For: 2014 ☐ Other (specify) ☒ Primary ☒ General	

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶ <table border="1" data-bbox="1102 1652 1364 1659"> <tr><td data-bbox="1102 1652 1364 1659">124.40</td></tr> </table>	124.40
124.40		
(b) SUBTOTAL of Unitemized Independent Expenditures	▶ <table border="1" data-bbox="1102 1659 1364 1663"> <tr><td data-bbox="1102 1659 1364 1663"></td></tr> </table>	
(c) TOTAL Independent Expenditures.....	▶ <table border="1" data-bbox="1102 1663 1364 1669"> <tr><td data-bbox="1102 1663 1364 1669"></td></tr> </table>	

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.

Signature

05 / 18 / 2015

Full Name of Payee Francesca Blom		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 22 / 2014	
Mailing Address 101 Asbury Ct		Amount 90.00	
City Winchester	State VA	Zip Code 22602	Transaction ID : f85acb4b-b2fc-4303-9 Date of Disbursement or Obligation MM / DD / YYYY 10 / 22 / 2014
Purpose of Expenditure Salary		Category/ Type 001	
Name of Federal Candidate Mr. Greg Orman		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: KS
Calendar Year-To-Date Per Election for Office Sought 261541.03		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	

Full Name of Payee Cecilia A Rebrick		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 22 / 2014	
Mailing Address 5003 Allison Lane		Amount 60.00	
City Ft. Smith	State AR	Zip Code 72901	Transaction ID : 7c0dea40-4057-4bf1-8 Date of Disbursement or Obligation MM / DD / YYYY 10 / 22 / 2014
Purpose of Expenditure Salary		Category/ Type 001	
Name of Federal Candidate Mr. Mark L Pryor		☐ Support ☒ Oppose	Office Sought: ☐ House ☒ Senate ☐ President ☐ Other (specify) _____
Calendar Year-To-Date Per Election for Office Sought		292370.62	Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ► _____

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	150.00
(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.

Date _____

Signature

Full Name of Payee Sue G Walker		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 22 / 2014	
Mailing Address 3 Girard		Amount 120.00	
City Fort Smith	State AR	Zip Code 72901	Transaction ID : ebe0ab15-acb9-4c20-8
Purpose of Expenditure Salary	Category/ Type	001	Date of Disbursement or Obligation MM / DD / YYYY 10 / 22 / 2014
Name of Federal Candidate Mr. Mark L Pryor	☐ Support ☒ Oppose	Office Sought: ☐ President ☒ Senate	District: 00 State: AR
Calendar Year-To-Date Per Election for Office Sought	292370.62		Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	121.50
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

Ms. Emily Buchanan

[Electronically Filed]

Date 05 / 18 / 2015

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 954 OF 3250
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC		FEC IDENTIFICATION NUMBER ▼ C C00530766
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on		MM / DD / YYYY

Full Name of Payee John P Hilkert		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 22 / 2014
Mailing Address 7 Bards Lane		Amount 100.00
City Fletcher	State NC	Zip Code 28732
Purpose of Expenditure Salary	Category/Type 001	Transaction ID : 030a8a50-7955-44fc-8 Date of Disbursement or Obligation MM / DD / YYYY 10 / 22 / 2014
Name of Federal Candidate Ms. Kay Hagan		Office Sought: ☐ House District: 00 ☒ Senate State: NC
Calendar Year-To-Date Per Election for Office Sought 1095959.94		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶

Full Name of Payee John P Hilkert		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 22 / 2014
Mailing Address 7 Bards Lane		Amount 18.30
City Fletcher	State NC	Zip Code 28732
Purpose of Expenditure Mileage	Category/Type 002	Transaction ID : 893e5a03-c291-42ab-a Date of Disbursement or Obligation MM / DD / YYYY 10 / 22 / 2014
Name of Federal Candidate Ms. Kay Hagan		Office Sought: ☐ House District: 00 ☒ Senate State: NC
Calendar Year-To-Date Per Election for Office Sought 1095959.94		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	118.30
(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

MM / DD / YYYY
05 / 18 / 2015

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 955 OF 3250
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M / D D / Y Y Y Y					
Full Name of Payee Jacob W Joosten			Date of Public Distribution/Dissemination 10 / 22 / 2014		
Mailing Address 1906 S Pine Apt B			Amount 35.00		
City Pittsburg		State KS	Zip Code 66762		Transaction ID : 2e66f536-2c97-4f57-9
Purpose of Expenditure Salary		Category/Type 001		Date of Disbursement or Obligation 10 / 22 / 2014	
Name of Federal Candidate Mr. Greg Orman			☐ Support ☒ Oppose Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: KS		
Calendar Year-To-Date Per Election for Office Sought 261541.03			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
Full Name of Payee Jacob W Joosten			Date of Public Distribution/Dissemination 10 / 22 / 2014		
Mailing Address 1906 S Pine Apt B			Amount 20.10		
City Pittsburg		State KS	Zip Code 66762		Transaction ID : 2a6b9075-eff4-4370-a
Purpose of Expenditure Mileage		Category/Type 002		Date of Disbursement or Obligation 10 / 22 / 2014	
Name of Federal Candidate Mr. Greg Orman			☐ Support ☒ Oppose Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: KS		
Calendar Year-To-Date Per Election for Office Sought 261541.03			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			55.10		
(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.					
Signature <u>Ms. Emily Buchanan</u> [Electronically Filed]			Date 05 / 18 / 2015		

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 956 OF 3250
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC		FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on		MM / DD / YYYY	
Full Name of Payee Edward N Walker		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 22 / 2014	
Mailing Address 3 Girard St		Amount 65.00	
City Ft Smith	State AR	Zip Code 72901	Transaction ID : 01e6e828-3fee-4372-b
Purpose of Expenditure Salary	Category/ Type	001	Date of Disbursement or Obligation MM / DD / YYYY 10 / 22 / 2014
Name of Federal Candidate Mr. Mark L Pryor		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: AR
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Edward N Walker		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 22 / 2014	
Mailing Address 3 Girard St		Amount 17.10	
City Ft Smith	State AR	Zip Code 72901	Transaction ID : 3a648f80-1326-4cfe-a
Purpose of Expenditure Mileage	Category/ Type	002	Date of Disbursement or Obligation MM / DD / YYYY 10 / 22 / 2014
Name of Federal Candidate Mr. Mark L Pryor		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: AR
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: ☐ Primary ☒ 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]	
Signature		Date MM / DD / YYYY 05 / 18 / 2015	

Full Name of Payee Deborah J Nunn			Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 22 / 2014		
Mailing Address 910 E Elm St			Amount 1.20		
City Salina	State KS	Zip Code 67401	Transaction ID : 9ba36412-4d26-4ac3-b Date of Disbursement or Obligation MM / DD / YYYY 10 / 22 / 2014		
Purpose of Expenditure Mileage		Category/ Type 002			
Name of Federal Candidate Mr. Greg Orman		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: KS		
Calendar Year-To-Date Per Election for Office Sought		261541.03	Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ▶		

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	11.20
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

FEC Schedule E (Form 3X) Rev. 09/2013

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 958 OF 3250
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M / D D / Y Y Y Y					
Full Name of Payee Sue G Walker			Date of Public Distribution/Dissemination 10 / 22 / 2014		
Mailing Address 3 Girard			Amount 120.00		
City Fort Smith		State AR	Zip Code 72901		Transaction ID : a6a08469-5c70-4647-b
Purpose of Expenditure Salary		Category/ Type	Date of Disbursement or Obligation 10 / 22 / 2014		
Name of Federal Candidate Mr. Mark L Pryor		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: AR		
Calendar Year-To-Date Per Election for Office Sought 292370.62			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
Full Name of Payee Sue G Walker			Date of Public Distribution/Dissemination 10 / 22 / 2014		
Mailing Address 3 Girard			Amount 70.50		
City Fort Smith		State AR	Zip Code 72901		Transaction ID : 889cde2b-0adf-4c54-8
Purpose of Expenditure Mileage		Category/ Type	Date of Disbursement or Obligation 10 / 22 / 2014		
Name of Federal Candidate Mr. Mark L Pryor		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: AR		
Calendar Year-To-Date Per Election for Office Sought 292370.62			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			190.50		
(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.					
Signature Ms. Emily Buchanan		[Electronically Filed]		Date 05 / 18 / 2015	

Full Name of Payee Colton R Overcash		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 22 / 2014	
Mailing Address 121 Ohara Dr		Amount 70.00	
City Salisbury	State NC	Zip Code 28147	Transaction ID : a34dcee6-58a4-4a81-8
Purpose of Expenditure Salary	Category/ Type	001	Date of Disbursement or Obligation MM / DD / YYYY 10 / 22 / 2014
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: NC
Calendar Year-To-Date Per Election for Office Sought		1095959.94	Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ▶

Full Name of Payee Colton R Overcash		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 22 / 2014	
Mailing Address 121 Ohara Dr		Amount 120.30	
City Salisbury	State NC	Zip Code 28147	Transaction ID : a565af9b-df9b-46cb-a Date of Disbursement or Obligation MM / DD / YYYY 10 / 22 / 2014
Purpose of Expenditure Mileage		Category/ Type 002	
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: NC
Calendar Year-To-Date Per Election for Office Sought 1095959.94		Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	190.30
(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.

Date _____

Signature

Full Name of Payee Francis Richardson		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 22 / 2014	
Mailing Address 220 Doucet Rd		Amount 35.00	
City Lafayette	State LA	Zip Code 70503	Transaction ID : bb109e22-d9d4-4bce-9 Date of Disbursement or Obligation MM / DD / YYYY 10 / 22 / 2014
Purpose of Expenditure Salary		Category/ Type 001	
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: LA
Calendar Year-To-Date Per Election for Office Sought 554635.78		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	

Full Name of Payee Francis Richardson		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 22 / 2014	
Mailing Address 220 Doucet Rd		Amount 1.41	
City Lafayette	State LA	Zip Code 70503	Transaction ID : eb6a2392-f15f-4566-8 Date of Disbursement or Obligation MM / DD / YYYY 10 / 22 / 2014
Purpose of Expenditure Mileage	Category/ Type 002		
Name of Federal Candidate Ms. Mary L Landrieu	☐ Support ☒ Oppose	Office Sought: ☐ President ☒ Senate ☐ Other (specify) ▶	District: 00 State: LA ☐ Primary ☒ General
Calendar Year-To-Date Per Election for Office Sought	554635.78		

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	36.41
(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.

Date _____

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 961 OF 3250
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on / /					
Full Name of Payee Phillip Williams			Date of Public Distribution/Dissemination / / 10 / 22 / 2014		
Mailing Address 3007 Darden Rd			Amount 80.00		
City Greensboro	State NC	Zip Code 27407	Transaction ID : 41af6871-7a46-42ac-9 Date of Disbursement or Obligation / / 10 / 22 / 2014		
Purpose of Expenditure Salary		Category/ Type 001			
Name of Federal Candidate Ms. Kay Hagan			Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>NC</u> ☐ Support ☒ Oppose		
Calendar Year-To-Date Per Election for Office Sought 1095959.94			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶ _____		
Full Name of Payee Phillip Williams			Date of Public Distribution/Dissemination / / 10 / 22 / 2014		
Mailing Address 3007 Darden Rd			Amount 15.90		
City Greensboro	State NC	Zip Code 27407	Transaction ID : e94e92aa-c5ef-4eec-a Date of Disbursement or Obligation / / 10 / 22 / 2014		
Purpose of Expenditure Mileage		Category/ Type 002			
Name of Federal Candidate Ms. Kay Hagan			Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>NC</u> ☐ Support ☒ Oppose		
Calendar Year-To-Date Per Election for Office Sought 1095959.94			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶ _____		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			 95.90		
(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.					
Signature <i>Ms. Emily Buchanan</i>			Date / / 05 / 18 / 2015		
[Electronically Filed]					

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 962 OF 3250
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M / D D / Y Y Y Y				
Full Name of Payee Beverly Williams			Date of Public Distribution/Dissemination 10 / 22 / 2014	
Mailing Address 3007 Darden Rd			Amount 80.00	
City Greensboro	State NC	Zip Code 27407	Transaction ID : 6f096221-9d07-4679-a	
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation 10 / 22 / 2014	
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>NC</u>	
Calendar Year-To-Date Per Election for Office Sought		1095959.94	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Stephanie L Heun			Date of Public Distribution/Dissemination 10 / 22 / 2014	
Mailing Address 8026 S Wilwood Dr Apt 101			Amount 42.20	
City Oak Creek	State WI	Zip Code 53154	Transaction ID : 63b9fc22-34f7-4f39-b	
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation 10 / 22 / 2014	
Name of Federal Candidate Mr. Greg Orman		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>KS</u>	
Calendar Year-To-Date Per Election for Office Sought		261541.03	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			122.20	
(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.				
Signature Ms. Emily Buchanan		[Electronically Filed]		Date 05 / 18 / 2015

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 963 OF 3250
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC		FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on		M M M / D D D / Y Y Y Y Y Y	
Full Name of Payee Michael Vidrine		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 10 / 22 / 2014	
Mailing Address 1103 West Wilson Street		Amount 60.00	
City Ville Platte	State LA	Zip Code 70586	Transaction ID : 2f3776cd-30e7-40b4-b
Purpose of Expenditure Salary	Category/Type 001	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 10 / 22 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu		Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: LA	
Calendar Year-To-Date Per Election for Office Sought 554635.78		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Michael Vidrine		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 10 / 22 / 2014	
Mailing Address 1103 West Wilson Street		Amount 20.10	
City Ville Platte	State LA	Zip Code 70586	Transaction ID : ed15cb9a-139c-4bef-b
Purpose of Expenditure Mileage	Category/Type 002	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 10 / 22 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu		Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: LA	
Calendar Year-To-Date Per Election for Office Sought 554635.78		Disbursement For: ☐ Primary ☒ 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.			
Signature Ms. Emily Buchanan		Date M M M / D D D / Y Y Y Y Y Y 05 / 18 / 2015	
		[Electronically Filed]	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 964 OF 3250
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M M / D D D / Y Y Y Y Y Y				
Full Name of Payee ERIC TABARY			Date of Public Distribution/Dissemination 10 / 22 / 2014	
Mailing Address 6101 NORA ST			Amount 20.00	
City METAIRIE		State LA	Zip Code 70003	
Purpose of Expenditure Salary			Category/Type 001	
Name of Federal Candidate Ms. Mary L Landrieu			Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: LA	
Calendar Year-To-Date Per Election for Office Sought			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Meagan N Rogerson			Date of Public Distribution/Dissemination 10 / 22 / 2014	
Mailing Address 3657 S Rail Road St			Amount 18.00	
City Fountain		State NC	Zip Code 27829	
Purpose of Expenditure Salary			Category/Type 001	
Name of Federal Candidate Ms. Kay Hagan			Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: NC	
Calendar Year-To-Date Per Election for Office Sought			Disbursement For: ☐ Primary ☒ 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.				
Signature Ms. Emily Buchanan			Date 05 / 18 / 2015	
[Electronically Filed]				

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 965 OF 3250
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on / /					
Full Name of Payee Meagan N Rogerson			Date of Public Distribution/Dissemination / / 10 / 22 / 2014		
Mailing Address 3657 S Rail Road St			Amount 10.50		
City Fountain		State NC	Zip Code 27829		Transaction ID : 28c34510-e5f3-47e4-9
Purpose of Expenditure Mileage		Category/ Type 002		Date of Disbursement or Obligation / / 10 / 22 / 2014	
Name of Federal Candidate Ms. Kay Hagan			☐ Support ☒ Oppose		Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: NC
Calendar Year-To-Date Per Election for Office Sought 1095959.94			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶ _____		
Full Name of Payee Carl Brent			Date of Public Distribution/Dissemination / / 10 / 22 / 2014		
Mailing Address 6718 Lake Willow Dr			Amount 80.00		
City New Orleans		State LA	Zip Code 70126		Transaction ID : bc81478b-2164-425d-9
Purpose of Expenditure Salary		Category/ Type 001		Date of Disbursement or Obligation / / 10 / 22 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu			☐ Support ☒ Oppose		Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: LA
Calendar Year-To-Date Per Election for Office Sought 554635.78			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶ _____		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			 90.50		
(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.					
Signature Ms. Emily Buchanan			[Electronically Filed]		Date / / 05 / 18 / 2015

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 966 OF 3250
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M M / D D D / Y Y Y Y Y Y					
Full Name of Payee Carl Brent			Date of Public Distribution/Dissemination 10 / 22 / 2014		
Mailing Address 6718 Lake Willow Dr			Amount 12.30		
City New Orleans	State LA	Zip Code 70126	Transaction ID : b3d10882-5fdc-4b92-b Date of Disbursement or Obligation 10 / 22 / 2014		
Purpose of Expenditure Mileage		Category/ Type 002			
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>LA</u>		
Calendar Year-To-Date Per Election for Office Sought 554635.78			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
Full Name of Payee Zachary Williams			Date of Public Distribution/Dissemination 10 / 22 / 2014		
Mailing Address 9419 NE Hwy 69			Amount 25.00		
City Pittsburg	State KS	Zip Code 66762	Transaction ID : 05ffe0da-de17-4adb-9 Date of Disbursement or Obligation 10 / 22 / 2014		
Purpose of Expenditure Salary		Category/ Type 001			
Name of Federal Candidate Mr. Greg Orman		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>KS</u>		
Calendar Year-To-Date Per Election for Office Sought 261541.03			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			37.30		
(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.					
Signature Ms. Emily Buchanan		[Electronically Filed]		Date 05 / 18 / 2015	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 967 OF 3250
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M / D D / Y Y Y Y Y Y				
Full Name of Payee Zachary Williams			Date of Public Distribution/Dissemination 10 / 22 / 2014	
Mailing Address 9419 NE Hwy 69			Amount 13.80	
City Pittsburg	State KS	Zip Code 66762	Transaction ID : 34366c52-2f2c-4aba-b	
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement or Obligation 10 / 22 / 2014	
Name of Federal Candidate Mr. Greg Orman		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: KS	
Calendar Year-To-Date Per Election for Office Sought		261541.03	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Chris McCoy			Date of Public Distribution/Dissemination 10 / 22 / 2014	
Mailing Address 1025 Cayley Ct			Amount 105.00	
City High Point	State NC	Zip Code 27260	Transaction ID : fc8e679a-fe6d-4ee3-a	
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation 10 / 22 / 2014	
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: NC	
Calendar Year-To-Date Per Election for Office Sought		1095959.94	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures.....▶			118.80	
(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 05 / 18 / 2015	
Signature				

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 968 OF 3250
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC		FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on		M M M / D D D / Y Y Y Y Y Y	
Full Name of Payee Chris McCoy		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 10 / 22 / 2014	
Mailing Address 1025 Cayley Ct		Amount 26.10	
City High Point	State NC	Zip Code 27260	Transaction ID : 080111ab-fedb-4cf7-a
Purpose of Expenditure Mileage	Category/ Type 002	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 10 / 22 / 2014	
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	
Office Sought: ☐ President ☒ Senate		District: 00 State: NC	
Calendar Year-To-Date Per Election for Office Sought 1095959.94		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Danielle McCoy		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 10 / 22 / 2014	
Mailing Address 1025 Cayley Ct		Amount 105.00	
City High Point	State NC	Zip Code 27260	Transaction ID : b628c2c3-c520-4369-8
Purpose of Expenditure Salary	Category/ Type 001	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 10 / 22 / 2014	
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	
Office Sought: ☐ President ☒ Senate		District: 00 State: NC	
Calendar Year-To-Date Per Election for Office Sought 1095959.94		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶		131.10	
(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.			
Signature Ms. Emily Buchanan		Date M M M / D D D / Y Y Y Y Y Y 05 / 18 / 2015	
		[Electronically Filed]	

Full Name of Payee Danielle McCoy		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 22 / 2014	
Mailing Address 1025 Cayley Ct		Amount 24.60	
City High Point	State NC	Zip Code 27260	Transaction ID : 66dc0a98-edad-4a24-9 Date of Disbursement or Obligation MM / DD / YYYY 10 / 22 / 2014
Purpose of Expenditure Mileage		Category/ Type 002	
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: NC
Calendar Year-To-Date Per Election for Office Sought 1095959.94		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	

Full Name of Payee Eleanor McCoy		Date of Public Distribution/Dissemination M M / D D / Y Y Y Y 10 / 22 / 2014	
Mailing Address 4902 Catawba Dr		Amount 110.00	
City Greensboro	State NC	Zip Code 27407	Transaction ID : ac77094d-2826-40c6-a Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 10 / 22 / 2014
Purpose of Expenditure Salary		Category/ Type 001	
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House ☒ Senate ☐ President
Calendar Year-To-Date Per Election for Office Sought 1095959.94		District: 00 State: NC Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶ 134.60
(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.

Date _____

Signature

05 / 18 / 2015

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 970 OF 3250
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M M / D D D / Y Y Y Y Y Y					
Full Name of Payee Eleanor McCoy			Date of Public Distribution/Dissemination 10 / 22 / 2014		
Mailing Address 4902 Catawba Dr			Amount 25.20		
City Greensboro		State NC	Zip Code 27407		Transaction ID : df378918-3a1c-4b80-8
Purpose of Expenditure Mileage		Category/Type 002		Date of Disbursement or Obligation 10 / 22 / 2014	
Name of Federal Candidate Ms. Kay Hagan			☐ Support ☒ Oppose Office Sought: ☐ House ☒ Senate District: 00 ☐ President State: NC		
Calendar Year-To-Date Per Election for Office Sought			1095959.94 Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
Full Name of Payee Evelyn Lesaicherre			Date of Public Distribution/Dissemination 10 / 22 / 2014		
Mailing Address 629 Radiance Ave			Amount 70.00		
City Metairie		State LA	Zip Code 70001		Transaction ID : f43b509a-51df-4672-8
Purpose of Expenditure Salary		Category/Type 001		Date of Disbursement or Obligation 10 / 22 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu			☐ Support ☒ Oppose Office Sought: ☐ House ☒ Senate District: 00 ☐ President State: LA		
Calendar Year-To-Date Per Election for Office Sought			554635.78 Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			95.20		
(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.					
Signature Ms. Emily Buchanan			Date 05 / 18 / 2015		

[Electronically Filed]

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 971 OF 3250
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC		FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on		MM / DD / YYYY	
Full Name of Payee Evelyn Lesaicherre		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 22 / 2014	
Mailing Address 629 Radiance Ave		Amount 5.40	
City Metairie	State LA	Zip Code 70001	Transaction ID : 1606d40e-8756-4287-a
Purpose of Expenditure Mileage	Category/ Type 002	Date of Disbursement or Obligation MM / DD / YYYY 10 / 22 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	
Office Sought: ☐ President ☒ Senate		District: 00 State: LA	
Calendar Year-To-Date Per Election for Office Sought 554635.78		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Gregory Green		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 22 / 2014	
Mailing Address 2506 Bolch Street		Amount 40.00	
City Shreveport	State LA	Zip Code 71104	Transaction ID : 77263f55-83a1-4a70-9
Purpose of Expenditure Salary	Category/ Type 001	Date of Disbursement or Obligation MM / DD / YYYY 10 / 22 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	
Office Sought: ☐ President ☒ Senate		District: 00 State: LA	
Calendar Year-To-Date Per Election for Office Sought 554635.78		Disbursement For: ☐ Primary ☒ 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.			
Signature Ms. Emily Buchanan		Date MM / DD / YYYY 05 / 18 / 2015	
		[Electronically Filed]	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 972 OF 3250
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M / D D / Y Y Y Y				
Full Name of Payee Gregory Green			Date of Public Distribution/Dissemination 10 / 22 / 2014	
Mailing Address 2506 Bolch Street			Amount 59.10	
City Shreveport	State LA	Zip Code 71104	Transaction ID : 2f720d05-8bc6-4726-8	
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement or Obligation 10 / 22 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: LA	
Calendar Year-To-Date Per Election for Office Sought		554635.78	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Cynthia J Christmas			Date of Public Distribution/Dissemination 10 / 22 / 2014	
Mailing Address 1731 Frenchmen St			Amount 50.00	
City New Orleans	State LA	Zip Code 70116	Transaction ID : f4fee56d-a9a4-4f59-8	
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation 10 / 22 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: LA	
Calendar Year-To-Date Per Election for Office Sought		554635.78	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			109.10	
(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 05 / 18 / 2015	
Signature				

Full Name of Payee Ms. Tonya Boyd		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 22 / 2014	
Mailing Address 2357 Fancy Cap Rd		Amount 14.04	
City Mt. Airy	State NC	Zip Code 27030	Transaction ID : b6a18dce-79bb-4703-b Date of Disbursement or Obligation MM / DD / YYYY 10 / 22 / 2014
Purpose of Expenditure Mileage		Category/ Type 002	
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: NC
Calendar Year-To-Date Per Election for Office Sought		1095959.94	Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	84.04
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

05 / 18 / 2015

FEC Schedule E (Form 3X) Rev. 09/2013

Full Name of Payee Earl Stewart		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 22 / 2014	
Mailing Address 9455 Snow Camp Road		Amount 7.80	
City Snowcamp	State NC	Zip Code 27349	Transaction ID : b4a5fe94-2c78-4ee0-b Date of Disbursement or Obligation MM / DD / YYYY 10 / 22 / 2014
Purpose of Expenditure Mileage	Category/ Type 002		
Name of Federal Candidate Ms. Kay Hagan	☐ Support ☒ Oppose	Office Sought: ☐ President ☒ Senate	District: 00 State: NC
Calendar Year-To-Date Per Election for Office Sought	1095959.94	Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....	77.80
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures.....	

05 / 18 / 2015

FEC Schedule E (Form 3X) Rev. 09/2013

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 975 OF 3250
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M M / D D D / Y Y Y Y Y Y					
Full Name of Payee Rebecca A Shearer			Date of Public Distribution/Dissemination 10 / 22 / 2014		
Mailing Address 6544 Arno College Grove Rd			Amount 30.00		
City College Grove		State TN	Zip Code 37046		Transaction ID : 6a9ddb70-1bba-40b2-9
Purpose of Expenditure Salary		Category/Type 001		Date of Disbursement or Obligation 10 / 22 / 2014	
Name of Federal Candidate Mr. Mark L Pryor			Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: AR ☐ Support ☒ Oppose		
Calendar Year-To-Date Per Election for Office Sought			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
Full Name of Payee Rebecca A Shearer			Date of Public Distribution/Dissemination 10 / 22 / 2014		
Mailing Address 6544 Arno College Grove Rd			Amount 12.00		
City College Grove		State TN	Zip Code 37046		Transaction ID : b3e1b74b-6420-4c3b-8
Purpose of Expenditure Mileage		Category/Type 002		Date of Disbursement or Obligation 10 / 22 / 2014	
Name of Federal Candidate Mr. Mark L Pryor			Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: AR ☐ Support ☒ Oppose		
Calendar Year-To-Date Per Election for Office Sought			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			42.00		
(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.					
Signature _____ Ms. Emily Buchanan			Date 05 / 18 / 2015		

[Electronically Filed]

Full Name of Payee Shelbi L Randall			Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 22 / 2014		
Mailing Address 202 East Park Ave Apt 40			Amount 37.50		
City	State	Zip Code	Transaction ID : 095fe0e7-6a48-46d1-8 Date of Disbursement or Obligation MM / DD / YYYY 10 / 22 / 2014		
Searcy	AR	72143			
Purpose of Expenditure Salary		Category/ Type	001		
Name of Federal Candidate Mr. Mark L Pryor			☐ Support ☒ Oppose Office Sought: ☐ House ☒ Senate ☐ President ☒ Senate District: 00 State: AR		
Calendar Year-To-Date Per Election for Office Sought			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
292370.62					

Full Name of Payee Parker H Morrow		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 22 / 2014	
Mailing Address 506 N Horton Street		Amount 30.00	
City	State	Zip Code	Transaction ID : 23692d94-4290-4c00-8 Date of Disbursement or Obligation MM / DD / YYYY 10 / 22 / 2014
Searcy	AR	72143	
Purpose of Expenditure Salary		Category/ Type	001
Name of Federal Candidate Mr. Mark L Pryor		☐ Support ☒ Oppose	Office Sought: ☐ House ☒ Senate ☐ President District: 00 State: AR
Calendar Year-To-Date Per Election for Office Sought		292370.62	Disbursement For: ☐ Primary ☒ General ☐ 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.

Signature

05 / 18 / 2015

Full Name of Payee Parker H Morrow		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 22 / 2014	
Mailing Address 506 N Horton Street		Amount 12.00	
City	State	Zip Code	Transaction ID : b91bf777-41c4-44f7-b Date of Disbursement or Obligation MM / DD / YYYY 10 / 22 / 2014
Searcy	AR	72143	
Purpose of Expenditure Mileage		Category/ Type	002
Name of Federal Candidate Mr. Mark L Pryor		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: AR
Calendar Year-To-Date Per Election for Office Sought		292370.62	Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	32.55
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 978 OF 3250
 FOR LINE 24 OF FORM 3X

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

Full Name of Payee Jackson S Tuttle		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 22 / 2014	
Mailing Address 404 Chancery Park Ct		Amount 50.00	
City Kernersville	State NC	Zip Code 27284	Transaction ID : 67d51f78-b492-45fd-a
Purpose of Expenditure Salary	Category/ Type 001	Date of Disbursement or Obligation MM / DD / YYYY 10 / 22 / 2014	
Name of Federal Candidate Ms. Kay Hagan		☐ Support Office Sought: ☐ House District: 00 ☒ Oppose ☐ President ☒ Senate State: NC	
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	

Full Name of Payee Jackson S Tuttle		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 22 / 2014	
Mailing Address 404 Chancery Park Ct		Amount 7.50	
City Kernersville	State NC	Zip Code 27284	Transaction ID : 39a1f14b-32ac-43a9-8
Purpose of Expenditure Mileage	Category/ Type 002	Date of Disbursement or Obligation MM / DD / YYYY 10 / 22 / 2014	
Name of Federal Candidate Ms. Kay Hagan		☐ Support Office Sought: ☐ House District: 00 ☒ Oppose ☐ President ☒ Senate State: NC	
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	57.50
(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

MM / DD / YYYY
05 / 18 / 2015

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 979 OF 3250
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M / D D / Y Y Y Y					
Full Name of Payee Amelia Brackett			Date of Public Distribution/Dissemination 10 / 22 / 2014		
Mailing Address 804 Roundabout Circle			Amount 85.00		
City Searcy		State AR	Zip Code 72143		Transaction ID : 90014683-c8e1-45f9-a Date of Disbursement or Obligation 10 / 22 / 2014
Purpose of Expenditure Salary		Category/Type 001			
Name of Federal Candidate Mr. Mark L Pryor			Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: AR ☐ Support ☒ Oppose		
Calendar Year-To-Date Per Election for Office Sought 292370.62			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
Full Name of Payee Kaleigh J Wagner			Date of Public Distribution/Dissemination 10 / 22 / 2014		
Mailing Address 18065 Wayne Rd			Amount 60.00		
City Odessa		State FL	Zip Code 33556		Transaction ID : d813ecb4-8ab5-42a0-9 Date of Disbursement or Obligation 10 / 22 / 2014
Purpose of Expenditure Salary		Category/Type 001			
Name of Federal Candidate Mr. Mark L Pryor			Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: AR ☐ Support ☒ Oppose		
Calendar Year-To-Date Per Election for Office Sought 292370.62			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			145.00		
(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 _____ Signature			[Electronically Filed] Date 05 / 18 / 2015		

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 980 OF 3250
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on			MM / DD / YYYY	
Full Name of Payee Randy M Gold		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 22 / 2014		
Mailing Address 1436 Haigs Creek Dr		Amount 60.00		
City Elgin	State SC	Zip Code 29045	Transaction ID : 92011a1c-4606-4ab0-a	
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation MM / DD / YYYY 10 / 22 / 2014	
Name of Federal Candidate Mr. Mark L Pryor		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: AR	
Calendar Year-To-Date Per Election for Office Sought		292370.62	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Randy M Gold		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 22 / 2014		
Mailing Address 1436 Haigs Creek Dr		Amount 36.18		
City Elgin	State SC	Zip Code 29045	Transaction ID : b94b8074-c8f0-4ac6-8	
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement or Obligation MM / DD / YYYY 10 / 22 / 2014	
Name of Federal Candidate Mr. Mark L Pryor		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: AR	
Calendar Year-To-Date Per Election for Office Sought		292370.62	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures.....		96.18		
(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
Signature		MM / DD / YYYY 05 / 18 / 2015		

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 981 OF 3250
 FOR LINE 24 OF FORM 3X

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

Full Name of Payee James E Dacus		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 22 / 2014	
Mailing Address 117 Cynthia Ave		Amount 40.00	
City Farmington	State AR	Zip Code 72730	Transaction ID : f5901156-d48b-4b46-a
Purpose of Expenditure Salary	Category/Type 001	Date of Disbursement or Obligation MM / DD / YYYY 10 / 22 / 2014	
Name of Federal Candidate Mr. Mark L Pryor		☐ Support ☒ Oppose Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: AR	
Calendar Year-To-Date Per Election for Office Sought 292370.62		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	

Full Name of Payee James E Dacus		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 22 / 2014	
Mailing Address 117 Cynthia Ave		Amount 3.00	
City Farmington	State AR	Zip Code 72730	Transaction ID : 97a906ef-59fb-48d2-a
Purpose of Expenditure Mileage	Category/Type 002	Date of Disbursement or Obligation MM / DD / YYYY 10 / 22 / 2014	
Name of Federal Candidate Mr. Mark L Pryor		☐ Support ☒ Oppose Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: AR	
Calendar Year-To-Date Per Election for Office Sought 292370.62		Disbursement For: ☐ Primary ☒ 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

MM / DD / YYYY
05 / 18 / 2015

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 982 OF 3250
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC		FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on		M M M / D D D / Y Y Y Y Y Y	
Full Name of Payee Christine Stevens		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 10 / 22 / 2014	
Mailing Address 100 Asbury Ct		Amount 80.00	
City Winchester	State VA	Zip Code 22602	Transaction ID : d3c0ec89-64e2-451d-b
Purpose of Expenditure Salary	Category/Type 001	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 10 / 22 / 2014	
Name of Federal Candidate Mr. Greg Orman		☐ Support ☒ Oppose	
		Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: KS	
Calendar Year-To-Date Per Election for Office Sought 261541.03		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Jazmine d Conner		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 10 / 22 / 2014	
Mailing Address 100 ASBURY CT		Amount 70.00	
City WINCHESTER	State VA	Zip Code 22602	Transaction ID : 93e78ba4-321b-4e5e-b
Purpose of Expenditure Salary	Category/Type 001	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 10 / 22 / 2014	
Name of Federal Candidate Mr. Greg Orman		☐ Support ☒ Oppose	
		Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: KS	
Calendar Year-To-Date Per Election for Office Sought 261541.03		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶		150.00	
(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.			
Signature Ms. Emily Buchanan		Date M M M / D D D / Y Y Y Y Y Y 05 / 18 / 2015	
		[Electronically Filed]	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 983 OF 3250
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M / D D / Y Y Y Y					
Full Name of Payee Jon E Conner			Date of Public Distribution/Dissemination 10 / 22 / 2014		
Mailing Address 100 Asbury Ct			Amount 70.00		
City Winchester		State VA	Zip Code 22602		Transaction ID : 35fe78fa-1152-4bd4-a
Purpose of Expenditure Salary		Category/Type 001		Date of Disbursement or Obligation 10 / 22 / 2014	
Name of Federal Candidate Mr. Greg Orman			☐ Support ☒ Oppose Office Sought: ☐ House ☒ Senate District: <u>00</u> ☐ President State: <u>KS</u>		
Calendar Year-To-Date Per Election for Office Sought 261541.03			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶ _____		
Full Name of Payee Rodney O Culbreath			Date of Public Distribution/Dissemination 10 / 22 / 2014		
Mailing Address 100 Asbury Ct			Amount 80.00		
City Winchester		State VA	Zip Code 22602		Transaction ID : ef3a4f0d-9933-4bfb-b
Purpose of Expenditure Salary		Category/Type 001		Date of Disbursement or Obligation 10 / 22 / 2014	
Name of Federal Candidate Mr. Greg Orman			☐ Support ☒ Oppose Office Sought: ☐ House ☒ Senate District: <u>00</u> ☐ President State: <u>KS</u>		
Calendar Year-To-Date Per Election for Office Sought 261541.03			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶ _____		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			150.00		
(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.					
Signature <u>Ms. Emily Buchanan</u> [Electronically Filed]			Date 05 / 18 / 2015		

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 984 OF 3250
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC		FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on		M M M / D D D / Y Y Y Y Y Y	
Full Name of Payee Rodney D Culbreth		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 10 / 22 / 2014	
Mailing Address 100 Asbury CT 3200 Dam Neck Rd		Amount 80.00	
City Winchester	State VA	Zip Code 22602	Transaction ID : b9089be0-5141-4f0d-b
Purpose of Expenditure Salary	Category/ Type	001	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 10 / 22 / 2014
Name of Federal Candidate Mr. Greg Orman		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: KS
Calendar Year-To-Date Per Election for Office Sought		261541.03	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶
Full Name of Payee Rze Culbreath		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 10 / 22 / 2014	
Mailing Address 100 Asbury Ct		Amount 80.00	
City Winchester	State VA	Zip Code 22602	Transaction ID : a3c8225e-ffb8-4ccf-8
Purpose of Expenditure Salary	Category/ Type	001	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 10 / 22 / 2014
Name of Federal Candidate Mr. Greg Orman		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: KS
Calendar Year-To-Date Per Election for Office Sought		261541.03	Disbursement For: ☐ Primary ☒ 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.			
Signature <i>Ms. Emily Buchanan</i>		Date M M M / D D D / Y Y Y Y Y Y 05 / 18 / 2015	
		[Electronically Filed]	

Full Name of Payee Kathryn M Wolfe		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 22 / 2014	
Mailing Address 204 W 9th St		Amount 30.00	
City Pittsburg	State KS	Zip Code 66762	Transaction ID : ea8f29bb-2bf0-412b-9
Purpose of Expenditure Salary	Category/ Type	001	Date of Disbursement or Obligation MM / DD / YYYY 10 / 22 / 2014
Name of Federal Candidate Mr. Greg Orman	☐ Support ☒ Oppose	Office Sought: ☐ President ☒ Senate	District: 00 State: KS
Calendar Year-To-Date Per Election for Office Sought	261541.03	Disbursement For: 2014 ☐ Other (specify) ▶	☐ Primary ☒ General

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	 90.00
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

Ms. Emily Buchanan

[Electronically Filed]

Date 05 / 18 / 2015

Signature _____

Full Name of Payee Brenda L McCune		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 22 / 2014	
Mailing Address 1254 Fleming St Apt 6		Amount 120.00	
City Conway	State AR	Zip Code 72032	Transaction ID : c4b663b8-59da-42c2-b Date of Disbursement or Obligation MM / DD / YYYY 10 / 22 / 2014
Purpose of Expenditure Salary		Category/ Type 001	
Name of Federal Candidate Mr. Mark L Pryor		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: AR
Calendar Year-To-Date Per Election for Office Sought 292370.62		Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ►	

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶ <table border="1" data-bbox="1102 1650 1364 1656"> <tr> <td data-bbox="1102 1650 1364 1656">130.80</td></tr> </table>	130.80
130.80		
(b) SUBTOTAL of Unitemized Independent Expenditures	▶ <table border="1" data-bbox="1102 1656 1364 1661"> <tr> <td data-bbox="1102 1656 1364 1661"></td></tr> </table>	
(c) TOTAL Independent Expenditures.....	▶ <table border="1" data-bbox="1102 1661 1364 1669"> <tr> <td data-bbox="1102 1661 1364 1669"></td></tr> </table>	

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 987 OF 3250
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC		FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on		M M M / D D D / Y Y Y Y Y Y	
Full Name of Payee Brenda L McCune		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 10 / 22 / 2014	
Mailing Address 1254 Fleming St Apt 6		Amount 26.70	
City Conway	State AR	Zip Code 72032	Transaction ID : 2ba8cf3a-c784-4459-b
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 10 / 22 / 2014
Name of Federal Candidate Mr. Mark L Pryor		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: AR
Calendar Year-To-Date Per Election for Office Sought 292370.62		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Grant Fitzgerald		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 10 / 22 / 2014	
Mailing Address 109 Carpathion Way		Amount 20.00	
City Raleigh	State NC	Zip Code 27615	Transaction ID : b325c831-aad4-4018-b
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 10 / 22 / 2014
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: NC
Calendar Year-To-Date Per Election for Office Sought 1095959.94		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶		46.70	
(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.			
Signature Ms. Emily Buchanan		Date M M M / D D D / Y Y Y Y Y Y 05 / 18 / 2015	
		[Electronically Filed]	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 988 OF 3250
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M / D D / Y Y Y Y Y Y					
Full Name of Payee Grant Fitzgerald			Date of Public Distribution/Dissemination 10 / 22 / 2014		
Mailing Address 109 Carpathion Way			Amount 3.00		
City Raleigh	State NC	Zip Code 27615	Transaction ID : e497beeb-9f72-40ee-8		
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement or Obligation 10 / 22 / 2014		
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: NC		
Calendar Year-To-Date Per Election for Office Sought		1095959.94	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
Full Name of Payee Jeffrey Hampton			Date of Public Distribution/Dissemination 10 / 22 / 2014		
Mailing Address 1700 E Part Ave			Amount 35.50		
City Searcy	State AR	Zip Code 72149	Transaction ID : 2acdf682-1e0d-412b-a		
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation 10 / 22 / 2014		
Name of Federal Candidate Mr. Mark L Pryor		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: AR		
Calendar Year-To-Date Per Election for Office Sought		292370.62	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			38.50		
(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.					
Signature Ms. Emily Buchanan		[Electronically Filed]		Date 05 / 18 / 2015	

Full Name of Payee Anthony Buchanan			Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 22 / 2014		
Mailing Address 1090 McHone Rd			Amount 60.00		
City Spruce Pine	State NC	Zip Code 28777	Transaction ID : 2e62c4cd-ffaf-4996-9 Date of Disbursement or Obligation MM / DD / YYYY 10 / 22 / 2014		
Purpose of Expenditure Salary		Category/ Type 001			
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: NC		
Calendar Year-To-Date Per Election for Office Sought		1095959.94	Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ►		

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	83.52
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

Ms. Emily Buchanan

[Electronically Filed]

Date 05 / 18 / 2015

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 990 OF 3250
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M / D D / Y Y Y Y Y Y					

Full Name of Payee Mary D Meens			Date of Public Distribution/Dissemination 10 / 22 / 2014		
Mailing Address 5724 SW Arrowhead Ct			Amount 7.50		
City Topeka	State KS	Zip Code 66614	Transaction ID : 6ad824e3-f00a-47d4-8		
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation 10 / 22 / 2014		
Name of Federal Candidate Mr. Greg Orman			Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>KS</u> ☐ Support ☒ Oppose		
Calendar Year-To-Date Per Election for Office Sought 261541.03			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		

Full Name of Payee Mary D Meens			Date of Public Distribution/Dissemination 10 / 22 / 2014		
Mailing Address 5724 SW Arrowhead Ct			Amount 1.20		
City Topeka	State KS	Zip Code 66614	Transaction ID : 686ac551-10f6-4239-9		
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement or Obligation 10 / 22 / 2014		
Name of Federal Candidate Mr. Greg Orman			Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>KS</u> ☐ Support ☒ Oppose		
Calendar Year-To-Date Per Election for Office Sought 261541.03			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	8.70
(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]

Signature _____ Date 05 / 18 / 2015

Full Name of Payee Nick Berryhill		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 22 / 2014	
Mailing Address 905 Lake Drive		Amount 7.35	
City Shelby	State NC	Zip Code 28152	Transaction ID : 030601ce-d59d-48a3-8 Date of Disbursement or Obligation MM / DD / YYYY 10 / 22 / 2014
Purpose of Expenditure Mileage		Category/ Type 002	
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House ☒ Senate ☐ President ☐ Other (specify) _____
Calendar Year-To-Date Per Election for Office Sought		1095959.94	Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ► _____

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	57.35
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

05 / 18 / 2015

FEC Schedule E (Form 3X) Rev. 09/2013

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 992 OF 3250
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC		FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on		MM / DD / YYYY	
Full Name of Payee Jeremy Hollar		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 22 / 2014	
Mailing Address 121 Meadowview Drive		Amount 35.00	
City Boone	State NC	Zip Code 28607	Transaction ID : 8e3ca998-0e6d-4b76-9
Purpose of Expenditure Salary		Category/Type 001	Date of Disbursement or Obligation MM / DD / YYYY 10 / 22 / 2014
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: NC
Calendar Year-To-Date Per Election for Office Sought 1095959.94		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Jeremy Hollar		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 22 / 2014	
Mailing Address 121 Meadowview Drive		Amount 10.50	
City Boone	State NC	Zip Code 28607	Transaction ID : cbc22386-3683-489f-8
Purpose of Expenditure Mileage		Category/Type 002	Date of Disbursement or Obligation MM / DD / YYYY 10 / 22 / 2014
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: NC
Calendar Year-To-Date Per Election for Office Sought 1095959.94		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶		45.50	
(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.			
Signature Ms. Emily Buchanan		Date MM / DD / YYYY 05 / 18 / 2015	
		[Electronically Filed]	

Full Name of Payee Chelsey Waite		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 22 / 2014	
Mailing Address 3738 Woodland Ridge Blvd		Amount 9999999999 3.90	
City Baton Rouge	State LA	Zip Code 70816	Transaction ID : 2a99737d-64e7-4182-8 Date of Disbursement or Obligation MM / DD / YYYY 10 / 22 / 2014
Purpose of Expenditure Mileage		Category/ Type 002	
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House ☒ Senate ☐ President ☒ Senate
Calendar Year-To-Date Per Election for Office Sought 9999999999 554635.78		Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ▶ _____	

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	23.90
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

05 / 18 / 2015

FEC Schedule E (Form 3X) Rev. 09/2013

Full Name of Payee Brandon Wheeler			Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 22 / 2014		
Mailing Address 10112 Piney Creek Ct			Amount 20.10		
City Charolette	State NC	Zip Code 28215	Transaction ID : f9afb4a0-cd63-4cea-b		
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement or Obligation MM / DD / YYYY 10 / 22 / 2014		
Name of Federal Candidate Mr. Mark L Pryor		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: AR		
Calendar Year-To-Date Per Election for Office Sought		292370.62	Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ►		

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	85.10
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 995 OF 3250
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC		FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on		M M M / D D D / Y Y Y Y Y Y	
Full Name of Payee Ron K Lassiter		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 10 / 22 / 2014	
Mailing Address 3846 SW Wood Valley Dr		Amount 40.00	
City Topeka	State KS	Zip Code 66610	Transaction ID : 1defccb9-7099-4682-a
Purpose of Expenditure Salary	Category/Type 001	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 10 / 22 / 2014	
Name of Federal Candidate Mr. Greg Orman		Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: KS	
Calendar Year-To-Date Per Election for Office Sought 261541.03		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Ron K Lassiter		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 10 / 22 / 2014	
Mailing Address 3846 SW Wood Valley Dr		Amount 3.30	
City Topeka	State KS	Zip Code 66610	Transaction ID : f89f56f7-e471-4192-8
Purpose of Expenditure Mileage	Category/Type 002	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 10 / 22 / 2014	
Name of Federal Candidate Mr. Greg Orman		Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: KS	
Calendar Year-To-Date Per Election for Office Sought 261541.03		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶		43.30	
(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.			
Signature Ms. Emily Buchanan		Date M M M / D D D / Y Y Y Y Y Y 05 / 18 / 2015	
		[Electronically Filed]	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 996 OF 3250
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC		FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on		M M M / D D D / Y Y Y Y Y Y	
Full Name of Payee Chantel D Lassiter		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 10 / 22 / 2014	
Mailing Address 3846 SW Wood Valley Rd		Amount 40.00	
City Topeka	State KS	Zip Code 66610	Transaction ID : 9612a866-fb0b-4c8b-8
Purpose of Expenditure Salary		Category/Type 001	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 10 / 22 / 2014
Name of Federal Candidate Mr. Greg Orman		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: KS
Calendar Year-To-Date Per Election for Office Sought 261541.03		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Chantel D Lassiter		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 10 / 22 / 2014	
Mailing Address 3846 SW Wood Valley Rd		Amount 3.30	
City Topeka	State KS	Zip Code 66610	Transaction ID : be6d9f63-7a8c-413f-9
Purpose of Expenditure Mileage		Category/Type 002	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 10 / 22 / 2014
Name of Federal Candidate Mr. Greg Orman		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: KS
Calendar Year-To-Date Per Election for Office Sought 261541.03		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures.....▶		43.30	
(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.			
Signature Ms. Emily Buchanan		Date M M M / D D D / Y Y Y Y Y Y 05 / 18 / 2015	
		[Electronically Filed]	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 997 OF 3250
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC		FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M / D D / Y Y Y Y Y Y			
Full Name of Payee Logan B Piper		Date of Public Distribution/Dissemination 10 / 23 / 2014	
Mailing Address 3205 Pebble Beach Rd		Amount 41.00	
City Conway	State AR	Zip Code 72034	Transaction ID : 18633795-b9b0-444d-b Date of Disbursement or Obligation 10 / 23 / 2014
Purpose of Expenditure Salary		Category/ Type 001	
Name of Federal Candidate Mr. Mark L Pryor		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: AR
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Logan B Piper		Date of Public Distribution/Dissemination 10 / 23 / 2014	
Mailing Address 3205 Pebble Beach Rd		Amount 12.66	
City Conway	State AR	Zip Code 72034	Transaction ID : 7664df31-b0a1-4e41-a Date of Disbursement or Obligation 10 / 23 / 2014
Purpose of Expenditure Mileage		Category/ Type 002	
Name of Federal Candidate Mr. Mark L Pryor		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: AR
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶		53.66	
(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.			
Signature Ms. Emily Buchanan		Date 05 / 18 / 2015	
[Electronically Filed]			

Full Name of Payee Aaron R Cowart		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 23 / 2014	
Mailing Address 184 South Military Rd		Amount 40.00	
City Slidell	State LA	Zip Code 70458	Transaction ID : 91b817fa-2d37-482d-b Date of Disbursement or Obligation MM / DD / YYYY 10 / 23 / 2014
Purpose of Expenditure Salary		Category/ Type 001	
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: LA
Calendar Year-To-Date Per Election for Office Sought		554635.78	Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ▶

Full Name of Payee Aaron R Cowart		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 23 / 2014	
Mailing Address 184 South Military Rd		Amount Amount 4.50	
City Slidell	State LA	Zip Code 70458	Transaction ID : 3a467b22-3c35-4837-b Date of Disbursement or Obligation MM / DD / YYYY 10 / 23 / 2014
Purpose of Expenditure Mileage		Category/ Type 002	
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House ☒ Senate ☐ President ☒ Senate
Calendar Year-To-Date Per Election for Office Sought Amount 554635.78		District: 00 State: LA Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	44.50
(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.

Date _____

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 999 OF 3250
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M / D D / Y Y Y Y				
Full Name of Payee Joseph R English			Date of Public Distribution/Dissemination 10 / 22 / 2014	
Mailing Address 915 East Market Ave Apt 4			Amount 90.00	
City Searcy	State AR	Zip Code 72143	Transaction ID : cd07ff2c-9e06-43d6-8	
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation 10 / 22 / 2014	
Name of Federal Candidate Mr. Mark L Pryor		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>AR</u>	
Calendar Year-To-Date Per Election for Office Sought		292370.62	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Joseph R English			Date of Public Distribution/Dissemination 10 / 22 / 2014	
Mailing Address 915 East Market Ave Apt 4			Amount 42.00	
City Searcy	State AR	Zip Code 72143	Transaction ID : a0dfec84-fb45-4920-b	
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement or Obligation 10 / 22 / 2014	
Name of Federal Candidate Mr. Mark L Pryor		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>AR</u>	
Calendar Year-To-Date Per Election for Office Sought		292370.62	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures.....▶			132.00	
(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.				
Signature Ms. Emily Buchanan		[Electronically Filed]		Date 05 / 18 / 2015

Full Name of Payee Valerie K Braymer		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 22 / 2014	
Mailing Address 106 Ridge Trail		Amount 70.00	
City Boerne	State TX	Zip Code 78006	Transaction ID : ef1b46d4-1aef-4794-b
Purpose of Expenditure Salary	Category/ Type	001	Date of Disbursement or Obligation MM / DD / YYYY 10 / 22 / 2014
Name of Federal Candidate Mr. Greg Orman	☐ Support ☒ Oppose	Office Sought: ☐ President ☒ Senate	District: 00 State: KS
Calendar Year-To-Date Per Election for Office Sought	261541.03	Disbursement For: 2014 ☐ Primary ☒ General ☐ Other (specify) ▶	

Full Name of Payee Valerie K Braymer		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 22 / 2014	
Mailing Address 106 Ridge Trail		Amount 12.00	
City Boerne	State TX	Zip Code 78006	Transaction ID : 469658dd-7843-442e-8 Date of Disbursement or Obligation MM / DD / YYYY 10 / 22 / 2014
Purpose of Expenditure Mileage		Category/ Type 002	
Name of Federal Candidate Mr. Greg Orman		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: KS
Calendar Year-To-Date Per Election for Office Sought 261541.03		Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	82.00
(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.

Date _____

Signature

Full Name of Payee Molly K Williams		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 22 / 2014	
Mailing Address 9419 NE Hwy 69		Amount 25.00	
City Pittsburg	State KS	Zip Code 66762	Transaction ID : 3c353502-a99b-4faa-8 Date of Disbursement or Obligation MM / DD / YYYY 10 / 22 / 2014
Purpose of Expenditure Salary	Category/ Type	001	
Name of Federal Candidate Mr. Greg Orman		☐ Support ☒ Oppose	Office Sought: ☐ House ☒ Senate ☐ President ☒ Senate
Calendar Year-To-Date Per Election for Office Sought 261541.03		District: 00 State: KS Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ▶	

Full Name of Payee OLynda Walker		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 21 / 2014	
Mailing Address 10000 Mount Pleasant Rd		Amount 90.00	
City Midland	State NC	Zip Code 28107	Transaction ID : 8057a946-5c81-4842-b
Purpose of Expenditure Salary	Category/ Type 001	Date of Disbursement or Obligation MM / DD / YYYY 10 / 21 / 2014	
Name of Federal Candidate Ms. Kay Hagan	☐ Support ☒ Oppose	Office Sought: ☐ President ☒ Senate	District: 00 State: NC
Calendar Year-To-Date Per Election for Office Sought 1095959.94	Disbursement For: ☐ Primary ☒ General ☐ 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.

Date _____

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1002 OF 3250
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC		FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on		M M M / D D D / Y Y Y Y Y Y	
Full Name of Payee OLynda Walker		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 10 / 21 / 2014	
Mailing Address 10000 Mount Pleasant Rd		Amount 20.40	
City Midland	State NC	Zip Code 28107	Transaction ID : d12e783e-9f6a-45c8-8
Purpose of Expenditure Mileage	Category/ Type 002	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 10 / 21 / 2014	
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	
Office Sought: ☐ President ☒ Senate		District: 00 State: NC	
Calendar Year-To-Date Per Election for Office Sought 1095959.94		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Cayenne C Corbin		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 10 / 22 / 2014	
Mailing Address 1851 S Laura St		Amount 45.00	
City Wichita	State KS	Zip Code 67211	Transaction ID : 622a8f6a-abfc-430e-9
Purpose of Expenditure Salary	Category/ Type 001	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 10 / 22 / 2014	
Name of Federal Candidate Mr. Greg Orman		☐ Support ☒ Oppose	
Office Sought: ☐ President ☒ Senate		District: 00 State: KS	
Calendar Year-To-Date Per Election for Office Sought 261541.03		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶		65.40	
(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.			
Signature Ms. Emily Buchanan		Date M M M / D D D / Y Y Y Y Y Y 05 / 18 / 2015	
		[Electronically Filed]	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1003 OF 3250
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC		FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on		M M M / D D D / Y Y Y Y Y Y	
Full Name of Payee Cayenne C Corbin		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 10 / 22 / 2014	
Mailing Address 1851 S Laura St		Amount 6.00	
City Wichita	State KS	Zip Code 67211	Transaction ID : 23945442-c7a0-4bee-b
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 10 / 22 / 2014
Name of Federal Candidate Mr. Greg Orman		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: KS
Calendar Year-To-Date Per Election for Office Sought 261541.03		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Adam L Clark		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 10 / 22 / 2014	
Mailing Address 1851 S Laura St		Amount 45.00	
City Wichita	State KS	Zip Code 67211	Transaction ID : 88c34859-4ed7-484e-b
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 10 / 22 / 2014
Name of Federal Candidate Mr. Greg Orman		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: KS
Calendar Year-To-Date Per Election for Office Sought 261541.03		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶		51.00	
(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.			
Signature Ms. Emily Buchanan		Date M M M / D D D / Y Y Y Y Y Y 05 / 18 / 2015	
		[Electronically Filed]	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 1004 OF 3250
 FOR LINE 24 OF FORM 3X

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

Full Name of Payee Jennifer Cheever		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 22 / 2014	
Mailing Address 4545 S Gold		Amount 30.00	
City Wichita	State KS	Zip Code 67217	Transaction ID : 92efd5b0-7ef2-4c2b-9 Date of Disbursement or Obligation MM / DD / YYYY 10 / 22 / 2014
Purpose of Expenditure Salary		Category/Type 001	
Name of Federal Candidate Mr. Greg Orman		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: KS
Calendar Year-To-Date Per Election for Office Sought 261541.03		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	

Full Name of Payee Jennifer Cheever		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 22 / 2014	
Mailing Address 4545 S Gold		Amount 6.00	
City Wichita	State KS	Zip Code 67217	Transaction ID : 4b02f125-1f65-4495-8 Date of Disbursement or Obligation MM / DD / YYYY 10 / 22 / 2014
Purpose of Expenditure Mileage		Category/Type 002	
Name of Federal Candidate Mr. Greg Orman		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: KS
Calendar Year-To-Date Per Election for Office Sought 261541.03		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	36.00
(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

MM / DD / YYYY
05 / 18 / 2015

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1005 OF 3250
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC		FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on		M M M / D D D / Y Y Y Y Y Y	
Full Name of Payee Aric D Clark		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 10 / 22 / 2014	
Mailing Address 1412 Edgemoor Dr		Amount 45.00	
City El Dorado	State KS	Zip Code 67042	Transaction ID : 05be1d98-fb07-434d-a
Purpose of Expenditure Salary		Category/Type 001	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 10 / 22 / 2014
Name of Federal Candidate Mr. Greg Orman		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: KS
Calendar Year-To-Date Per Election for Office Sought 261541.03		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Jake Mathews		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 10 / 22 / 2014	
Mailing Address 6418 East 12 St		Amount 15.00	
City Wichita	State KS	Zip Code 67206	Transaction ID : 1e36bd59-8027-4807-a
Purpose of Expenditure Salary		Category/Type 001	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 10 / 22 / 2014
Name of Federal Candidate Mr. Greg Orman		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: KS
Calendar Year-To-Date Per Election for Office Sought 261541.03		Disbursement For: ☐ Primary ☒ 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.			
Signature Ms. Emily Buchanan		Date M M M / D D D / Y Y Y Y Y Y 05 / 18 / 2015	
		[Electronically Filed]	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1006 OF 3250
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M / D D / Y Y Y Y Y Y					
Full Name of Payee Jake Mathews			Date of Public Distribution/Dissemination 10 / 22 / 2014		
Mailing Address 6418 East 12 St			Amount 3.90		
City Wichita		State KS	Zip Code 67206		Transaction ID : 2c288f81-2899-44b1-9
Purpose of Expenditure Mileage		Category/ Type 002		Date of Disbursement or Obligation 10 / 22 / 2014	
Name of Federal Candidate Mr. Greg Orman			☐ Support ☒ Oppose Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: KS		
Calendar Year-To-Date Per Election for Office Sought 261541.03			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
Full Name of Payee Josh R Arnold			Date of Public Distribution/Dissemination 10 / 22 / 2014		
Mailing Address 1531 N Ridgewood Dr			Amount 27.50		
City Wichita		State KS	Zip Code 67208		Transaction ID : d8a19c9b-22fa-4797-a
Purpose of Expenditure Salary		Category/ Type 001		Date of Disbursement or Obligation 10 / 22 / 2014	
Name of Federal Candidate Mr. Greg Orman			☐ Support ☒ Oppose Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: KS		
Calendar Year-To-Date Per Election for Office Sought 261541.03			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			31.40		
(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.					
Signature Ms. Emily Buchanan			Date 05 / 18 / 2015		
[Electronically Filed]					

Full Name of Payee Ren W Dasher		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 21 / 2014	
Mailing Address 1414 Edgemoor Dr		Amount 40.00	
City El Dorado	State KS	Zip Code 67042	Transaction ID : 187e8183-2c3b-4011-b Date of Disbursement or Obligation MM / DD / YYYY 10 / 21 / 2014
Purpose of Expenditure Salary		Category/ Type 001	
Name of Federal Candidate Mr. Greg Orman		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: KS
Calendar Year-To-Date Per Election for Office Sought		261541.03	Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ►

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	44.50
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

Signature

Full Name of Payee Ren W Dasher			Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 21 / 2014		
Mailing Address 1414 Edgemoor Dr			Amount 19.50		
City El Dorado	State KS	Zip Code 67042	Transaction ID : ee44e8a7-91a6-48be-9 Date of Disbursement or Obligation MM / DD / YYYY 10 / 21 / 2014		
Purpose of Expenditure Mileage		Category/ Type 002			
Name of Federal Candidate Mr. Greg Orman		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: KS		
Calendar Year-To-Date Per Election for Office Sought		261541.03	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		

Full Name of Payee Michael Terry		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 22 / 2014	
Mailing Address 936 S Cypress		Amount 30.00	
City Wichita	State KS	Zip Code 67207	Transaction ID : 0feaa581-e011-42de-a Date of Disbursement or Obligation MM / DD / YYYY 10 / 22 / 2014
Purpose of Expenditure Salary		Category/ Type 001	
Name of Federal Candidate Mr. Greg Orman		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: KS
Calendar Year-To-Date Per Election for Office Sought 261541.03		Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ►	

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	49.50
(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.

Date _____

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1010 OF 3250
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M / D D / Y Y Y Y				
Full Name of Payee James Kindstedt			Date of Public Distribution/Dissemination 10 / 23 / 2014	
Mailing Address 5510 Dogwood Dr			Amount 26.70	
City Winston Salem	State NC	Zip Code 27105	Transaction ID : d8318623-8fad-404b-9	
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation 10 / 23 / 2014	
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>NC</u>	
Calendar Year-To-Date Per Election for Office Sought		1095959.94	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee James Kindstedt			Date of Public Distribution/Dissemination 10 / 23 / 2014	
Mailing Address 5510 Dogwood Dr			Amount 10.20	
City Winston Salem	State NC	Zip Code 27105	Transaction ID : bcab955e-9a9c-4449-9	
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement or Obligation 10 / 23 / 2014	
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>NC</u>	
Calendar Year-To-Date Per Election for Office Sought		1095959.94	Disbursement For: ☐ Primary ☒ 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 05 / 18 / 2015	
Signature				

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1011 OF 3250
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC		FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on		MM / DD / YYYY	
Full Name of Payee Joanna Kindstedt		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 23 / 2014	
Mailing Address 2134 Tobaccoville Rd		Amount 26.70	
City Rural Hall	State NC	Zip Code 27045	Transaction ID : 8330c861-0f4b-42fe-a
Purpose of Expenditure Salary		Category/Type 001	Date of Disbursement or Obligation MM / DD / YYYY 10 / 23 / 2014
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: NC
Calendar Year-To-Date Per Election for Office Sought 1095959.94		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Destiny S Philpott		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 22 / 2014	
Mailing Address 3502 S 66th St Apt 47		Amount 45.00	
City Fort Smith	State AR	Zip Code 72903	Transaction ID : f998e538-567e-4f03-9
Purpose of Expenditure Salary		Category/Type 001	Date of Disbursement or Obligation MM / DD / YYYY 10 / 22 / 2014
Name of Federal Candidate Mr. Mark L Pryor		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: AR
Calendar Year-To-Date Per Election for Office Sought 292370.62		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶		71.70	
(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.			
Signature Ms. Emily Buchanan		Date MM / DD / YYYY 05 / 18 / 2015	
		[Electronically Filed]	

Full Name of Payee Dianna R Williams		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 20 / 2014	
Mailing Address 1510 W Pawnee Apt 2103		Amount 6.30	
City Wichita	State KS	Zip Code 67213	Transaction ID : 3079e8a5-0458-43d6-a
Purpose of Expenditure Mileage	Category/ Type	002	Date of Disbursement or Obligation MM / DD / YYYY 10 / 20 / 2014
Name of Federal Candidate Mr. Greg Orman	☐ Support ☒ Oppose	Office Sought: ☐ President ☒ Senate	District: 00 State: KS
Calendar Year-To-Date Per Election for Office Sought	261541.03		Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	26.30
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

Ms. Emily Buchanan

[Electronically Filed]

Date 05 / 18 / 2015

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1013 OF 3250
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M / D D / Y Y Y Y				
Full Name of Payee Morgan E Hallenbeck			Date of Public Distribution/Dissemination 10 / 23 / 2014	
Mailing Address 3790 Christian Light Rd			Amount 60.00	
City Fuquay Varina	State NC	Zip Code 27526	Transaction ID : 70d6f76e-f868-4794-b	
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation 10 / 23 / 2014	
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>NC</u>	
Calendar Year-To-Date Per Election for Office Sought		1095959.94	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Morgan E Hallenbeck			Date of Public Distribution/Dissemination 10 / 23 / 2014	
Mailing Address 3790 Christian Light Rd			Amount 20.70	
City Fuquay Varina	State NC	Zip Code 27526	Transaction ID : b7b2ba5d-6c0c-4dad-8	
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement or Obligation 10 / 23 / 2014	
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>NC</u>	
Calendar Year-To-Date Per Election for Office Sought		1095959.94	Disbursement For: ☐ Primary ☒ 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.				
Signature Ms. Emily Buchanan		[Electronically Filed]		Date 05 / 18 / 2015

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1014 OF 3250
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M / D D / Y Y Y Y Y Y				
Full Name of Payee Lance Reichenberger			Date of Public Distribution/Dissemination 10 / 22 / 2014	
Mailing Address 1426 N Glendale			Amount 55.00	
City Wichita		State KS	Zip Code 67208	
Purpose of Expenditure Salary		Category/ Type	Transaction ID : 1108fa8b-93f3-45cc-a Date of Disbursement or Obligation 10 / 22 / 2014	
Name of Federal Candidate Mr. Greg Orman		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: KS	
Calendar Year-To-Date Per Election for Office Sought		261541.03 Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
Full Name of Payee Lance Reichenberger			Date of Public Distribution/Dissemination 10 / 22 / 2014	
Mailing Address 1426 N Glendale			Amount 4.50	
City Wichita		State KS	Zip Code 67208	
Purpose of Expenditure Mileage		Category/ Type	Transaction ID : 5297cc50-3440-49e3-b Date of Disbursement or Obligation 10 / 22 / 2014	
Name of Federal Candidate Mr. Greg Orman		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: KS	
Calendar Year-To-Date Per Election for Office Sought		261541.03 Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures.....▶ 59.50				
(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.				
Signature Ms. Emily Buchanan		[Electronically Filed] Date 05 / 18 / 2015		

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 1015 OF 3250
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M M D D D Y Y Y Y Y Y					
Full Name of Payee Regina R Mouton			Date of Public Distribution/Dissemination 10 23 2014		
Mailing Address 5827 Brighton Pl			Amount 11.50		
City New Orleans	State LA	Zip Code 70131	Transaction ID : 8bb06b83-5b95-4dfa-8 Date of Disbursement or Obligation 10 23 2014		
Purpose of Expenditure Salary		Category/ Type 001			
Name of Federal Candidate Ms. Mary L Landrieu			Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: LA ☐ Support ☒ Oppose		
Calendar Year-To-Date Per Election for Office Sought			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
Full Name of Payee Regina R Mouton			Date of Public Distribution/Dissemination 10 23 2014		
Mailing Address 5827 Brighton Pl			Amount 1.50		
City New Orleans	State LA	Zip Code 70131	Transaction ID : e5023a01-8861-4c21-9 Date of Disbursement or Obligation 10 23 2014		
Purpose of Expenditure Mileage		Category/ Type 002			
Name of Federal Candidate Ms. Mary L Landrieu			Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: LA ☐ Support ☒ Oppose		
Calendar Year-To-Date Per Election for Office Sought			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
(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.					
Signature <u>Ms. Emily Buchanan</u> [Electronically Filed]			Date 05 18 2015		

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1016 OF 3250
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC		FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on		MM / DD / YYYY / / MM / DD / YYYY / /	

Full Name of Payee Misty A Ledford		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 23 / 2014	
Mailing Address 44 Bell St		Amount 50.00	
City Spruce Pine	State NC	Zip Code 28777	Transaction ID : fcf927aa-6201-4d2a-8
Purpose of Expenditure Salary	Category/Type 001	Date of Disbursement or Obligation MM / DD / YYYY 10 / 23 / 2014	
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: NC	
Calendar Year-To-Date Per Election for Office Sought 1095959.94		Disbursement For: 2014 ☐ Primary ☒ General ☐ Other (specify) ▶	

Full Name of Payee Misty A Ledford		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 23 / 2014	
Mailing Address 44 Bell St		Amount 19.20	
City Spruce Pine	State NC	Zip Code 28777	Transaction ID : 86fb5d4d-05a6-465e-9
Purpose of Expenditure Mileage	Category/Type 002	Date of Disbursement or Obligation MM / DD / YYYY 10 / 23 / 2014	
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: NC	
Calendar Year-To-Date Per Election for Office Sought 1095959.94		Disbursement For: 2014 ☐ Primary ☒ General ☐ 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.

Ms. Emily Buchanan

[Electronically Filed]

Date

MM / DD / YYYY
05 / 18 / 2015

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1017 OF 3250
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC		FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on		M M M / D D D / Y Y Y Y Y Y	
Full Name of Payee Theresa a Youngblood		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 10 / 23 / 2014	
Mailing Address 102 S Main Street Apt A2		Amount 45.00	
City Berryville	State VA	Zip Code 22611	Transaction ID : 5e266e6f-4dcd-49ea-a
Purpose of Expenditure Salary	Category/Type 001	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 10 / 23 / 2014	
Name of Federal Candidate Mr. Greg Orman		☐ Support ☒ Oppose	
Office Sought: ☐ President ☒ Senate		District: 00 State: KS	
Calendar Year-To-Date Per Election for Office Sought 261541.03		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Dianna R Williams		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 10 / 23 / 2014	
Mailing Address 1510 W Pawnee Apt 2103		Amount 30.00	
City Wichita	State KS	Zip Code 67213	Transaction ID : 15a3ead7-f1e6-43fe-9
Purpose of Expenditure Salary	Category/Type 001	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 10 / 23 / 2014	
Name of Federal Candidate Mr. Greg Orman		☐ Support ☒ Oppose	
Office Sought: ☐ President ☒ Senate		District: 00 State: KS	
Calendar Year-To-Date Per Election for Office Sought 261541.03		Disbursement For: ☐ Primary ☒ 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.			
Signature Ms. Emily Buchanan		Date M M M / D D D / Y Y Y Y Y Y 05 / 18 / 2015	
		[Electronically Filed]	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1018 OF 3250
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC		FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on		M M M / D D D / Y Y Y Y Y Y	
Full Name of Payee Dianna R Williams		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 10 / 23 / 2014	
Mailing Address 1510 W Pawnee Apt 2103		Amount 7.20	
City Wichita	State KS	Zip Code 67213	Transaction ID : a73d2a41-db5d-49f4-b
Purpose of Expenditure Mileage	Category/Type 002	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 10 / 23 / 2014	
Name of Federal Candidate Mr. Greg Orman		☐ Support ☒ Oppose	
Office Sought: ☐ President ☒ Senate		District: 00 State: KS	
Calendar Year-To-Date Per Election for Office Sought 261541.03		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Edward N Walker		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 10 / 23 / 2014	
Mailing Address 3 Girard St		Amount 55.00	
City Ft Smith	State AR	Zip Code 72901	Transaction ID : 594089c9-78e1-4c82-b
Purpose of Expenditure Salary	Category/Type 001	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 10 / 23 / 2014	
Name of Federal Candidate Mr. Mark L Pryor		☐ Support ☒ Oppose	
Office Sought: ☐ President ☒ Senate		District: 00 State: AR	
Calendar Year-To-Date Per Election for Office Sought 292370.62		Disbursement For: ☐ Primary ☒ 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.			
Signature Ms. Emily Buchanan		Date M M M / D D D / Y Y Y Y Y Y 05 / 18 / 2015	
		[Electronically Filed]	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1019 OF 3250
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M / D D / Y Y Y Y				
Full Name of Payee Edward N Walker			Date of Public Distribution/Dissemination 10 / 23 / 2014	
Mailing Address 3 Girard St			Amount 15.60	
City Ft Smith	State AR	Zip Code 72901	Transaction ID : 883e0c51-f5b3-4d75-8 Date of Disbursement or Obligation 10 / 23 / 2014	
Purpose of Expenditure Mileage		Category/ Type 002		
Name of Federal Candidate Mr. Mark L Pryor		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: AR	
Calendar Year-To-Date Per Election for Office Sought		292370.62	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Alisha A Hauser			Date of Public Distribution/Dissemination 10 / 23 / 2014	
Mailing Address 199 Raven Circle			Amount 46.70	
City Wilkesboro	State NC	Zip Code 28697	Transaction ID : 66db39a2-9e60-46d0-8 Date of Disbursement or Obligation 10 / 23 / 2014	
Purpose of Expenditure Salary		Category/ Type 001		
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: NC	
Calendar Year-To-Date Per Election for Office Sought		1095959.94	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			62.30	
(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.				
Signature Ms. Emily Buchanan		[Electronically Filed]		Date 05 / 18 / 2015

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1020 OF 3250
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M M / D D D / Y Y Y Y Y Y					
Full Name of Payee Alisha A Hauser			Date of Public Distribution/Dissemination 10 / 23 / 2014		
Mailing Address 199 Raven Circle			Amount 10.56		
City Wilkesboro		State NC	Zip Code 28697		Transaction ID : 45a58a7a-c607-4077-9
Purpose of Expenditure Mileage		Category/ Type 002		Date of Disbursement or Obligation 10 / 23 / 2014	
Name of Federal Candidate Ms. Kay Hagan			☐ Support ☒ Oppose Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: NC		
Calendar Year-To-Date Per Election for Office Sought 1095959.94			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶ _____		
Full Name of Payee Leslie D Moore			Date of Public Distribution/Dissemination 10 / 23 / 2014		
Mailing Address 1903 Swan Dr			Amount 30.00		
City Lenoir		State NC	Zip Code 28645		Transaction ID : 8bab94d9-14b1-47be-a
Purpose of Expenditure Salary		Category/ Type 001		Date of Disbursement or Obligation 10 / 23 / 2014	
Name of Federal Candidate Ms. Kay Hagan			☐ Support ☒ Oppose Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: NC		
Calendar Year-To-Date Per Election for Office Sought 1095959.94			Disbursement For: ☐ Primary ☒ 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.					
Signature Ms. Emily Buchanan			Date 05 / 18 / 2015		
[Electronically Filed]					

Full Name of Payee Sharon t Craig		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 23 / 2014	
Mailing Address 1410 Bushville Dr		Amount 30.00	
City Lenoir	State NC	Zip Code 28645	Transaction ID : 948283ef-a51e-4313-a Date of Disbursement or Obligation MM / DD / YYYY 10 / 23 / 2014
Purpose of Expenditure Salary		Category/ Type 001	
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: NC
Calendar Year-To-Date Per Election for Office Sought 1095959.94		Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ►	

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

05 / 18 / 2015

FEC Schedule E (Form 3X) Rev. 09/2013

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1022 OF 3250
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M / D D / Y Y Y Y Y Y					
Full Name of Payee Sharon t Craig			Date of Public Distribution/Dissemination 10 / 23 / 2014		
Mailing Address 1410 Bushville Dr			Amount 12.30		
City Lenoir	State NC	Zip Code 28645	Transaction ID : e3e43ec3-753f-4514-8		
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement or Obligation 10 / 23 / 2014		
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: NC		
Calendar Year-To-Date Per Election for Office Sought		1095959.94	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
Full Name of Payee Aleksandra B Padua			Date of Public Distribution/Dissemination 10 / 23 / 2014		
Mailing Address 110 Bridge gate Dr			Amount 40.00		
City Cary	State NC	Zip Code 27519	Transaction ID : 48d894e8-fc89-48eb-b		
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation 10 / 23 / 2014		
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: NC		
Calendar Year-To-Date Per Election for Office Sought		1095959.94	Disbursement For: ☐ Primary ☒ 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 05 / 18 / 2015		
Signature					

Full Name of Payee Claud B Murphy JR		Date of Public Distribution/Dissemination M M / D D / Y Y Y Y 10 / 23 / 2014	
Mailing Address PO Box 37		Amount 27.50	
City East Bend	State NC	Zip Code 27018	Transaction ID : 6fafa76b-f451-409d-a Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 10 / 23 / 2014
Purpose of Expenditure Salary		Category/ Type 001	
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House ☒ Senate ☐ President
Calendar Year-To-Date Per Election for Office Sought 1095959.94		District: 00 State: NC Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	37.13
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1024 OF 3250
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on / /					
Full Name of Payee Judith A Murphy			Date of Public Distribution/Dissemination / / 10 / 23 / 2014		
Mailing Address PO Box 37			Amount 27.50		
City East Bend		State NC	Zip Code 27018		Transaction ID : ffe0a757-1f45-4161-a
Purpose of Expenditure Salary		Category/ Type 001		Date of Disbursement or Obligation / / 10 / 23 / 2014	
Name of Federal Candidate Ms. Kay Hagan			☐ Support ☒ Oppose		Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>NC</u>
Calendar Year-To-Date Per Election for Office Sought 1095959.94			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶ _____		
Full Name of Payee Judith A Murphy			Date of Public Distribution/Dissemination / / 10 / 23 / 2014		
Mailing Address PO Box 37			Amount 10.50		
City East Bend		State NC	Zip Code 27018		Transaction ID : b4b0c353-4c99-436a-b
Purpose of Expenditure Mileage		Category/ Type 002		Date of Disbursement or Obligation / / 10 / 23 / 2014	
Name of Federal Candidate Ms. Kay Hagan			☐ Support ☒ Oppose		Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>NC</u>
Calendar Year-To-Date Per Election for Office Sought 1095959.94			Disbursement For: ☐ Primary ☒ 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.					
Signature Ms. Emily Buchanan			[Electronically Filed]		Date / / 05 / 18 / 2015

Full Name of Payee Bailey R Blair		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 23 / 2014	
Mailing Address 402A N 10th St		Amount 1.05	
City Manhattan	State KS	Zip Code 66502	Transaction ID : f1c923da-0a4a-41e0-b Date of Disbursement or Obligation MM / DD / YYYY 10 / 23 / 2014
Purpose of Expenditure Mileage		Category/ Type 002	
Name of Federal Candidate Mr. Greg Orman		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: KS
Calendar Year-To-Date Per Election for Office Sought		261541.03	Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ▶

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

FEC Schedule E (Form 3X) Rev. 09/2013

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1026 OF 3250
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC		FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on		M M M / D D D / Y Y Y Y Y Y	
Full Name of Payee Caelan J Blair		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 10 / 23 / 2014	
Mailing Address 510 Haymaker Hall		Amount 10.00	
City Manhattan	State KS	Zip Code 66506	Transaction ID : 3e7d919d-2bd1-4dfb-b
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 10 / 23 / 2014
Name of Federal Candidate Mr. Greg Orman		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: KS
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Caelan J Blair		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 10 / 23 / 2014	
Mailing Address 510 Haymaker Hall		Amount 1.05	
City Manhattan	State KS	Zip Code 66506	Transaction ID : e90f6604-b813-4fe7-a
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 10 / 23 / 2014
Name of Federal Candidate Mr. Greg Orman		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: KS
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: ☐ Primary ☒ 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]	
Signature		Date M M M / D D D / Y Y Y Y Y Y 05 / 18 / 2015	

Full Name of Payee Ronald W Ryckman		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 22 / 2014	
Mailing Address 503 N Cedar St		Amount 70.00	
City Meade	State KS	Zip Code 67864	Transaction ID : 01036962-f382-4a81-a Date of Disbursement or Obligation MM / DD / YYYY 10 / 22 / 2014
Purpose of Expenditure Salary		Category/ Type 001	
Name of Federal Candidate Mr. Greg Orman		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: KS
Calendar Year-To-Date Per Election for Office Sought 261541.03		Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	90.00
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

05 / 18 / 2015

FEC Schedule E (Form 3X) Rev. 09/2013

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1028 OF 3250
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on MM / DD / YYYY					
Full Name of Payee Ronald W Ryckman			Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 22 / 2014		
Mailing Address 503 N Cedar St			Amount 32.40		
City Meade	State KS	Zip Code 67864	Transaction ID : fbacd9e5-2573-404c-b		
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement or Obligation MM / DD / YYYY 10 / 22 / 2014		
Name of Federal Candidate Mr. Greg Orman		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: KS		
Calendar Year-To-Date Per Election for Office Sought		261541.03	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
Full Name of Payee Ronald E Brown			Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 22 / 2014		
Mailing Address 1211 Treaty Rd			Amount 45.00		
City Delphos	State KS	Zip Code 67436	Transaction ID : b0986773-9233-44b7-9		
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation MM / DD / YYYY 10 / 22 / 2014		
Name of Federal Candidate Mr. Greg Orman		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: KS		
Calendar Year-To-Date Per Election for Office Sought		261541.03	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			77.40		
(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.					
Signature Ms. Emily Buchanan		[Electronically Filed]		Date MM / DD / YYYY 05 / 18 / 2015	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1029 OF 3250
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M M / D D D / Y Y Y Y Y Y					
Full Name of Payee Ronald E Brown			Date of Public Distribution/Dissemination 10 / 22 / 2014		
Mailing Address 1211 Treaty Rd			Amount 6.90		
City Delphos	State KS	Zip Code 67436	Transaction ID : 03f126eb-8a9e-449e-a		
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement or Obligation 10 / 22 / 2014		
Name of Federal Candidate Mr. Greg Orman		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>KS</u>		
Calendar Year-To-Date Per Election for Office Sought		261541.03	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶ _____		
Full Name of Payee Hannah M Clark			Date of Public Distribution/Dissemination 10 / 22 / 2014		
Mailing Address 1412 Edgemoor Dr			Amount 45.00		
City El Dorado	State KS	Zip Code 67042	Transaction ID : d668008f-3603-485c-8		
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation 10 / 22 / 2014		
Name of Federal Candidate Mr. Greg Orman		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>KS</u>		
Calendar Year-To-Date Per Election for Office Sought		261541.03	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶ _____		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			51.90		
(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.					
Signature Ms. Emily Buchanan		[Electronically Filed]		Date 05 / 18 / 2015	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1030 OF 3250
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M / D D / Y Y Y Y				
Full Name of Payee Hannah M Clark			Date of Public Distribution/Dissemination 10 / 22 / 2014	
Mailing Address 1412 Edgemoor Dr			Amount 15.00	
City El Dorado	State KS	Zip Code 67042	Transaction ID : f828eba8-f2f9-4912-a	
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement or Obligation 10 / 22 / 2014	
Name of Federal Candidate Mr. Greg Orman		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: KS	
Calendar Year-To-Date Per Election for Office Sought		261541.03	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Joseph R Rys			Date of Public Distribution/Dissemination 10 / 23 / 2014	
Mailing Address 160 #50 Pompano Dr			Amount 65.00	
City New Bern	State NC	Zip Code 28560	Transaction ID : 5933e07c-ce4d-48db-8	
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation 10 / 23 / 2014	
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: NC	
Calendar Year-To-Date Per Election for Office Sought		1095959.94	Disbursement For: ☐ Primary ☒ 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.				
Signature Ms. Emily Buchanan		[Electronically Filed]		Date 05 / 18 / 2015

Full Name of Payee Joseph R Rys		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 23 / 2014	
Mailing Address 160 #50 Pompano Dr		Amount 15.45	
City New Bern	State NC	Zip Code 28560	Transaction ID : 0101ede0-49fc-49dd-a Date of Disbursement or Obligation MM / DD / YYYY 10 / 23 / 2014
Purpose of Expenditure Mileage		Category/ Type 002	
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House ☒ Senate ☐ President ☒ Senate
Calendar Year-To-Date Per Election for Office Sought 1095959.94		District: 00 State: NC Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ▶	

Full Name of Payee Joshua J Huffman		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 23 / 2014	
Mailing Address 211 Dixie Ave		Amount 40.00	
City Harrisonburg	State VA	Zip Code 22801	Transaction ID : 8779e3c8-20f7-4904-a Date of Disbursement or Obligation MM / DD / YYYY 10 / 23 / 2014
Purpose of Expenditure Salary	Category/ Type	001	
Name of Federal Candidate Mr. Greg Orman	☐ Support ☒ Oppose	Office Sought: ☐ House ☒ Senate	District: 00 State: KS
Calendar Year-To-Date Per Election for Office Sought	261541.03	Disbursement For: ☐ Primary ☒ 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.

Date / /

Signature

Full Name of Payee Sommer E Cox		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 23 / 2014	
Mailing Address 1519 Walshtown Rd		Amount 8.10	
City Boomer	State NC	Zip Code 28606	Transaction ID : 7d1b046f-9b91-449f-b
Purpose of Expenditure Mileage	Category/ Type	002	Date of Disbursement or Obligation MM / DD / YYYY 10 / 23 / 2014
Name of Federal Candidate Ms. Kay Hagan	☐ Support ☒ Oppose	Office Sought: ☐ President ☒ Senate	District: 00 State: NC
Calendar Year-To-Date Per Election for Office Sought	1095959.94	Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	65.90
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

FEC Schedule E (Form 3X) Rev. 09/2013

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1033 OF 3250
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on			M M M / D D D / Y Y Y Y Y Y	
Full Name of Payee Staci J Ingram		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 10 / 23 / 2014		
Mailing Address 2 Crest Knolls Dr Apt 16B		Amount 46.50		
City Taylorsville	State NC	Zip Code 28681	Transaction ID : 8a3273c2-5785-41b5-8	
Purpose of Expenditure Salary		Category/Type 001	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 10 / 23 / 2014	
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: NC	
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
Full Name of Payee Staci J Ingram		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 10 / 23 / 2014		
Mailing Address 2 Crest Knolls Dr Apt 16B		Amount 27.96		
City Taylorsville	State NC	Zip Code 28681	Transaction ID : 88d941a4-2338-49af-b	
Purpose of Expenditure Mileage		Category/Type 002	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 10 / 23 / 2014	
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: NC	
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: ☐ Primary ☒ 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.				
Signature Ms. Emily Buchanan		[Electronically Filed]		Date M M M / D D D / Y Y Y Y Y Y 05 / 18 / 2015

Full Name of Payee Corey S McKnight		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 23 / 2014	
Mailing Address 1510 Bailey St		Amount 35.00	
City West Monroe	State LA	Zip Code 71292	Transaction ID : 00c2fce5-d577-479a-9 Date of Disbursement or Obligation MM / DD / YYYY 10 / 23 / 2014
Purpose of Expenditure Salary		Category/ Type 001	
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House ☒ Senate ☐ President ☒ Senate
Calendar Year-To-Date Per Election for Office Sought 554635.78		Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ▶ _____	
District: <u>00</u> State: <u>LA</u>			

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	115.00
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

05 / 18 / 2015

FEC Schedule E (Form 3X) Rev. 09/2013

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 1035 OF 3250
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC	FEC IDENTIFICATION NUMBER ▼ C C00530766
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M M / D D D / Y Y Y Y Y Y	

Full Name of Payee Logan B Piper		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 10 / 23 / 2014	
Mailing Address 3205 Pebble Beach Rd		Amount 37.00	
City Conway	State AR	Zip Code 72034	Transaction ID : 8029894c-a2b7-4af9-b Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 10 / 23 / 2014
Purpose of Expenditure Salary		Category/Type 001	
Name of Federal Candidate Mr. Mark L Pryor		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: AR
Calendar Year-To-Date Per Election for Office Sought 292370.62		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	

Full Name of Payee Logan B Piper		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 10 / 23 / 2014	
Mailing Address 3205 Pebble Beach Rd		Amount 12.99	
City Conway	State AR	Zip Code 72034	Transaction ID : e833f948-f27c-4b91-9 Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 10 / 23 / 2014
Purpose of Expenditure Mileage		Category/Type 002	
Name of Federal Candidate Mr. Mark L Pryor		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: AR
Calendar Year-To-Date Per Election for Office Sought 292370.62		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	49.99
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	0.00
(c) TOTAL Independent Expenditures..... ▶	49.99

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

M M M / D D D / Y Y Y Y Y Y
 05 / 18 / 2015

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1036 OF 3250
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M / D D / Y Y Y Y Y Y				
Full Name of Payee Samantha S Johnson			Date of Public Distribution/Dissemination 10 / 23 / 2014	
Mailing Address 638 Sawyer Rd			Amount 10.00	
City Hays		State NC	Zip Code 28635	Transaction ID : 62fcd8ef-edf6-4e26-b Date of Disbursement or Obligation 10 / 23 / 2014
Purpose of Expenditure Salary		Category/Type 001		
Name of Federal Candidate Ms. Kay Hagan			Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: NC	
Calendar Year-To-Date Per Election for Office Sought			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Cecilia B Johnson			Date of Public Distribution/Dissemination 10 / 23 / 2014	
Mailing Address 638 Sawyer Rd			Amount 10.00	
City Hays		State NC	Zip Code 28635	Transaction ID : eaa9e2c5-2011-48bd-8 Date of Disbursement or Obligation 10 / 23 / 2014
Purpose of Expenditure Salary		Category/Type 001		
Name of Federal Candidate Ms. Kay Hagan			Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: NC	
Calendar Year-To-Date Per Election for Office Sought			Disbursement For: ☐ Primary ☒ 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.				
Signature Ms. Emily Buchanan			Date 05 / 18 / 2015	
[Electronically Filed]				

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1037 OF 3250
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M M / D D D / Y Y Y Y Y Y					
Full Name of Payee Cecilia B Johnson			Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 10 / 23 / 2014		
Mailing Address 638 Sawyer Rd			Amount 2.70		
City Hays	State NC	Zip Code 28635	Transaction ID : 7b8607d8-0757-4db1-9 Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 10 / 23 / 2014		
Purpose of Expenditure Mileage		Category/ Type 002			
Name of Federal Candidate Ms. Kay Hagan			Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: NC ☐ Oppose		
Calendar Year-To-Date Per Election for Office Sought			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
Full Name of Payee Heather A Smith			Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 10 / 23 / 2014		
Mailing Address 995 Clairborne Rd			Amount 39.00		
City Calhoun	State LA	Zip Code 71225	Transaction ID : 15c93d05-fded-40f5-a Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 10 / 23 / 2014		
Purpose of Expenditure Salary		Category/ Type 001			
Name of Federal Candidate Ms. Mary L Landrieu			Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: LA ☐ Oppose		
Calendar Year-To-Date Per Election for Office Sought			Disbursement For: ☐ Primary ☒ 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.					
Signature Ms. Emily Buchanan			Date [Electronically Filed] M M M / D D D / Y Y Y Y Y Y 05 / 18 / 2015		

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1038 OF 3250
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M / D D / Y Y Y Y Y Y					
Full Name of Payee Heather A Smith			Date of Public Distribution/Dissemination 10 / 23 / 2014		
Mailing Address 995 Clairborne Rd			Amount 12.00		
City Calhoun		State LA	Zip Code 71225		Transaction ID : bb92b142-19ef-4035-9
Purpose of Expenditure Mileage		Category/ Type 002		Date of Disbursement or Obligation 10 / 23 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu			Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>LA</u>		
Calendar Year-To-Date Per Election for Office Sought 554635.78			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
Full Name of Payee Toni A Persinger-Buckler			Date of Public Distribution/Dissemination 10 / 23 / 2014		
Mailing Address 5330 Nestleway Dr			Amount 45.00		
City Clemmons		State NC	Zip Code 27012		Transaction ID : 24059bb3-6bda-45b6-b
Purpose of Expenditure Salary		Category/ Type 001		Date of Disbursement or Obligation 10 / 23 / 2014	
Name of Federal Candidate Ms. Kay Hagan			Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>NC</u>		
Calendar Year-To-Date Per Election for Office Sought 1095959.94			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
(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.					
Signature <i>Ms. Emily Buchanan</i>			Date 05 / 18 / 2015		
[Electronically Filed]					

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1039 OF 3250
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M / D D / Y Y Y Y					
Full Name of Payee Toni A Persinger-Buckler			Date of Public Distribution/Dissemination 10 / 23 / 2014		
Mailing Address 5330 Nestleway Dr			Amount 6.30		
City Clemmons	State NC	Zip Code 27012	Transaction ID : f9fecebf-9c64-4b4f-b Date of Disbursement or Obligation 10 / 23 / 2014		
Purpose of Expenditure Mileage		Category/ Type 002			
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>NC</u>		
Calendar Year-To-Date Per Election for Office Sought		1095959.94	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
Full Name of Payee Lauren E Heffington			Date of Public Distribution/Dissemination 10 / 23 / 2014		
Mailing Address 488 Broadwell Dr			Amount 20.00		
City Nashville	State TN	Zip Code 37220	Transaction ID : 035c4cae-2119-46fb-b Date of Disbursement or Obligation 10 / 23 / 2014		
Purpose of Expenditure Salary		Category/ Type 001			
Name of Federal Candidate Mr. Mark L Pryor		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>AR</u>		
Calendar Year-To-Date Per Election for Office Sought		292370.62	Disbursement For: ☐ Primary ☒ 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.					
Signature Ms. Emily Buchanan		[Electronically Filed]		Date 05 / 18 / 2015	

Full Name of Payee Leona Martin			Date of Public Distribution/Dissemination M M / D D / Y Y Y Y 10 / 23 / 2014		
Mailing Address 9901 Floyd St			Amount 35.00		
City Overland Park	State KS	Zip Code 66212	Transaction ID : 0e96bdd4-278d-42b7-b Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 10 / 23 / 2014		
Purpose of Expenditure Salary		Category/ Type 001			
Name of Federal Candidate Mr. Greg Orman		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: KS		
Calendar Year-To-Date Per Election for Office Sought		261541.03	Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ►		

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	36.86
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

05 / 18 / 2015

FEC Schedule E (Form 3X) Rev. 09/2013

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1041 OF 3250
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M M / D D D / Y Y Y Y Y Y					
Full Name of Payee Leona Martin			Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 10 / 23 / 2014		
Mailing Address 9901 Floyd St			Amount 9.90		
City Overland Park		State KS	Zip Code 66212		Transaction ID : 54021cc5-cf6c-44f7-b
Purpose of Expenditure Mileage		Category/ Type 002		Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 10 / 23 / 2014	
Name of Federal Candidate Mr. Greg Orman			☐ Support ☒ Oppose		Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>KS</u>
Calendar Year-To-Date Per Election for Office Sought 261541.03			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶ _____		
Full Name of Payee Anselma A Trinidad			Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 10 / 23 / 2014		
Mailing Address 7915 Curtina Ln			Amount 80.00		
City Lewisville		State NC	Zip Code 27023		Transaction ID : b1e30f24-db38-4347-9
Purpose of Expenditure Salary		Category/ Type 001		Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 10 / 23 / 2014	
Name of Federal Candidate Ms. Kay Hagan			☐ Support ☒ Oppose		Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>NC</u>
Calendar Year-To-Date Per Election for Office Sought 1095959.94			Disbursement For: ☐ Primary ☒ 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.					
Signature <i>Ms. Emily Buchanan</i>			Date M M M / D D D / Y Y Y Y Y Y 05 / 18 / 2015		
[Electronically Filed]					

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1042 OF 3250
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC		FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on / /			
Full Name of Payee Kirsten E McKinney		Date of Public Distribution/Dissemination / / 10 / 23 / 2014	
Mailing Address 1419 S Highbush Ave		Amount 30.00	
City Fayetteville	State AR	Zip Code 72701	Transaction ID : 2cde665f-8e4a-4cc8-9 Date of Disbursement or Obligation / / 10 / 23 / 2014
Purpose of Expenditure Salary		Category/ Type 001	
Name of Federal Candidate Mr. Mark L Pryor		Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>AR</u> ☐ Support ☒ Oppose	
Calendar Year-To-Date Per Election for Office Sought 292370.62		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶ _____	
Full Name of Payee Kirsten E McKinney		Date of Public Distribution/Dissemination / / 10 / 23 / 2014	
Mailing Address 1419 S Highbush Ave		Amount 15.00	
City Fayetteville	State AR	Zip Code 72701	Transaction ID : 5521c5eb-177d-4666-9 Date of Disbursement or Obligation / / 10 / 23 / 2014
Purpose of Expenditure Mileage		Category/ Type 002	
Name of Federal Candidate Mr. Mark L Pryor		Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>AR</u> ☐ Support ☒ Oppose	
Calendar Year-To-Date Per Election for Office Sought 292370.62		Disbursement For: ☐ Primary ☒ 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.			
Signature <i>Ms. Emily Buchanan</i>		Date / / 05 / 18 / 2015	
[Electronically Filed]			

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1043 OF 3250
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC		FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on		M M M / D D D / Y Y Y Y Y Y	
Full Name of Payee Stephanie L Heun		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 10 / 23 / 2014	
Mailing Address 8026 S Wilwood Dr Apt 101		Amount 20.00	
City Oak Creek	State WI	Zip Code 53154	Transaction ID : 8a5dcfa0-e43b-4939-8
Purpose of Expenditure Salary	Category/ Type	001	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 10 / 23 / 2014
Name of Federal Candidate Mr. Greg Orman		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: KS
Calendar Year-To-Date Per Election for Office Sought		261541.03	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶
Full Name of Payee Molly E Oman		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 10 / 23 / 2014	
Mailing Address 607 N Hughes		Amount 25.00	
City Little Rock	State AR	Zip Code 72205	Transaction ID : e0a56abf-9fda-4dd2-8
Purpose of Expenditure Salary	Category/ Type	001	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 10 / 23 / 2014
Name of Federal Candidate Mr. Mark L Pryor		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: AR
Calendar Year-To-Date Per Election for Office Sought		292370.62	Disbursement For: ☐ Primary ☒ 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.			
Signature <i>Ms. Emily Buchanan</i>		Date M M M / D D D / Y Y Y Y Y Y 05 / 18 / 2015	
		[Electronically Filed]	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

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 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M M / D D D / Y Y Y Y Y Y					
Full Name of Payee Molly E Oman			Date of Public Distribution/Dissemination 10 / 23 / 2014		
Mailing Address 607 N Hughes			Amount 7.50		
City Little Rock		State AR	Zip Code 72205		Transaction ID : 276d81d6-a297-4901-8
Purpose of Expenditure Mileage		Category/Type 002		Date of Disbursement or Obligation 10 / 23 / 2014	
Name of Federal Candidate Mr. Mark L Pryor			Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: AR ☐ Support ☒ Oppose		
Calendar Year-To-Date Per Election for Office Sought			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
Full Name of Payee Gabriela P Sosa			Date of Public Distribution/Dissemination 10 / 23 / 2014		
Mailing Address 2530 Brook Stone Dr			Amount 80.00		
City Clemmons		State NC	Zip Code 27012		Transaction ID : 6102127c-6ccc0-49b8-9
Purpose of Expenditure Salary		Category/Type 001		Date of Disbursement or Obligation 10 / 23 / 2014	
Name of Federal Candidate Ms. Kay Hagan			Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: NC ☐ Support ☒ Oppose		
Calendar Year-To-Date Per Election for Office Sought			Disbursement For: ☐ Primary ☒ 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.					
Signature Ms. Emily Buchanan			Date 05 / 18 / 2015		

[Electronically Filed]

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1045 OF 3250
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M / D D / Y Y Y Y Y Y				
Full Name of Payee Gabriela P Sosa			Date of Public Distribution/Dissemination 10 / 23 / 2014	
Mailing Address 2530 Brook Stone Dr			Amount 17.70	
City Clemmons	State NC	Zip Code 27012	Transaction ID : 1ba4d5fe-8dba-46b5-9	
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement or Obligation 10 / 23 / 2014	
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>NC</u>	
Calendar Year-To-Date Per Election for Office Sought		1095959.94	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Gabriela P Sosa			Date of Public Distribution/Dissemination 10 / 23 / 2014	
Mailing Address 2530 Brook Stone Dr			Amount 80.00	
City Clemmons	State NC	Zip Code 27012	Transaction ID : ef0fe474-f87b-428e-a	
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation 10 / 23 / 2014	
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>NC</u>	
Calendar Year-To-Date Per Election for Office Sought		1095959.94	Disbursement For: ☐ Primary ☒ 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 05 / 18 / 2015	
Signature				

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 1046 OF 3250
 FOR LINE 24 OF FORM 3X

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

Full Name of Payee Tyler M Stringer		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 23 / 2014	
Mailing Address 2134 Oxford Dr		Amount 30.00	
City Salina	State KS	Zip Code 67401	Transaction ID : 33b58ef8-a678-4c07-a
Purpose of Expenditure Salary	Category/Type 001	Date of Disbursement or Obligation MM / DD / YYYY 10 / 23 / 2014	
Name of Federal Candidate Mr. Greg Orman		☐ Support ☒ Oppose Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: KS	
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	

Full Name of Payee Tyler M Stringer		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 23 / 2014	
Mailing Address 2134 Oxford Dr		Amount 2.41	
City Salina	State KS	Zip Code 67401	Transaction ID : dc4288a8-e003-4dc9-9
Purpose of Expenditure Mileage	Category/Type 002	Date of Disbursement or Obligation MM / DD / YYYY 10 / 23 / 2014	
Name of Federal Candidate Mr. Greg Orman		☐ Support ☒ Oppose Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: KS	
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: ☐ Primary ☒ 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

MM / DD / YYYY
05 / 18 / 2015

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 1047 OF 3250
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M / D D / Y Y Y Y					
Full Name of Payee Maria A Britt			Date of Public Distribution/Dissemination 10 / 23 / 2014		
Mailing Address 4894 Thunder Bolt			Amount 70.00		
City State Zip Code Concord NC 28205		Transaction ID : d5314c59-1f5c-46a7-9 Date of Disbursement or Obligation 10 / 23 / 2014			
Purpose of Expenditure Salary		Category/ Type 001			
Name of Federal Candidate Ms. Kay Hagan			☐ Support Office Sought: ☐ House District: <u>00</u> ☒ Oppose ☐ President ☒ Senate State: <u>NC</u>		
Calendar Year-To-Date Per Election for Office Sought 1095959.94			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶ _____		
Full Name of Payee Maria A Britt			Date of Public Distribution/Dissemination 10 / 23 / 2014		
Mailing Address 4894 Thunder Bolt			Amount 21.60		
City State Zip Code Concord NC 28205		Transaction ID : 31a337b1-1a7f-415e-a Date of Disbursement or Obligation 10 / 23 / 2014			
Purpose of Expenditure Mileage		Category/ Type 002			
Name of Federal Candidate Ms. Kay Hagan			☐ Support Office Sought: ☐ House District: <u>00</u> ☒ Oppose ☐ President ☒ Senate State: <u>NC</u>		
Calendar Year-To-Date Per Election for Office Sought 1095959.94			Disbursement For: ☐ Primary ☒ 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.					
Signature <u>Ms. Emily Buchanan</u> [Electronically Filed]			Date 05 / 18 / 2015		

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1048 OF 3250
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC		FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on		M M M / D D D / Y Y Y Y Y Y	
Full Name of Payee Katelyn Stringer		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 10 / 23 / 2014	
Mailing Address 2134 Oxford Dr		Amount 30.00	
City Salina	State KS	Zip Code 67401	Transaction ID : 429ca54d-bcdc-439c-b
Purpose of Expenditure Salary		Category/Type 001	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 10 / 23 / 2014
Name of Federal Candidate Mr. Greg Orman		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: KS
Calendar Year-To-Date Per Election for Office Sought 261541.03		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Katelyn Stringer		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 10 / 23 / 2014	
Mailing Address 2134 Oxford Dr		Amount 2.41	
City Salina	State KS	Zip Code 67401	Transaction ID : b43d5de7-ed56-4843-b
Purpose of Expenditure Mileage		Category/Type 002	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 10 / 23 / 2014
Name of Federal Candidate Mr. Greg Orman		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: KS
Calendar Year-To-Date Per Election for Office Sought 261541.03		Disbursement For: ☐ Primary ☒ 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.			
Signature Ms. Emily Buchanan		Date M M M / D D D / Y Y Y Y Y Y 05 / 18 / 2015	
		[Electronically Filed]	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1049 OF 3250
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC		FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on		M M M / D D D / Y Y Y Y Y Y	
Full Name of Payee OLynda Walker		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 10 / 23 / 2014	
Mailing Address 10000 Mount Pleasant Rd		Amount 70.00	
City Midland	State NC	Zip Code 28107	Transaction ID : 435f0cae-2ce0-4054-8
Purpose of Expenditure Salary	Category/ Type	001	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 10 / 23 / 2014
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: NC
Calendar Year-To-Date Per Election for Office Sought		1095959.94	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶
Full Name of Payee OLynda Walker		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 10 / 23 / 2014	
Mailing Address 10000 Mount Pleasant Rd		Amount 21.60	
City Midland	State NC	Zip Code 28107	Transaction ID : a4931295-6351-4983-8
Purpose of Expenditure Mileage	Category/ Type	002	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 10 / 23 / 2014
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: NC
Calendar Year-To-Date Per Election for Office Sought		1095959.94	Disbursement For: ☐ Primary ☒ 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]	
Signature		Date 05 / 18 / 2015	

Full Name of Payee Edmond D Rea		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 23 / 2014	
Mailing Address 416 Vine Dr		Amount 20.00	
City Lawrence	State KS	Zip Code 66049	Transaction ID : 595980f3-3474-4030-8 Date of Disbursement or Obligation MM / DD / YYYY 10 / 23 / 2014
Purpose of Expenditure Salary		Category/ Type 001	
Name of Federal Candidate Mr. Greg Orman		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: KS
Calendar Year-To-Date Per Election for Office Sought 261541.03		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	

Full Name of Payee Edmond D Rea			Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 23 / 2014		
Mailing Address 416 Vine Dr			Amount Amount 5.64		
City Lawrence	State KS	Zip Code 66049	Transaction ID : b0f83286-954f-4be5-a Date of Disbursement or Obligation MM / DD / YYYY 10 / 23 / 2014		
Purpose of Expenditure Mileage		Category/ Type 002			
Name of Federal Candidate Mr. Greg Orman		☐ Support ☒ Oppose	Office Sought: ☐ House ☒ Senate ☐ President ☒ Other (specify) _____		
Calendar Year-To-Date Per Election for Office Sought		Amount 261541.03	Disbursement For: ☐ Primary ☒ General ☐ 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.

Date _____

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1051 OF 3250
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC		FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on		M M M / D D D / Y Y Y Y Y Y	
Full Name of Payee Isabella H Akel		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 10 / 23 / 2014	
Mailing Address 15 Redcoat Lane		Amount 25.00	
City Little Rock	State AR	Zip Code 72227	Transaction ID : e0b05968-79f7-4bd2-a
Purpose of Expenditure Salary		Category/Type 001	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 10 / 23 / 2014
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: NC
Calendar Year-To-Date Per Election for Office Sought 1095959.94		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Isabella H Akel		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 10 / 23 / 2014	
Mailing Address 15 Redcoat Lane		Amount 9.00	
City Little Rock	State AR	Zip Code 72227	Transaction ID : d6a68e48-d9cc-4402-b
Purpose of Expenditure Mileage		Category/Type 002	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 10 / 23 / 2014
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: NC
Calendar Year-To-Date Per Election for Office Sought 1095959.94		Disbursement For: ☐ Primary ☒ 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.			
Signature Ms. Emily Buchanan		Date M M M / D D D / Y Y Y Y Y Y 05 / 18 / 2015	
		[Electronically Filed]	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 1052 OF 3250
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on MM / DD / YYYY					
Full Name of Payee Christine R McDonald			Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 23 / 2014		
Mailing Address 3751 N Jeanette Ave			Amount 99.00 49.00		
City Wichita	State KS	Zip Code 67204	Transaction ID : 1e4b2210-0579-41c8-b Date of Disbursement or Obligation MM / DD / YYYY 10 / 23 / 2014		
Purpose of Expenditure Salary		Category/ Type 001			
Name of Federal Candidate Mr. Greg Orman			Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>KS</u> ☐ Support ☒ Oppose		
Calendar Year-To-Date Per Election for Office Sought 99.00 261541.03			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶ _____		
Full Name of Payee Christine R McDonald			Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 23 / 2014		
Mailing Address 3751 N Jeanette Ave			Amount 99.00 15.90		
City Wichita	State KS	Zip Code 67204	Transaction ID : 79b1afe2-1de3-4b4c-a Date of Disbursement or Obligation MM / DD / YYYY 10 / 23 / 2014		
Purpose of Expenditure Mileage		Category/ Type 002			
Name of Federal Candidate Mr. Greg Orman			Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>KS</u> ☐ Support ☒ Oppose		
Calendar Year-To-Date Per Election for Office Sought 99.00 261541.03			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶ _____		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			99.00 64.90		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶			99.00 0.00		
(c) TOTAL Independent Expenditures..... ▶			99.00 64.90		
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.					
Signature <u>Ms. Emily Buchanan</u> [Electronically Filed]			Date MM / DD / YYYY 05 / 18 / 2015		

Full Name of Payee Christopher L Gilbert			Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 23 / 2014		
Mailing Address 55 Lovell Johnson Rd			Amount 70.00		
City Picayune	State MS	Zip Code 39466	Transaction ID : c3a3ad04-aabd-4a32-b Date of Disbursement or Obligation MM / DD / YYYY 10 / 23 / 2014		
Purpose of Expenditure Salary		Category/ Type 001			
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: LA		
Calendar Year-To-Date Per Election for Office Sought		554635.78	Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ►		

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶ <table border="1" data-bbox="1102 1650 1364 1656"> <tr><td>170.00</td></tr> </table>	170.00
170.00		
(b) SUBTOTAL of Unitemized Independent Expenditures	▶ <table border="1" data-bbox="1102 1656 1364 1661"> <tr><td></td></tr> </table>	
(c) TOTAL Independent Expenditures.....	▶ <table border="1" data-bbox="1102 1661 1364 1669"> <tr><td></td></tr> </table>	

05 / 18 / 2015

FEC Schedule E (Form 3X) Rev. 09/2013

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1054 OF 3250
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M / D D / Y Y Y Y Y Y					
Full Name of Payee Claire A Smith			Date of Public Distribution/Dissemination 10 / 23 / 2014		
Mailing Address 6610 Walcott Rd			Amount 35.00		
City Paragoud		State AR	Zip Code 72450		Transaction ID : ac7f7a6f-d2c3-470e-9
Purpose of Expenditure Salary		Category/ Type 001		Date of Disbursement or Obligation 10 / 23 / 2014	
Name of Federal Candidate Mr. Mark L Pryor			Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: AR		
Calendar Year-To-Date Per Election for Office Sought 292370.62			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
Full Name of Payee Christopher L Gilbert			Date of Public Distribution/Dissemination 10 / 23 / 2014		
Mailing Address 55 Lovell Johnson Rd			Amount 29.40		
City Picayune		State MS	Zip Code 39466		Transaction ID : 720668fb-4691-4995-a
Purpose of Expenditure Mileage		Category/ Type 002		Date of Disbursement or Obligation 10 / 23 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu			Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: LA		
Calendar Year-To-Date Per Election for Office Sought 554635.78			Disbursement For: ☐ Primary ☒ 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.					
Signature Ms. Emily Buchanan			Date 05 / 18 / 2015		
[Electronically Filed]					

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1055 OF 3250
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC		FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on		M M M / D D D / Y Y Y Y Y Y	
Full Name of Payee Claire A Smith		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 10 / 23 / 2014	
Mailing Address 6610 Walcott Rd		Amount 20.10	
City Paragoud	State AR	Zip Code 72450	Transaction ID : e8e5e59b-d8a7-4b6a-b
Purpose of Expenditure Mileage	Category/ Type 002	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 10 / 23 / 2014	
Name of Federal Candidate Mr. Mark L Pryor		☐ Support ☒ Oppose	
Office Sought: ☐ President ☒ Senate		District: 00 State: AR	
Calendar Year-To-Date Per Election for Office Sought 292370.62		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Jeffrey S Hauge		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 10 / 23 / 2014	
Mailing Address 211 N Ashley Park		Amount 60.00	
City Wichita	State KS	Zip Code 67212	Transaction ID : 39e476e3-a192-4dcc-9
Purpose of Expenditure Salary	Category/ Type 001	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 10 / 23 / 2014	
Name of Federal Candidate Mr. Greg Orman		☐ Support ☒ Oppose	
Office Sought: ☐ President ☒ Senate		District: 00 State: KS	
Calendar Year-To-Date Per Election for Office Sought 261541.03		Disbursement For: ☐ Primary ☒ 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.			
Signature Ms. Emily Buchanan		Date M M M / D D D / Y Y Y Y Y Y 05 / 18 / 2015	
		[Electronically Filed]	

Full Name of Payee Stephanie E Hardy		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 23 / 2014	
Mailing Address 3039 Four Way Rd		Amount Amount 30.00	
City Snow Hill	State NC	Zip Code 28580	Transaction ID : 437fcfa1-87a7-404b-8 Date of Disbursement or Obligation MM / DD / YYYY 10 / 23 / 2014
Purpose of Expenditure Salary		Category/ Type 001	
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House ☒ Senate ☐ President ☐ Other (specify) _____
Calendar Year-To-Date Per Election for Office Sought		Amount 1095959.94	Disbursement For: ☐ Primary ☒ General ☐ Other (specify) _____

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

05 / 18 / 2015

FEC Schedule E (Form 3X) Rev. 09/2013

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1057 OF 3250
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC		FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on		M M M / D D D / Y Y Y Y Y Y	
Full Name of Payee Stephanie E Hardy		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 10 / 23 / 2014	
Mailing Address 3039 Four Way Rd		Amount 9.00	
City Snow Hill	State NC	Zip Code 28580	Transaction ID : 70e5a844-7a02-48ee-b
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 10 / 23 / 2014
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: NC
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Kendyl H Browder		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 10 / 23 / 2014	
Mailing Address 4429 Lagan Circle		Amount 30.00	
City Winterville	State NC	Zip Code 28590	Transaction ID : 08deb18f-2986-4611-a
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 10 / 23 / 2014
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: NC
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: ☐ Primary ☒ 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]	
Signature		Date M M M / D D D / Y Y Y Y Y Y 05 / 18 / 2015	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1058 OF 3250
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC		FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on		M M M / D D D / Y Y Y Y Y Y	
Full Name of Payee Anthony W Stevens		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 10 / 23 / 2014	
Mailing Address 3405 German Shepherd Trail		Amount 29.10	
City Wake Forest	State NC	Zip Code 27587	Transaction ID : beeb181b-4ece-486c-a
Purpose of Expenditure Salary	Category/Type 001	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 10 / 23 / 2014	
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	
Office Sought: ☐ President ☒ Senate		District: 00 State: NC	
Calendar Year-To-Date Per Election for Office Sought 1095959.94		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Anthony W Stevens		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 10 / 23 / 2014	
Mailing Address 3405 German Shepherd Trail		Amount 3.69	
City Wake Forest	State NC	Zip Code 27587	Transaction ID : 1fa47873-50ad-4a93-a
Purpose of Expenditure Mileage	Category/Type 002	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 10 / 23 / 2014	
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	
Office Sought: ☐ President ☒ Senate		District: 00 State: NC	
Calendar Year-To-Date Per Election for Office Sought 1095959.94		Disbursement For: ☐ Primary ☒ 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.			
Signature Ms. Emily Buchanan		Date M M M / D D D / Y Y Y Y Y Y 05 / 18 / 2015	
		[Electronically Filed]	

Full Name of Payee Antoinette Franklin		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 23 / 2014	
Mailing Address 8822 Apple St		Amount 16.50	
City New Orleans	State LA	Zip Code 70188	Transaction ID : cdb047c8-0e0e-404e-b
Purpose of Expenditure Mileage	Category/ Type	002	Date of Disbursement or Obligation MM / DD / YYYY 10 / 23 / 2014
Name of Federal Candidate Ms. Mary L Landrieu	☐ Support ☒ Oppose	Office Sought: ☐ President ☒ Senate	District: 00 State: LA
Calendar Year-To-Date Per Election for Office Sought	554635.78		Disbursement For: ☐ Primary ☒ General ☐ 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.

Date _____

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1060 OF 3250
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on			M M M / D D D / Y Y Y Y Y Y	
Full Name of Payee Antoinette Franklin		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 10 / 23 / 2014		
Mailing Address 8822 Apple St		Amount 60.00		
City New Orleans	State LA	Zip Code 70188	Transaction ID : bbc948c7-d3e3-4558-b	
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 10 / 23 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: LA	
Calendar Year-To-Date Per Election for Office Sought		554635.78	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Antoinette Franklin		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 10 / 23 / 2014		
Mailing Address 8822 Apple St		Amount 16.50		
City New Orleans	State LA	Zip Code 70188	Transaction ID : b7da67bd-ed87-4755-8	
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 10 / 23 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: LA	
Calendar Year-To-Date Per Election for Office Sought		554635.78	Disbursement For: ☐ Primary ☒ 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.				
Signature Ms. Emily Buchanan		[Electronically Filed] Date M M M / D D D / Y Y Y Y Y Y 05 / 18 / 2015		

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1061 OF 3250
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M M / D D D / Y Y Y Y Y Y					
Full Name of Payee Valerie K Braymer			Date of Public Distribution/Dissemination 10 / 23 / 2014		
Mailing Address 106 Ridge Trail			Amount 55.00		
City Boerne	State TX	Zip Code 78006	Transaction ID : 7e6aa19e-4ac2-494a-8		
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation 10 / 23 / 2014		
Name of Federal Candidate Mr. Greg Orman		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: KS		
Calendar Year-To-Date Per Election for Office Sought		261541.03	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
Full Name of Payee Valerie K Braymer			Date of Public Distribution/Dissemination 10 / 23 / 2014		
Mailing Address 106 Ridge Trail			Amount 10.50		
City Boerne	State TX	Zip Code 78006	Transaction ID : 46d09d8d-7d3a-42da-b		
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement or Obligation 10 / 23 / 2014		
Name of Federal Candidate Mr. Greg Orman		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: KS		
Calendar Year-To-Date Per Election for Office Sought		261541.03	Disbursement For: ☐ Primary ☒ 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.					
Signature Ms. Emily Buchanan		[Electronically Filed]		Date 05 / 18 / 2015	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1062 OF 3250
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on			MM / DD / YYYY	
Full Name of Payee Tammy Williams		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 23 / 2014		
Mailing Address 924 N. Prieur St		Amount 60.00		
City New Orleans	State LA	Zip Code 70116	Transaction ID : bd5c36d6-e5db-4775-a	
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation MM / DD / YYYY 10 / 23 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: LA	
Calendar Year-To-Date Per Election for Office Sought		554635.78	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Tammy Williams		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 23 / 2014		
Mailing Address 924 N. Prieur St		Amount 16.50		
City New Orleans	State LA	Zip Code 70116	Transaction ID : 311931b3-c103-4aa8-b	
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement or Obligation MM / DD / YYYY 10 / 23 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: LA	
Calendar Year-To-Date Per Election for Office Sought		554635.78	Disbursement For: ☐ Primary ☒ 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.				
Signature Ms. Emily Buchanan		[Electronically Filed]		Date MM / DD / YYYY 05 / 18 / 2015

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1063 OF 3250
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC		FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on		MM / DD / YYYY	
Full Name of Payee Caleb Craig		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 23 / 2014	
Mailing Address 1410 Bushville drive		Amount 60.00	
City Lenoir	State NC	Zip Code 28645	Transaction ID : 8f41d4ac-6b92-46ec-a
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation MM / DD / YYYY 10 / 23 / 2014
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: NC
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Eva M Johnston		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 23 / 2014	
Mailing Address 2517 N 47th St		Amount 15.00	
City Milwaukee	State WI	Zip Code 53210	Transaction ID : 88e0df56-5efa-48c3-9
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation MM / DD / YYYY 10 / 23 / 2014
Name of Federal Candidate Mr. Greg Orman		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: KS
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: ☐ Primary ☒ 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]	
Signature		Date MM / DD / YYYY 05 / 18 / 2015	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 1064 OF 3250
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC	FEC IDENTIFICATION NUMBER ▼ C C00530766
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M M / D D D / Y Y Y Y Y Y	

Full Name of Payee Isabella H Ake		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 10 / 23 / 2014	
Mailing Address 15 Redcoat Lane		Amount 25.00	
City Little Rock	State AR	Zip Code 72227	Transaction ID : 06fc94ed-c273-4c4c-9 Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 10 / 23 / 2014
Purpose of Expenditure Salary		Category/ Type	001
Name of Federal Candidate Mr. Mark L Pryor		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: AR
Calendar Year-To-Date Per Election for Office Sought		292370.62	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶

Full Name of Payee Isabella H Ake		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 10 / 23 / 2014	
Mailing Address 15 Redcoat Lane		Amount 9.00	
City Little Rock	State AR	Zip Code 72227	Transaction ID : 31828109-5973-4f50-a Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 10 / 23 / 2014
Purpose of Expenditure Mileage		Category/ Type	002
Name of Federal Candidate Mr. Mark L Pryor		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: AR
Calendar Year-To-Date Per Election for Office Sought		292370.62	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	34.00
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	0.00
(c) TOTAL Independent Expenditures..... ▶	34.00

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

M M M / D D D / Y Y Y Y Y Y
 05 / 18 / 2015

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1065 OF 3250
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC		FEC IDENTIFICATION NUMBER ▼ C C00530766
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on		MM / DD / YYYY

Full Name of Payee Ms. Tonya Boyd		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 23 / 2014
Mailing Address 2357 Fancy Cap Rd		Amount 80.00
City Mt. Airy	State NC	Zip Code 27030
Purpose of Expenditure Salary	Category/ Type 001	Transaction ID : 6bf5100c-5061-48e4-9 Date of Disbursement or Obligation MM / DD / YYYY 10 / 23 / 2014
Name of Federal Candidate Ms. Kay Hagan		Office Sought: ☐ House District: <u>00</u> ☒ Senate State: <u>NC</u>
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶

Full Name of Payee Ms. Tonya Boyd		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 23 / 2014
Mailing Address 2357 Fancy Cap Rd		Amount 16.92
City Mt. Airy	State NC	Zip Code 27030
Purpose of Expenditure Mileage	Category/ Type 002	Transaction ID : 46975f6b-84b8-4589-8 Date of Disbursement or Obligation MM / DD / YYYY 10 / 23 / 2014
Name of Federal Candidate Ms. Kay Hagan		Office Sought: ☐ House District: <u>00</u> ☒ Senate State: <u>NC</u>
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: ☐ Primary ☒ 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

MM / DD / YYYY
05 / 18 / 2015

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1066 OF 3250
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC		FEC IDENTIFICATION NUMBER ▼ C C00530766
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on		MM / DD / YYYY

Full Name of Payee Eric J Smith		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 23 / 2014
Mailing Address 4967 Dysartville		Amount 80.00
City Morganton	State NC	Zip Code 28655
Purpose of Expenditure Salary	Category/ Type 001	Transaction ID : 73f76ca0-8cd5-4cbe-8 Date of Disbursement or Obligation MM / DD / YYYY 10 / 23 / 2014
Name of Federal Candidate Ms. Kay Hagan		Office Sought: ☐ House District: 00 ☒ Senate State: NC ☐ President
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶

Full Name of Payee Jennifer E Smith		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 23 / 2014
Mailing Address 4967 Dysartville Rd		Amount 80.00
City Morganton	State NC	Zip Code 28655
Purpose of Expenditure Salary	Category/ Type 001	Transaction ID : 829ecaf9-91b4-4f13-b Date of Disbursement or Obligation MM / DD / YYYY 10 / 23 / 2014
Name of Federal Candidate Ms. Kay Hagan		Office Sought: ☐ House District: 00 ☒ Senate State: NC ☐ President
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: ☐ Primary ☒ 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

MM / DD / YYYY
05 / 18 / 2015

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1067 OF 3250
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M / D D / Y Y Y Y Y Y				
Full Name of Payee Jennifer E Smith			Date of Public Distribution/Dissemination 10 / 23 / 2014	
Mailing Address 4967 Dysartsville Rd			Amount 8.10	
City Morganton	State NC	Zip Code 28655	Transaction ID : 133eb294-cdfb-4d00-a	
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement or Obligation 10 / 23 / 2014	
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: NC	
Calendar Year-To-Date Per Election for Office Sought		1095959.94	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Amanda Boley			Date of Public Distribution/Dissemination 10 / 23 / 2014	
Mailing Address Split Oak Drive			Amount 72.50	
City charlotte	State NC	Zip Code 28227	Transaction ID : 6165e9b3-4ce8-4885-9	
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation 10 / 23 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: LA	
Calendar Year-To-Date Per Election for Office Sought		554635.78	Disbursement For: ☐ Primary ☒ 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.				
Signature Ms. Emily Buchanan		[Electronically Filed]		Date 05 / 18 / 2015

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1068 OF 3250
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on			MM / DD / YYYY	
Full Name of Payee Amanda Boley		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 23 / 2014		
Mailing Address Split Oak Drive		Amount 16.35		
City charlotte	State NC	Zip Code 28227	Transaction ID : ae595a56-e256-4421-8	
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement or Obligation MM / DD / YYYY 10 / 23 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>LA</u>	
Calendar Year-To-Date Per Election for Office Sought		554635.78	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Jeremy Hollar		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 23 / 2014		
Mailing Address 121 Meadowview Drive		Amount 20.00		
City Boone	State NC	Zip Code 28607	Transaction ID : 5e5cc31e-3806-4d2e-9	
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation MM / DD / YYYY 10 / 23 / 2014	
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>NC</u>	
Calendar Year-To-Date Per Election for Office Sought		1095959.94	Disbursement For: ☐ Primary ☒ 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.				
Signature Ms. Emily Buchanan		[Electronically Filed]		Date MM / DD / YYYY 05 / 18 / 2015

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1069 OF 3250
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on MM / DD / YYYY					
Full Name of Payee Jeremy Hollar			Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 23 / 2014		
Mailing Address 121 Meadowview Drive			Amount 9.60		
City Boone	State NC	Zip Code 28607	Transaction ID : 52d412f9-cbe9-41bb-b		
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement or Obligation MM / DD / YYYY 10 / 23 / 2014		
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: NC		
Calendar Year-To-Date Per Election for Office Sought		1095959.94	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
Full Name of Payee Amy J McMillion			Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 23 / 2014		
Mailing Address 1325 S Collegiate Dr Apt 202G			Amount 12.50		
City Wilkesboro	State NC	Zip Code 28697	Transaction ID : 80b94fa6-7a4d-49de-9		
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation MM / DD / YYYY 10 / 23 / 2014		
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: NC		
Calendar Year-To-Date Per Election for Office Sought		1095959.94	Disbursement For: ☐ Primary ☒ 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.					
Signature Ms. Emily Buchanan		[Electronically Filed]		Date MM / DD / YYYY 05 / 18 / 2015	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1070 OF 3250
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on			M M M / D D D / Y Y Y Y Y Y	
Full Name of Payee Amy J McMillion		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 10 / 23 / 2014		
Mailing Address 1325 S Collegiate Dr Apt 202G		Amount 6.30		
City Wilkesboro	State NC	Zip Code 28697	Transaction ID : 79c643ff-e6b9-4dbc-a	
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 10 / 23 / 2014	
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: NC	
Calendar Year-To-Date Per Election for Office Sought		1095959.94	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Joneisha Stewart		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 10 / 23 / 2014		
Mailing Address 2329 Runnymede Dr		Amount 50.00		
City Marrero	State LA	Zip Code 70072	Transaction ID : 846fee1f-8493-40e5-a	
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 10 / 23 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: LA	
Calendar Year-To-Date Per Election for Office Sought		554635.78	Disbursement For: ☐ Primary ☒ 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.				
Signature Ms. Emily Buchanan		[Electronically Filed]		Date M M M / D D D / Y Y Y Y Y Y 05 / 18 / 2015

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1071 OF 3250
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M M / D D D / Y Y Y Y Y Y				
Full Name of Payee Joneisha Stewart			Date of Public Distribution/Dissemination 10 / 23 / 2014	
Mailing Address 2329 Runnymede Dr			Amount 3.30	
City Marrero	State LA	Zip Code 70072	Transaction ID : 3998819c-3109-403f-b Date of Disbursement or Obligation 10 / 23 / 2014	
Purpose of Expenditure Mileage		Category/ Type 002		
Name of Federal Candidate Ms. Mary L Landrieu			Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: LA	
Calendar Year-To-Date Per Election for Office Sought 554635.78			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Devon R McMillion			Date of Public Distribution/Dissemination 10 / 23 / 2014	
Mailing Address 2501 Boone Trail			Amount 12.50	
City N Wilksboro	State NC	Zip Code 28659	Transaction ID : 752385b0-659d-46d1-8 Date of Disbursement or Obligation 10 / 23 / 2014	
Purpose of Expenditure Salary		Category/ Type 001		
Name of Federal Candidate Ms. Kay Hagan			Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: NC	
Calendar Year-To-Date Per Election for Office Sought 1095959.94			Disbursement For: ☐ Primary ☒ 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.				
Signature <u>Ms. Emily Buchanan</u>			Date 05 / 18 / 2015	
[Electronically Filed]				

Full Name of Payee Gregory Green		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 23 / 2014	
Mailing Address 2506 Bolch Street		Amount 40.80	
City Shreveport	State LA	Zip Code 71104	Transaction ID : f79f527e-b2bb-4392-8 Date of Disbursement or Obligation MM / DD / YYYY 10 / 23 / 2014
Purpose of Expenditure Mileage		Category/ Type 002	
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House ☒ Senate ☐ President ☐ Other (specify) _____
Calendar Year-To-Date Per Election for Office Sought		554635.78	Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ► _____

(a) SUBTOTAL of Itemized Independent Expenditures.....		120.80
(b) SUBTOTAL of Unitemized Independent Expenditures		
(c) TOTAL Independent Expenditures.....		

Signature

Full Name of Payee Francis Richardson		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 23 / 2014	
Mailing Address 220 Doucet Rd		Amount 0.72	
City Lafayette	State LA	Zip Code 70503	Transaction ID : 15aac16f-bc63-489b-8
Purpose of Expenditure Mileage	Category/ Type	002	Date of Disbursement or Obligation MM / DD / YYYY 10 / 23 / 2014
Name of Federal Candidate Ms. Mary L Landrieu	☐ Support ☒ Oppose	Office Sought: ☐ President ☒ Senate	District: 00 State: LA
Calendar Year-To-Date Per Election for Office Sought	554635.78	Disbursement For: 2014 ☐ Other (specify) ▶	☐ Primary ☒ General

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

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1074 OF 3250
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC	FEC IDENTIFICATION NUMBER ▼ C C00530766
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M / D D / Y Y Y Y	

Full Name of Payee Sheri J Peace			Date of Public Distribution/Dissemination 10 / 23 / 2014	
Mailing Address 9685 Paula St			Amount 85.00	
City Keithville	State LA	Zip Code 71047	Transaction ID : 7ccfd06e-9f32-4553-a	
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation 10 / 23 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>LA</u>	
Calendar Year-To-Date Per Election for Office Sought		554635.78	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	

Full Name of Payee Sheri J Peace			Date of Public Distribution/Dissemination 10 / 23 / 2014	
Mailing Address 9685 Paula St			Amount 18.00	
City Keithville	State LA	Zip Code 71047	Transaction ID : 1914b0ee-6ca2-4f35-b	
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement or Obligation 10 / 23 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>LA</u>	
Calendar Year-To-Date Per Election for Office Sought		554635.78	Disbursement For: ☐ Primary ☒ 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]

Signature

Date

05 / 18 / 2015

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1076 OF 3250
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M / D D / Y Y Y Y Y Y					
Full Name of Payee Gary W Fuhrmann			Date of Public Distribution/Dissemination 10 / 23 / 2014		
Mailing Address 9425 Jessica Drive			Amount 52.50		
City Shreveport	State LA	Zip Code 71106	Transaction ID : c68b05ab-8819-49d0-a		
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation 10 / 23 / 2014		
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>LA</u>		
Calendar Year-To-Date Per Election for Office Sought		554635.78	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
Full Name of Payee Gary W Fuhrmann			Date of Public Distribution/Dissemination 10 / 23 / 2014		
Mailing Address 9425 Jessica Drive			Amount 9.60		
City Shreveport	State LA	Zip Code 71106	Transaction ID : 472b50de-36a6-4e85-9		
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement or Obligation 10 / 23 / 2014		
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>LA</u>		
Calendar Year-To-Date Per Election for Office Sought		554635.78	Disbursement For: ☐ Primary ☒ 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.					
Signature Ms. Emily Buchanan		[Electronically Filed]		Date 05 / 18 / 2015	

Full Name of Payee Xavier Miller		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 23 / 2014	
Mailing Address 407 randall Dr		Amount 45.00	
City Searcy	State AR	Zip Code 72143	Transaction ID : a76fe3d3-ab10-4208-9
Purpose of Expenditure Mileage	Category/ Type	002	Date of Disbursement or Obligation MM / DD / YYYY 10 / 23 / 2014
Name of Federal Candidate Mr. Mark L Pryor	☐ Support ☒ Oppose	Office Sought: ☐ House ☒ Senate	District: 00 State: AR
Calendar Year-To-Date Per Election for Office Sought	292370.62	Disbursement For: ☐ Primary ☒ 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 _____

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 1078 OF 3250
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M M / D D D / Y Y Y Y Y Y					
Full Name of Payee Jacob W Joosten			Date of Public Distribution/Dissemination 10 / 23 / 2014		
Mailing Address 1906 S Pine Apt B			Amount 20.00		
City Pittsburg		State KS	Zip Code 66762		Transaction ID : 565fe39a-15cc-4424-a
Purpose of Expenditure Salary		Category/ Type 001		Date of Disbursement or Obligation 10 / 23 / 2014	
Name of Federal Candidate Mr. Greg Orman			☐ Support ☒ Oppose Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>KS</u>		
Calendar Year-To-Date Per Election for Office Sought 261541.03			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶ _____		
Full Name of Payee Jacob W Joosten			Date of Public Distribution/Dissemination 10 / 23 / 2014		
Mailing Address 1906 S Pine Apt B			Amount 18.00		
City Pittsburg		State KS	Zip Code 66762		Transaction ID : 51489a7d-89d5-48f0-a
Purpose of Expenditure Mileage		Category/ Type 002		Date of Disbursement or Obligation 10 / 23 / 2014	
Name of Federal Candidate Mr. Greg Orman			☐ Support ☒ Oppose Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>KS</u>		
Calendar Year-To-Date Per Election for Office Sought 261541.03			Disbursement For: ☐ Primary ☒ 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.					
Signature <u>Ms. Emily Buchanan</u> [Electronically Filed]			Date 05 / 18 / 2015		

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1079 OF 3250
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC		FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on		M M M / D D D / Y Y Y Y Y Y	
Full Name of Payee William M Criswell		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 10 / 23 / 2014	
Mailing Address 115 Burns Mitchell Drive		Amount 65.00	
City Belmont	State NC	Zip Code 28012	Transaction ID : 57c970c8-0823-4eb3-8
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 10 / 23 / 2014
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: NC
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee William M Criswell		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 10 / 23 / 2014	
Mailing Address 115 Burns Mitchell Drive		Amount 9.60	
City Belmont	State NC	Zip Code 28012	Transaction ID : 7184af35-2160-4192-9
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 10 / 23 / 2014
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: NC
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: ☐ Primary ☒ 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]	
Signature		Date M M M / D D D / Y Y Y Y Y Y 05 / 18 / 2015	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 1080 OF 3250
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M / D D / Y Y Y Y					
Full Name of Payee Michael D English			Date of Public Distribution/Dissemination 10 / 23 / 2014		
Mailing Address F4 Benton Ave Apt 4			Amount 50.00		
City Searcy		State AR	Zip Code 72149		Transaction ID : 17563a08-0152-41eb-8
Purpose of Expenditure Salary		Category/Type 001		Date of Disbursement or Obligation 10 / 23 / 2014	
Name of Federal Candidate Mr. Mark L Pryor			Office Sought: ☐ House District: 00 ☒ Senate State: AR ☐ President		
Calendar Year-To-Date Per Election for Office Sought 292370.62			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
Full Name of Payee Michael D English			Date of Public Distribution/Dissemination 10 / 23 / 2014		
Mailing Address F4 Benton Ave Apt 4			Amount 36.90		
City Searcy		State AR	Zip Code 72149		Transaction ID : 25e48213-9e5e-45cc-b
Purpose of Expenditure Mileage		Category/Type 002		Date of Disbursement or Obligation 10 / 23 / 2014	
Name of Federal Candidate Mr. Mark L Pryor			Office Sought: ☐ House District: 00 ☒ Senate State: AR ☐ President		
Calendar Year-To-Date Per Election for Office Sought 292370.62			Disbursement For: ☐ Primary ☒ 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.					
Signature <u>Ms. Emily Buchanan</u> [Electronically Filed]			Date 05 / 18 / 2015		

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1081 OF 3250
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M / D D / Y Y Y Y				
Full Name of Payee Zachary R McCleese			Date of Public Distribution/Dissemination 10 / 23 / 2014	
Mailing Address 323 Rolling Pines Dr			Amount 60.00	
City Spring Lake	State NC	Zip Code 28390	Transaction ID : e5a34716-3e74-4ccd-9 Date of Disbursement or Obligation 10 / 23 / 2014	
Purpose of Expenditure Salary		Category/ Type 001		
Name of Federal Candidate Mr. Mark L Pryor		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: AR	
Calendar Year-To-Date Per Election for Office Sought		292370.62	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Zachary R McCleese			Date of Public Distribution/Dissemination 10 / 23 / 2014	
Mailing Address 323 Rolling Pines Dr			Amount 37.80	
City Spring Lake	State NC	Zip Code 28390	Transaction ID : c3602e74-35c2-481b-9 Date of Disbursement or Obligation 10 / 23 / 2014	
Purpose of Expenditure Mileage		Category/ Type 002		
Name of Federal Candidate Mr. Mark L Pryor		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: AR	
Calendar Year-To-Date Per Election for Office Sought		292370.62	Disbursement For: ☐ Primary ☒ 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.				
Signature Ms. Emily Buchanan		[Electronically Filed]		Date 05 / 18 / 2015

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1082 OF 3250
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC		FEC IDENTIFICATION NUMBER ▼ C C00530766
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on		MM / DD / YYYY

Full Name of Payee Jessica R Resendiz		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 23 / 2014
Mailing Address 9685 Paula St		Amount 90.00
City Keithville	State LA	Zip Code 71047
Purpose of Expenditure Salary	Category/Type 001	Transaction ID : f0a0788b-6837-49e8-9 Date of Disbursement or Obligation MM / DD / YYYY 10 / 23 / 2014
Name of Federal Candidate Ms. Mary L Landrieu		Office Sought: ☐ House District: 00 ☒ Senate State: LA
Calendar Year-To-Date Per Election for Office Sought 554635.78		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶

Full Name of Payee Jessica R Resendiz		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 23 / 2014
Mailing Address 9685 Paula St		Amount 19.80
City Keithville	State LA	Zip Code 71047
Purpose of Expenditure Mileage	Category/Type 002	Transaction ID : 31de9e37-572a-42e4-b Date of Disbursement or Obligation MM / DD / YYYY 10 / 23 / 2014
Name of Federal Candidate Ms. Mary L Landrieu		Office Sought: ☐ House District: 00 ☒ Senate State: LA
Calendar Year-To-Date Per Election for Office Sought 554635.78		Disbursement For: ☐ Primary ☒ 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

MM / DD / YYYY
05 / 18 / 2015

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1083 OF 3250
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC		FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on		M M M / D D D / Y Y Y Y Y Y	
Full Name of Payee Christopher Marquess		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 10 / 23 / 2014	
Mailing Address 110 W Pecan St		Amount 50.00	
City Ville Platte	State LA	Zip Code 70586	Transaction ID : a80e8cf4-092a-41dc-9
Purpose of Expenditure Salary	Category/ Type 001	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 10 / 23 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	
Office Sought: ☐ President ☒ Senate		District: 00 State: LA	
Calendar Year-To-Date Per Election for Office Sought 554635.78		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Christopher Marquess		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 10 / 23 / 2014	
Mailing Address 110 W Pecan St		Amount 35.70	
City Ville Platte	State LA	Zip Code 70586	Transaction ID : 8e0b1b03-adfb-4483-b
Purpose of Expenditure Mileage	Category/ Type 002	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 10 / 23 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	
Office Sought: ☐ President ☒ Senate		District: 00 State: LA	
Calendar Year-To-Date Per Election for Office Sought 554635.78		Disbursement For: ☐ Primary ☒ 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.			
Signature Ms. Emily Buchanan		Date M M M / D D D / Y Y Y Y Y Y 05 / 18 / 2015	
[Electronically Filed]			

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1084 OF 3250
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M M / D D D / Y Y Y Y Y Y					
Full Name of Payee Lauren N Hamel			Date of Public Distribution/Dissemination 10 / 23 / 2014		
Mailing Address PO Box 398			Amount 40.00		
City Neosho		State MO	Zip Code 64850		Transaction ID : a7389639-9ae2-4fb1-a
Purpose of Expenditure Salary		Category/ Type 001		Date of Disbursement or Obligation 10 / 23 / 2014	
Name of Federal Candidate Mr. Mark L Pryor			Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: AR		
Calendar Year-To-Date Per Election for Office Sought 292370.62			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
Full Name of Payee Mattie Harris			Date of Public Distribution/Dissemination 10 / 23 / 2014		
Mailing Address 3654 Tara St			Amount 40.00		
City springdale		State AR	Zip Code 72762		Transaction ID : a5814399-ab2e-4c3e-8
Purpose of Expenditure Salary		Category/ Type 001		Date of Disbursement or Obligation 10 / 23 / 2014	
Name of Federal Candidate Mr. Mark L Pryor			Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: AR		
Calendar Year-To-Date Per Election for Office Sought 292370.62			Disbursement For: ☐ Primary ☒ 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.					
Signature Ms. Emily Buchanan			Date 05 / 18 / 2015		
[Electronically Filed]					

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 1085 OF 3250
 FOR LINE 24 OF FORM 3X

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

Full Name of Payee Marsha P Meroney		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 23 / 2014	
Mailing Address 513 Ray West Dr		Amount 34.00	
City Kernersville	State NC	Zip Code 27284	Transaction ID : c2bc97c0-eeb7-41de-a
Purpose of Expenditure Salary	Category/ Type	001	Date of Disbursement or Obligation MM / DD / YYYY 10 / 23 / 2014
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: NC
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	

Full Name of Payee Marsha P Meroney		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 23 / 2014	
Mailing Address 513 Ray West Dr		Amount 18.00	
City Kernersville	State NC	Zip Code 27284	Transaction ID : 68fd7299-d75b-4113-9
Purpose of Expenditure Mileage	Category/ Type	002	Date of Disbursement or Obligation MM / DD / YYYY 10 / 23 / 2014
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: NC
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: ☐ Primary ☒ 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

MM / DD / YYYY
05 / 18 / 2015

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1086 OF 3250
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC		FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M M / D D D / Y Y Y Y Y Y			
Full Name of Payee Benjamin J Crosser		Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 10 / 23 / 2014	
Mailing Address PO Box 398		Amount 40.00	
City Neosho	State AR	Zip Code 64850	Transaction ID : d8c8f288-880d-4e30-a Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 10 / 23 / 2014
Purpose of Expenditure Salary		Category/ Type	001
Name of Federal Candidate Mr. Mark L Pryor		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>AR</u>
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
292370.62			
Full Name of Payee Benjamin J Crosser		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 10 / 23 / 2014	
Mailing Address PO Box 398		Amount 30.00	
City Neosho	State AR	Zip Code 64850	Transaction ID : 7f2a2a26-44e8-497f-9 Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 10 / 23 / 2014
Purpose of Expenditure Mileage		Category/ Type	002
Name of Federal Candidate Mr. Mark L Pryor		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>AR</u>
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
292370.62			
(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.			
Signature <i>Ms. Emily Buchanan</i>		Date M M M / D D D / Y Y Y Y Y Y 05 / 18 / 2015	
[Electronically Filed]			

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1087 OF 3250
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M / D D / Y Y Y Y				
Full Name of Payee Heather Ainsworth			Date of Public Distribution/Dissemination 10 / 23 / 2014	
Mailing Address 9685 Paula St			Amount 80.00	
City Keithville	State LA	Zip Code 71047	Transaction ID : fc42c79b-52cf-491c-a Date of Disbursement or Obligation 10 / 23 / 2014	
Purpose of Expenditure Salary		Category/ Type 001		
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: LA	
Calendar Year-To-Date Per Election for Office Sought		554635.78	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Heather Ainsworth			Date of Public Distribution/Dissemination 10 / 23 / 2014	
Mailing Address 9685 Paula St			Amount 20.40	
City Keithville	State LA	Zip Code 71047	Transaction ID : 9759aa77-1038-45a0-8 Date of Disbursement or Obligation 10 / 23 / 2014	
Purpose of Expenditure Mileage		Category/ Type 002		
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: LA	
Calendar Year-To-Date Per Election for Office Sought		554635.78	Disbursement For: ☐ Primary ☒ 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 05 / 18 / 2015	
Signature				

Full Name of Payee James E Dacus		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 23 / 2014	
Mailing Address 117 Cynthia Ave		Amount 60.00	
City Farmington	State AR	Zip Code 72730	Transaction ID : 804ab447-e4ae-4fea-8
Purpose of Expenditure Salary	Category/ Type	001	Date of Disbursement or Obligation MM / DD / YYYY 10 / 23 / 2014
Name of Federal Candidate Mr. Mark L Pryor		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: AR
Calendar Year-To-Date Per Election for Office Sought		292370.62	Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ▶

Full Name of Payee James E Dacus		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 23 / 2014	
Mailing Address 117 Cynthia Ave		Amount 7.50	
City Farmington	State AR	Zip Code 72730	Transaction ID : af1ae2a0-d9fa-4d8a-9 Date of Disbursement or Obligation MM / DD / YYYY 10 / 23 / 2014
Purpose of Expenditure Mileage		Category/ Type 002	
Name of Federal Candidate Mr. Mark L Pryor		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: AR
Calendar Year-To-Date Per Election for Office Sought		292370.62	Disbursement For: ☐ Primary ☒ General ☐ 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.

Date _____

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1089 OF 3250
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M / D D / Y Y Y Y Y Y				
Full Name of Payee Thomas A Gawdun			Date of Public Distribution/Dissemination 10 / 23 / 2014	
Mailing Address 2207 SE 64th St			Amount 50.00	
City Topeka	State KS	Zip Code 66605	Transaction ID : f0c884f7-9f79-455b-a Date of Disbursement or Obligation 10 / 23 / 2014	
Purpose of Expenditure Salary		Category/ Type 001		
Name of Federal Candidate Mr. Greg Orman		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>KS</u>	
Calendar Year-To-Date Per Election for Office Sought		261541.03	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶ _____	
Full Name of Payee Thomas A Gawdun			Date of Public Distribution/Dissemination 10 / 23 / 2014	
Mailing Address 2207 SE 64th St			Amount 5.61	
City Topeka	State KS	Zip Code 66605	Transaction ID : 68b54300-72f9-4f33-9 Date of Disbursement or Obligation 10 / 23 / 2014	
Purpose of Expenditure Mileage		Category/ Type 002		
Name of Federal Candidate Mr. Greg Orman		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>KS</u>	
Calendar Year-To-Date Per Election for Office Sought		261541.03	Disbursement For: ☐ Primary ☒ 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.				
Signature Ms. Emily Buchanan		[Electronically Filed]		Date 05 / 18 / 2015

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1090 OF 3250
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on / /					
Full Name of Payee Christopher L Brazil			Date of Public Distribution/Dissemination / / 10 / 23 / 2014		
Mailing Address 5560 Dogwood Dr			Amount 25.00		
City Winston Salem		State NC	Zip Code 27105		Transaction ID : f8196070-369c-47fa-a
Purpose of Expenditure Salary		Category/ Type 001		Date of Disbursement or Obligation / / 10 / 23 / 2014	
Name of Federal Candidate Ms. Kay Hagan			☐ Support ☒ Oppose		Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>NC</u>
Calendar Year-To-Date Per Election for Office Sought 1095959.94			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶ _____		
Full Name of Payee Christopher L Brazil			Date of Public Distribution/Dissemination / / 10 / 23 / 2014		
Mailing Address 5560 Dogwood Dr			Amount 2.10		
City Winston Salem		State NC	Zip Code 27105		Transaction ID : 6ca6a72e-0971-4d77-a
Purpose of Expenditure Mileage		Category/ Type 002		Date of Disbursement or Obligation / / 10 / 23 / 2014	
Name of Federal Candidate Ms. Kay Hagan			☐ Support ☒ Oppose		Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>NC</u>
Calendar Year-To-Date Per Election for Office Sought 1095959.94			Disbursement For: ☐ Primary ☒ 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.					
Signature <i>Ms. Emily Buchanan</i>			Date / / 05 / 18 / 2015		
[Electronically Filed]					

Full Name of Payee Adam L Clark			Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 23 / 2014		
Mailing Address 1851 S Laura St			Amount 6.00		
City Wichita	State KS	Zip Code 67211	Transaction ID : a1994e0d-dd8c-479d-b Date of Disbursement or Obligation MM / DD / YYYY 10 / 23 / 2014		
Purpose of Expenditure Mileage		Category/ Type 002			
Name of Federal Candidate Mr. Greg Orman		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: KS		
Calendar Year-To-Date Per Election for Office Sought		261541.03	Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ►		

(a) SUBTOTAL of Itemized Independent Expenditures.....	➤	46.00
(b) SUBTOTAL of Unitemized Independent Expenditures	➤	
(c) TOTAL Independent Expenditures.....	➤	

FEC Schedule E (Form 3X) Rev. 09/2013

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1093 OF 3250
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC		FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on		M M M / D D D / Y Y Y Y Y Y	
Full Name of Payee Cayenne C Corbin		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 10 / 23 / 2014	
Mailing Address 1851 S Laura St		Amount 40.00	
City Wichita	State KS	Zip Code 67211	Transaction ID : 2ae11be2-8ba8-44b8-8
Purpose of Expenditure Salary		Category/Type 001	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 10 / 23 / 2014
Name of Federal Candidate Mr. Greg Orman		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: KS
Calendar Year-To-Date Per Election for Office Sought 261541.03		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Cayenne C Corbin		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 10 / 23 / 2014	
Mailing Address 1851 S Laura St		Amount 5.40	
City Wichita	State KS	Zip Code 67211	Transaction ID : 2547f169-e50a-450e-9
Purpose of Expenditure Mileage		Category/Type 002	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 10 / 23 / 2014
Name of Federal Candidate Mr. Greg Orman		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: KS
Calendar Year-To-Date Per Election for Office Sought 261541.03		Disbursement For: ☐ Primary ☒ 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.			
Signature Ms. Emily Buchanan		Date M M M / D D D / Y Y Y Y Y Y 05 / 18 / 2015	
		[Electronically Filed]	

Full Name of Payee April A Watson		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 23 / 2014	
Mailing Address 30217 Crook Rd		Amount Amount 30.00	
City Cleveland	State MO	Zip Code 64734	Transaction ID : f20526d6-3ea5-474e-8 Date of Disbursement or Obligation MM / DD / YYYY 10 / 23 / 2014
Purpose of Expenditure Salary		Category/ Type 001	
Name of Federal Candidate Mr. Greg Orman		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: KS
Calendar Year-To-Date Per Election for Office Sought		Amount 261541.03	Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	90.00
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

05 / 18 / 2015

FEC Schedule E (Form 3X) Rev. 09/2013

Full Name of Payee April A Watson		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 23 / 2014	
Mailing Address 30217 Crook Rd		Amount 17.70	
City Cleveland	State MO	Zip Code 64734	Transaction ID : 09153909-d904-492e-b Date of Disbursement or Obligation MM / DD / YYYY 10 / 23 / 2014
Purpose of Expenditure Mileage		Category/ Type 002	
Name of Federal Candidate Mr. Greg Orman		☐ Support ☒ Oppose	Office Sought: ☐ House ☒ Senate ☐ President District: 00 State: KS
Calendar Year-To-Date Per Election for Office Sought 261541.03		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	

Full Name of Payee Randy G Lookabill		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 23 / 2014	
Mailing Address 200 Carawood Lane		Amount 65.00	
City Lexington	State NC	Zip Code 27295	Transaction ID : fd2de303-5b6e-4a38-a Date of Disbursement or Obligation MM / DD / YYYY 10 / 23 / 2014
Purpose of Expenditure Salary	Category/ Type 001		
Name of Federal Candidate Ms. Kay Hagan	☐ Support ☒ Oppose	Office Sought: ☐ President ☒ Senate	District: 00 State: NC
Calendar Year-To-Date Per Election for Office Sought	1095959.94	Disbursement For: 2014 ☐ Primary ☒ General ☐ 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.

Date _____

Signature

Full Name of Payee Ashley n Thompson		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 23 / 2014	
Mailing Address 272 Westgate Ct Apt 6		Amount 10.00	
City Lexington	State NC	Zip Code 27295	Transaction ID : 9f789ce9-7100-471c-b
Purpose of Expenditure Salary	Category/ Type 001	Date of Disbursement or Obligation MM / DD / YYYY 10 / 23 / 2014	
Name of Federal Candidate Ms. Kay Hagan	☐ Support ☒ Oppose	Office Sought: ☐ President ☒ Senate	District: 00 State: NC
Calendar Year-To-Date Per Election for Office Sought	1095959.94	Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ▶	

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

05 / 18 / 2015

FEC Schedule E (Form 3X) Rev. 09/2013

Full Name of Payee Aaron L Watson		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 23 / 2014	
Mailing Address 30217 Crook Rd		Amount 30.00	
City Cleveland	State MO	Zip Code 64734	Transaction ID : 7db610ee-86ed-4585-8 Date of Disbursement or Obligation MM / DD / YYYY 10 / 23 / 2014
Purpose of Expenditure Salary	Category/ Type 001		
Name of Federal Candidate Mr. Greg Orman	☐ Support ☒ Oppose	Office Sought: ☐ President ☒ Senate ☐ Other (specify) ▶	District: 00 State: KS ☐ Primary ☒ General
Calendar Year-To-Date Per Election for Office Sought	261541.03		

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	34.50
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

05 / 18 / 2015

FEC Schedule E (Form 3X) Rev. 09/2013

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1098 OF 3250
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M / D D / Y Y Y Y					
Full Name of Payee Aaron L Watson			Date of Public Distribution/Dissemination 10 / 23 / 2014		
Mailing Address 30217 Crook Rd			Amount 17.40		
City Cleveland	State MO	Zip Code 64734	Transaction ID : 8af64424-d920-4da8-a		
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement or Obligation 10 / 23 / 2014		
Name of Federal Candidate Mr. Greg Orman		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: KS		
Calendar Year-To-Date Per Election for Office Sought		261541.03	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
Full Name of Payee Brandy Starns			Date of Public Distribution/Dissemination 10 / 23 / 2014		
Mailing Address 300 Evangeline St			Amount 65.00		
City Monroe	State LA	Zip Code 71201	Transaction ID : 79c4b7fb-12e3-42f2-9		
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation 10 / 23 / 2014		
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: LA		
Calendar Year-To-Date Per Election for Office Sought		554635.78	Disbursement For: ☐ Primary ☒ 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.					
Signature Ms. Emily Buchanan		[Electronically Filed]		Date 05 / 18 / 2015	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1099 OF 3250
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC		FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on		M M M / D D D / Y Y Y Y Y Y	
Full Name of Payee Brandy Starns		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 10 / 23 / 2014	
Mailing Address 300 Evangeline St		Amount 6.00	
City Monroe	State LA	Zip Code 71201	Transaction ID : 367e738e-408b-41ff-b Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 10 / 23 / 2014
Purpose of Expenditure Mileage		Category/ Type 002	
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: LA
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Michael A Toomey		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 10 / 23 / 2014	
Mailing Address 4120 Bon Aire Dr Apt 6307		Amount 42.50	
City Monroe	State LA	Zip Code 71212	Transaction ID : 4a7bc1f4-778d-43d1-9 Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 10 / 23 / 2014
Purpose of Expenditure Salary		Category/ Type 001	
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: LA
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: ☐ Primary ☒ 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]	
Signature		Date M M M / D D D / Y Y Y Y Y Y 05 / 18 / 2015	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1100 OF 3250
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC		FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on		M M M / D D D / Y Y Y Y Y Y	
Full Name of Payee Michael A Toomey		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 10 / 23 / 2014	
Mailing Address 4120 Bon Aire Dr Apt 6307		Amount 4.50	
City Monroe	State LA	Zip Code 71212	Transaction ID : 062e136d-d758-4b1b-8
Purpose of Expenditure Mileage	Category/ Type 002	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 10 / 23 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: LA
Calendar Year-To-Date Per Election for Office Sought 554635.78		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Avery Watson		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 10 / 23 / 2014	
Mailing Address 30217 Crook Rd		Amount 43.30	
City Cleveland	State MO	Zip Code 64734	Transaction ID : f7686144-acbb-43aa-b
Purpose of Expenditure Salary	Category/ Type 001	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 10 / 23 / 2014	
Name of Federal Candidate Mr. Greg Orman		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: KS
Calendar Year-To-Date Per Election for Office Sought 261541.03		Disbursement For: ☐ Primary ☒ 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.			
Signature Ms. Emily Buchanan		[Electronically Filed] Date M M M / D D D / Y Y Y Y Y Y 05 / 18 / 2015	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 1101 OF 3250
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M / D D / Y Y Y Y Y Y					
Full Name of Payee Avery Watson			Date of Public Distribution/Dissemination 10 / 23 / 2014		
Mailing Address 30217 Crook Rd			Amount 3.00		
City Cleveland	State MO	Zip Code 64734	Transaction ID : 135d53ec-3d7d-434b-b Date of Disbursement or Obligation 10 / 23 / 2014		
Purpose of Expenditure Mileage		Category/ Type 002			
Name of Federal Candidate Mr. Greg Orman		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: KS		
Calendar Year-To-Date Per Election for Office Sought 261541.03			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
Full Name of Payee Brenda L McCune			Date of Public Distribution/Dissemination 10 / 23 / 2014		
Mailing Address 1254 Fleming St Apt 6			Amount 120.00		
City Conway	State AR	Zip Code 72032	Transaction ID : bd842eed-b828-4c12-a Date of Disbursement or Obligation 10 / 23 / 2014		
Purpose of Expenditure Salary		Category/ Type 001			
Name of Federal Candidate Mr. Mark L Pryor		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: AR		
Calendar Year-To-Date Per Election for Office Sought 292370.62			Disbursement For: ☐ Primary ☒ 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.					
Signature Ms. Emily Buchanan		[Electronically Filed]		Date 05 / 18 / 2015	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1102 OF 3250
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC		FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on		MM / DD / YYYY / / MM / DD / YYYY / /	

Full Name of Payee Brenda L McCune		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 23 / 2014	
Mailing Address 1254 Fleming St Apt 6		Amount 71.10	
City Conway	State AR	Zip Code 72032	Transaction ID : a2425aa8-122a-44ad-8
Purpose of Expenditure Mileage	Category/ Type	002	Date of Disbursement or Obligation MM / DD / YYYY 10 / 23 / 2014
Name of Federal Candidate Mr. Mark L Pryor		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: AR
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	

Full Name of Payee Matt Curran		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 23 / 2014	
Mailing Address 1537 Country Lane		Amount 20.00	
City Kernersville	State NC	Zip Code 27284	Transaction ID : 1d1d7a85-2967-41cc-9
Purpose of Expenditure Salary	Category/ Type	001	Date of Disbursement or Obligation MM / DD / YYYY 10 / 23 / 2014
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: NC
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: ☐ Primary ☒ 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

MM / DD / YYYY
05 / 18 / 2015

Signature

Full Name of Payee Lee R Carter		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 23 / 2014	
Mailing Address 3110 Brentwood Rd		Amount 80.00	
City Raleigh	State NC	Zip Code 27604	Transaction ID : e14c40b2-4070-4708-8 Date of Disbursement or Obligation MM / DD / YYYY 10 / 23 / 2014
Purpose of Expenditure Salary		Category/ Type 001	
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: NC
Calendar Year-To-Date Per Election for Office Sought		1095959.94	Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	86.00
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

Ms. Emily Buchanan

[Electronically Filed]

Date 05 / 18 / 2015

Signature _____

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1104 OF 3250
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC		FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on		M M M / D D D / Y Y Y Y Y Y	
Full Name of Payee Lee R Carter		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 10 / 23 / 2014	
Mailing Address 3110 Brentwood Rd		Amount 14.10	
City Raleigh	State NC	Zip Code 27604	Transaction ID : ec3117df-c571-4608-9
Purpose of Expenditure Mileage	Category/Type 002	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 10 / 23 / 2014	
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose ☐ President ☒ Senate	
Office Sought: House		District: 00 State: NC	
Calendar Year-To-Date Per Election for Office Sought 1095959.94		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Dylan J Sparks		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 10 / 23 / 2014	
Mailing Address 915 East Market Ave		Amount 100.00	
City Searcy	State AR	Zip Code 72149	Transaction ID : a6dd9ed2-e51c-4151-a
Purpose of Expenditure Salary	Category/Type 001	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 10 / 23 / 2014	
Name of Federal Candidate Mr. Mark L Pryor		☐ Support ☒ Oppose ☐ President ☒ Senate	
Office Sought: House		District: 00 State: AR	
Calendar Year-To-Date Per Election for Office Sought 292370.62		Disbursement For: ☐ Primary ☒ 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.			
Signature Ms. Emily Buchanan		Date M M M / D D D / Y Y Y Y Y Y 05 / 18 / 2015	
[Electronically Filed]			

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1105 OF 3250
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC		FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on		M M M / D D D / Y Y Y Y Y Y	
Full Name of Payee Dylan J Sparks		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 10 / 23 / 2014	
Mailing Address 915 East Market Ave		Amount 72.00	
City Searcy	State AR	Zip Code 72149	Transaction ID : c1ca4868-4e06-4939-a
Purpose of Expenditure Mileage	Category/ Type 002	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 10 / 23 / 2014	
Name of Federal Candidate Mr. Mark L Pryor		☐ Support ☒ Oppose	
		Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: AR	
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
		292370.62	
Full Name of Payee Sarah Bassil		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 10 / 23 / 2014	
Mailing Address 7650 Fallswood Way		Amount 40.00	
City Lorton	State VA	Zip Code 22079	Transaction ID : f5fbbad-5d9a-4357-8
Purpose of Expenditure Salary	Category/ Type 001	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 10 / 23 / 2014	
Name of Federal Candidate Mr. Greg Orman		☐ Support ☒ Oppose	
		Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: KS	
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
		261541.03	
(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.			
Signature Ms. Emily Buchanan		Date M M M / D D D / Y Y Y Y Y Y 05 / 18 / 2015	
		[Electronically Filed]	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1106 OF 3250
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M / D D / Y Y Y Y					
Full Name of Payee Philip Elkins			Date of Public Distribution/Dissemination 10 / 23 / 2014		
Mailing Address 227 Lincoln Dr			Amount 20.00		
City Bossier City	State LA	Zip Code 71111	Transaction ID : 83d51cbc-a481-43d7-9		
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation 10 / 23 / 2014		
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: LA		
Calendar Year-To-Date Per Election for Office Sought		554635.78	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
Full Name of Payee Philip Elkins			Date of Public Distribution/Dissemination 10 / 23 / 2014		
Mailing Address 227 Lincoln Dr			Amount 12.93		
City Bossier City	State LA	Zip Code 71111	Transaction ID : f86e9a83-9536-45f7-9		
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement or Obligation 10 / 23 / 2014		
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: LA		
Calendar Year-To-Date Per Election for Office Sought		554635.78	Disbursement For: ☐ Primary ☒ 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.					
Signature Ms. Emily Buchanan		[Electronically Filed]		Date 05 / 18 / 2015	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1107 OF 3250
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC		FEC IDENTIFICATION NUMBER ▼ C C00530766
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on		MM / DD / YYYY

Full Name of Payee Debra Lindsey		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 23 / 2014
Mailing Address 119 Goldenwood Dr		Amount 40.00
City Slidell	State LA	Zip Code 70461
Purpose of Expenditure Salary	Category/ Type 001	Transaction ID : e9179fc8-1dbe-4730-a Date of Disbursement or Obligation MM / DD / YYYY 10 / 23 / 2014
Name of Federal Candidate Ms. Mary L Landrieu		Office Sought: ☐ House District: 00 ☒ Senate State: LA
Calendar Year-To-Date Per Election for Office Sought 554635.78		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶

Full Name of Payee Debra Lindsey		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 23 / 2014
Mailing Address 119 Goldenwood Dr		Amount 3.00
City Slidell	State LA	Zip Code 70461
Purpose of Expenditure Mileage	Category/ Type 002	Transaction ID : 9932b208-a1e7-40b7-8 Date of Disbursement or Obligation MM / DD / YYYY 10 / 23 / 2014
Name of Federal Candidate Ms. Mary L Landrieu		Office Sought: ☐ House District: 00 ☒ Senate State: LA
Calendar Year-To-Date Per Election for Office Sought 554635.78		Disbursement For: ☐ Primary ☒ 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]

Signature

Date

MM / DD / YYYY
05 / 18 / 2015

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 1108 OF 3250
 FOR LINE 24 OF FORM 3X

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

Full Name of Payee Kathy Anderson		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 23 / 2014	
Mailing Address 3041 SW Burlingame Rd		Amount 47.50	
City Topeka	State KS	Zip Code 66611	Transaction ID : 147a31ff-15de-4075-8 Date of Disbursement or Obligation MM / DD / YYYY 10 / 23 / 2014
Purpose of Expenditure Salary		Category/Type 001	
Name of Federal Candidate Mr. Greg Orman		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: KS
Calendar Year-To-Date Per Election for Office Sought		261541.03	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶

Full Name of Payee Kathy Anderson		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 23 / 2014	
Mailing Address 3041 SW Burlingame Rd		Amount 10.80	
City Topeka	State KS	Zip Code 66611	Transaction ID : 4cf88c42-592b-42a1-8 Date of Disbursement or Obligation MM / DD / YYYY 10 / 23 / 2014
Purpose of Expenditure Mileage		Category/Type 002	
Name of Federal Candidate Mr. Greg Orman		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: KS
Calendar Year-To-Date Per Election for Office Sought		261541.03	Disbursement For: ☐ Primary ☒ 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

MM / DD / YYYY
05 / 18 / 2015

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 1109 OF 3250
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC	FEC IDENTIFICATION NUMBER ▼ C C00530766
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M M / D D D / Y Y Y Y Y Y	

Full Name of Payee Rebecca A Shearer		Date of Public Distribution/Dissemination 10 / 23 / 2014	
Mailing Address 6544 Arno College Grove Rd		Amount 50.00	
City College Grove	State TN	Zip Code 37046	Transaction ID : 1de93239-4495-4938-9 Date of Disbursement or Obligation 10 / 23 / 2014
Purpose of Expenditure Salary		Category/Type 001	
Name of Federal Candidate Mr. Mark L Pryor		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: AR
Calendar Year-To-Date Per Election for Office Sought		292370.62	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶

Full Name of Payee Rebecca A Shearer		Date of Public Distribution/Dissemination 10 / 23 / 2014	
Mailing Address 6544 Arno College Grove Rd		Amount 24.30	
City College Grove	State TN	Zip Code 37046	Transaction ID : 54e816e6-54f8-4291-9 Date of Disbursement or Obligation 10 / 23 / 2014
Purpose of Expenditure Mileage		Category/Type 002	
Name of Federal Candidate Mr. Mark L Pryor		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: AR
Calendar Year-To-Date Per Election for Office Sought		292370.62	Disbursement For: ☐ Primary ☒ 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

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Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1110 OF 3250
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC		FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on		M M M / D D D / Y Y Y Y Y Y	
Full Name of Payee Parker H Morrow		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 10 / 23 / 2014	
Mailing Address 506 N Horton Street		Amount 60.00	
City Searcy	State AR	Zip Code 72143	Transaction ID : 718a486f-dfec-4014-a
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 10 / 23 / 2014
Name of Federal Candidate Mr. Mark L Pryor		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: AR
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Parker H Morrow		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 10 / 23 / 2014	
Mailing Address 506 N Horton Street		Amount 40.20	
City Searcy	State AR	Zip Code 72143	Transaction ID : 96d6c32b-ac5c-432f-a
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 10 / 23 / 2014
Name of Federal Candidate Mr. Mark L Pryor		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: AR
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: ☐ Primary ☒ 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.			
Signature Ms. Emily Buchanan		Date 05 / 18 / 2015	
		[Electronically Filed]	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 1111 OF 3250
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC		FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on		MM / DD / YYYY / / MM / DD / YYYY / /	

Full Name of Payee Peggy A Sides		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 23 / 2014	
Mailing Address 2183 Spokane Rd		Amount 70.00	
City Fayetteville	State NC	Zip Code 28304	Transaction ID : 57c4b0c4-5c26-4b2e-9
Purpose of Expenditure Salary	Category/ Type 001	Date of Disbursement or Obligation MM / DD / YYYY 10 / 23 / 2014	
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: NC
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	

Full Name of Payee Peggy A Sides		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 23 / 2014	
Mailing Address 2183 Spokane Rd		Amount 9.00	
City Fayetteville	State NC	Zip Code 28304	Transaction ID : 49a9851e-bd32-4d8e-a
Purpose of Expenditure Mileage	Category/ Type 002	Date of Disbursement or Obligation MM / DD / YYYY 10 / 23 / 2014	
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: NC
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: ☐ Primary ☒ 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

 MM / DD / YYYY
 05 / 18 / 2015

Signature

Full Name of Payee Chad E Day		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 23 / 2014	
Mailing Address 168 Emerald Hill		Amount 100.00	
City Forest City	State NC	Zip Code 28043	Transaction ID : 1c512ce0-9266-4590-b
Purpose of Expenditure Salary	Category/ Type	001	Date of Disbursement or Obligation MM / DD / YYYY 10 / 23 / 2014
Name of Federal Candidate Ms. Kay Hagan	☐ Support ☒ Oppose	Office Sought: ☐ President ☒ Senate	District: 00 State: NC
Calendar Year-To-Date Per Election for Office Sought	1095959.94	Disbursement For: 2014 ☐ Primary ☒ General ☐ Other (specify) ▶	

Full Name of Payee Jeffrey Hampton		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 23 / 2014	
Mailing Address 1700 E Part Ave		Amount 36.00	
City	State	Zip Code	Transaction ID : bf852074-ef74-42e4-9 Date of Disbursement or Obligation MM / DD / YYYY 10 / 23 / 2014
Searcy	AR	72149	
Purpose of Expenditure Salary		Category/ Type	001
Name of Federal Candidate Mr. Mark L Pryor		☐ Support ☒ Oppose	Office Sought: ☐ House ☒ Senate ☐ President ☐ Other (specify) _____
Calendar Year-To-Date Per Election for Office Sought		District: 00 State: AR Disbursement For: ☐ Primary ☒ General ☐ Other (specify) _____	
		292370.62	

(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.

Signature

05 / 18 / 2015

Full Name of Payee Brandon Wheeler		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 23 / 2014	
Mailing Address 10112 Piney Creek Ct		Amount 55.00	
City Charolette	State NC	Zip Code 28215	Transaction ID : 6a997a5e-f61b-4cd2-9 Date of Disbursement or Obligation MM / DD / YYYY 10 / 23 / 2014
Purpose of Expenditure Salary	Category/ Type 001		
Name of Federal Candidate Mr. Mark L Pryor	☐ Support ☒ Oppose	Office Sought: ☐ President ☒ Senate	House District: 00 State: AR
Calendar Year-To-Date Per Election for Office Sought	292370.62	Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	78.76
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

Ms. Emily Buchanan

[Electronically Filed]

Date 05 / 18 / 2015

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 1114 OF 3250
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M M / D D D / Y Y Y Y Y Y					
Full Name of Payee Brandon Wheeler			Date of Public Distribution/Dissemination 10 / 23 / 2014		
Mailing Address 10112 Piney Creek Ct			Amount 21.30		
City Charolette	State NC	Zip Code 28215	Transaction ID : f02f6997-a4b7-4576-b Date of Disbursement or Obligation 10 / 23 / 2014		
Purpose of Expenditure Mileage		Category/ Type 002			
Name of Federal Candidate Mr. Mark L Pryor		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: AR		
Calendar Year-To-Date Per Election for Office Sought		292370.62	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
Full Name of Payee Lucas H Hoyle			Date of Public Distribution/Dissemination 10 / 23 / 2014		
Mailing Address 282 Falls Ave			Amount 40.00		
City Granite Falls	State NC	Zip Code 28630	Transaction ID : cf4f8438-073b-423f-8 Date of Disbursement or Obligation 10 / 23 / 2014		
Purpose of Expenditure Salary		Category/ Type 001			
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: NC		
Calendar Year-To-Date Per Election for Office Sought		1095959.94	Disbursement For: ☐ Primary ☒ 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.					
Signature Ms. Emily Buchanan		[Electronically Filed]		Date 05 / 18 / 2015	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1115 OF 3250
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M M / D D D / Y Y Y Y Y Y					
Full Name of Payee Lucas H Hoyle			Date of Public Distribution/Dissemination 10 / 23 / 2014		
Mailing Address 282 Falls Ave			Amount 27.90		
City Granite Falls		State NC	Zip Code 28630		Transaction ID : 407256bf-b26f-4285-9
Purpose of Expenditure Mileage		Category/ Type 002		Date of Disbursement or Obligation 10 / 23 / 2014	
Name of Federal Candidate Ms. Kay Hagan			☐ Support ☒ Oppose		Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: NC
Calendar Year-To-Date Per Election for Office Sought 1095959.94			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
Full Name of Payee Andrea L Hammond			Date of Public Distribution/Dissemination 10 / 23 / 2014		
Mailing Address 12920 Kneeland Ln			Amount 100.00		
City Neosho		State MO	Zip Code 64850		Transaction ID : 260ec0e5-927d-424b-b
Purpose of Expenditure Salary		Category/ Type 001		Date of Disbursement or Obligation 10 / 23 / 2014	
Name of Federal Candidate Mr. Mark L Pryor			☐ Support ☒ Oppose		Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: AR
Calendar Year-To-Date Per Election for Office Sought 292370.62			Disbursement For: ☐ Primary ☒ 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.					
Signature Ms. Emily Buchanan			[Electronically Filed]		Date 05 / 18 / 2015

Full Name of Payee Felicia A Jones		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 23 / 2014	
Mailing Address 4106 Martha St		Amount 80.00	
City Shreveport	State LA	Zip Code 71109	Transaction ID : d378e447-ef66-42f5-b Date of Disbursement or Obligation MM / DD / YYYY 10 / 23 / 2014
Purpose of Expenditure Salary		Category/Type 001	
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: LA
Calendar Year-To-Date Per Election for Office Sought		554635.78	Disbursement For: ☐ Primary ☒ General ☐ 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.

Date _____

Signature

MM / DD / YYYY

05 / 18 / 2015

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1117 OF 3250
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC		FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on		M M M / D D D / Y Y Y Y Y Y	
Full Name of Payee Felicia A Jones		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 10 / 23 / 2014	
Mailing Address 4106 Martha St		Amount 7.50	
City Shreveport	State LA	Zip Code 71109	Transaction ID : 2b365f5f-6c73-499b-b
Purpose of Expenditure Mileage	Category/ Type 002	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 10 / 23 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	
Office Sought: ☐ President ☒ Senate		District: 00 State: LA	
Calendar Year-To-Date Per Election for Office Sought 554635.78		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Rachel L Anzalone		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 10 / 23 / 2014	
Mailing Address 2319 West Oak		Amount 20.00	
City El Dorado	State AR	Zip Code 71730	Transaction ID : e62d9d7b-8887-4e5e-b
Purpose of Expenditure Salary	Category/ Type 001	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 10 / 23 / 2014	
Name of Federal Candidate Mr. Mark L Pryor		☐ Support ☒ Oppose	
Office Sought: ☐ President ☒ Senate		District: 00 State: AR	
Calendar Year-To-Date Per Election for Office Sought 292370.62		Disbursement For: ☐ Primary ☒ 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.			
Signature Ms. Emily Buchanan		[Electronically Filed] Date M M M / D D D / Y Y Y Y Y Y 05 / 18 / 2015	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1118 OF 3250
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M / D D / Y Y Y Y				
Full Name of Payee Suzanna M Bradley			Date of Public Distribution/Dissemination 10 / 23 / 2014	
Mailing Address 1002 W Spring St			Amount 50.00	
City Collinsville	State OK	Zip Code 74021	Transaction ID : b6a8d992-c081-4d5f-8 Date of Disbursement or Obligation 10 / 23 / 2014	
Purpose of Expenditure Salary		Category/ Type 001		
Name of Federal Candidate Mr. Mark L Pryor		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>AR</u>	
Calendar Year-To-Date Per Election for Office Sought		292370.62	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶ _____	
Full Name of Payee Suzanna M Bradley			Date of Public Distribution/Dissemination 10 / 23 / 2014	
Mailing Address 1002 W Spring St			Amount 36.00	
City Collinsville	State OK	Zip Code 74021	Transaction ID : 8f0de9a2-246d-474e-b Date of Disbursement or Obligation 10 / 23 / 2014	
Purpose of Expenditure Mileage		Category/ Type 002		
Name of Federal Candidate Mr. Mark L Pryor		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>AR</u>	
Calendar Year-To-Date Per Election for Office Sought		292370.62	Disbursement For: ☐ Primary ☒ 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.				
Signature Ms. Emily Buchanan		[Electronically Filed]		Date 05 / 18 / 2015

Full Name of Payee Ryan Drake		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 23 / 2014	
Mailing Address 29637 Park St		Amount 2.40	
City Walker	State LA	Zip Code 70785	Transaction ID : be8302ee-0bb6-4230-a Date of Disbursement or Obligation MM / DD / YYYY 10 / 23 / 2014
Purpose of Expenditure Mileage	Category/ Type 002		
Name of Federal Candidate Ms. Mary L Landrieu	☐ Support ☒ Oppose	Office Sought: ☐ President ☒ Senate	District: 00 State: LA
Calendar Year-To-Date Per Election for Office Sought	554635.78	Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	
(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.

Date _____

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1120 OF 3250
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M / D D / Y Y Y Y				
Full Name of Payee Charity A Carr			Date of Public Distribution/Dissemination 10 / 23 / 2014	
Mailing Address 13827 S E 44th St			Amount 50.00	
City Choctaw	State OK	Zip Code 73020	Transaction ID : 7b3a4e07-ee68-48b3-a	
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation 10 / 23 / 2014	
Name of Federal Candidate Mr. Mark L Pryor		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: AR	
Calendar Year-To-Date Per Election for Office Sought		292370.62	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Kevin L Battle			Date of Public Distribution/Dissemination 10 / 23 / 2014	
Mailing Address 3300 Asher Ave			Amount 40.00	
City Little Rock	State AR	Zip Code 72204	Transaction ID : 1ac0cb9f-e956-4c66-9	
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation 10 / 23 / 2014	
Name of Federal Candidate Mr. Mark L Pryor		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: AR	
Calendar Year-To-Date Per Election for Office Sought		292370.62	Disbursement For: ☐ Primary ☒ 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 05 / 18 / 2015	
Signature				

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1121 OF 3250
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC		FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M / D D / Y Y Y Y Y Y			
Full Name of Payee Kevin L Battle		Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 10 / 23 / 2014	
Mailing Address 3300 Asher Ave		Amount 69.30	
City Little Rock	State AR	Zip Code 72204	Transaction ID : fc67a2cc-8787-49aa-a Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 10 / 23 / 2014
Purpose of Expenditure Mileage		Category/ Type 002	
Name of Federal Candidate Mr. Mark L Pryor		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>AR</u>
Calendar Year-To-Date Per Election for Office Sought 292370.62		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶ _____	
Full Name of Payee Zachary Vidrine		Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 10 / 23 / 2014	
Mailing Address 202 Rue Des Cajun		Amount 15.00	
City Ville Platte	State LA	Zip Code 70586	Transaction ID : 646eff55-401b-4605-a Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 10 / 23 / 2014
Purpose of Expenditure Salary		Category/ Type 001	
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>LA</u>
Calendar Year-To-Date Per Election for Office Sought 554635.78		Disbursement For: ☐ Primary ☒ 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.			
Signature <i>Ms. Emily Buchanan</i>		Date M M / D D / Y Y Y Y Y Y 05 / 18 / 2015	
[Electronically Filed]			

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1122 OF 3250
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC		FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on		M M M / D D D / Y Y Y Y Y Y	
Full Name of Payee Zachary Vidrine		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 10 / 23 / 2014	
Mailing Address 202 Rue Des Cajun		Amount 11.10	
City Ville Platte	State LA	Zip Code 70586	Transaction ID : 09a85716-365b-401f-9
Purpose of Expenditure Mileage	Category/ Type 002	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 10 / 23 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	
Office Sought: ☐ President ☒ Senate		District: 00 State: LA	
Calendar Year-To-Date Per Election for Office Sought 554635.78		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Jennifer F Gilbert		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 10 / 23 / 2014	
Mailing Address 180 McNeil Steep Hollow Rd		Amount 65.00	
City Carriere	State MS	Zip Code 39426	Transaction ID : 957a2d27-5f3e-41af-9
Purpose of Expenditure Salary	Category/ Type 001	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 10 / 23 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	
Office Sought: ☐ President ☒ Senate		District: 00 State: LA	
Calendar Year-To-Date Per Election for Office Sought 554635.78		Disbursement For: ☐ Primary ☒ 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.			
Signature Ms. Emily Buchanan		Date M M M / D D D / Y Y Y Y Y Y 05 / 18 / 2015	
		[Electronically Filed]	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1123 OF 3250
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC		FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on MM / DD / YYYY			
Full Name of Payee Jennifer F Gilbert		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 23 / 2014	
Mailing Address 180 McNeil Steep Hollow Rd		Amount 28.20	
City Carriere	State MS	Zip Code 39426	Transaction ID : 59ec8f25-ea2d-4eaa-9
Purpose of Expenditure Mileage	Category/Type 002	Date of Disbursement or Obligation MM / DD / YYYY 10 / 23 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose Office Sought: ☐ House ☒ Senate District: 00 State: LA	
Calendar Year-To-Date Per Election for Office Sought 554635.78		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Jordyn Kilbury		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 23 / 2014	
Mailing Address 5416 S Santa Fe Street		Amount 90.00	
City Wichita	State KS	Zip Code 67216	Transaction ID : 47eeb0c8-3f25-41b0-a
Purpose of Expenditure Salary	Category/Type 001	Date of Disbursement or Obligation MM / DD / YYYY 10 / 23 / 2014	
Name of Federal Candidate Mr. Greg Orman		☐ Support ☒ Oppose Office Sought: ☐ House ☒ Senate District: 00 State: KS	
Calendar Year-To-Date Per Election for Office Sought 261541.03		Disbursement For: ☐ Primary ☒ 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.			
Signature Ms. Emily Buchanan		Date MM / DD / YYYY 05 / 18 / 2015	
		[Electronically Filed]	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1124 OF 3250
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC		FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on		M M M / D D D / Y Y Y Y Y Y	
Full Name of Payee Jordyn Kilbury		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 10 / 23 / 2014	
Mailing Address 5416 S Santa Fe Street		Amount 11.70	
City Wichita	State KS	Zip Code 67216	Transaction ID : cb5c98b0-8ace-4d98-9
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 10 / 23 / 2014
Name of Federal Candidate Mr. Greg Orman		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: KS
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Mary Catherine Toburen		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 10 / 23 / 2014	
Mailing Address 1222 SE 44 St		Amount 52.50	
City Topeka	State KS	Zip Code 66609	Transaction ID : ffd510ea-813f-497e-9
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 10 / 23 / 2014
Name of Federal Candidate Mr. Greg Orman		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: KS
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: ☐ Primary ☒ 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.			
Signature <i>Ms. Emily Buchanan</i>		Date M M M / D D D / Y Y Y Y Y Y 05 / 18 / 2015	
		[Electronically Filed]	

Full Name of Payee Stuart T Haley		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 23 / 2014	
Mailing Address 600 W Vine Ave		Amount 80.00	
City	State	Zip Code	Transaction ID : ff5aa6ee-5ffc-415c-a Date of Disbursement or Obligation MM / DD / YYYY 10 / 23 / 2014
Searcy	AR	72143	
Purpose of Expenditure Salary		Category/ Type	001
Name of Federal Candidate Mr. Mark L Pryor		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: AR
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ▶	
292370.62			

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	170.00
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

Ms. Emily Buchanan

[Electronically Filed]

Date 05 / 18 / 2015

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1126 OF 3250
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC		FEC IDENTIFICATION NUMBER ▼ C C00530766
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on		MM / DD / YYYY

Full Name of Payee Stuart T Haley		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 23 / 2014
Mailing Address 600 W Vine Ave		Amount 45.00
City Searcy	State AR	Zip Code 72143
Purpose of Expenditure Mileage	Category/ Type 002	Transaction ID : bd63cd80-a424-4947-9 Date of Disbursement or Obligation MM / DD / YYYY 10 / 23 / 2014
Name of Federal Candidate Mr. Mark L Pryor		Office Sought: ☐ House District: 00 ☒ Senate State: AR
Calendar Year-To-Date Per Election for Office Sought 292370.62		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶

Full Name of Payee Christine Stevens		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 23 / 2014
Mailing Address 100 Asbury Ct		Amount 80.00
City Winchester	State VA	Zip Code 22602
Purpose of Expenditure Salary	Category/ Type 001	Transaction ID : 786c647b-740b-47c5-8 Date of Disbursement or Obligation MM / DD / YYYY 10 / 23 / 2014
Name of Federal Candidate Mr. Greg Orman		Office Sought: ☐ House District: 00 ☒ Senate State: KS
Calendar Year-To-Date Per Election for Office Sought 261541.03		Disbursement For: ☐ Primary ☒ 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]

Signature

Date

MM / DD / YYYY
05 / 18 / 2015

Full Name of Payee Chantel D Lassiter		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 23 / 2014	
Mailing Address 3846 SW Wood Valley Rd		Amount 20.00	
City Topeka	State KS	Zip Code 66610	Transaction ID : af17a493-e11c-4770-8
Purpose of Expenditure Salary	Category/ Type	001	Date of Disbursement or Obligation MM / DD / YYYY 10 / 23 / 2014
Name of Federal Candidate Mr. Greg Orman	☐ Support ☒ Oppose	Office Sought: ☐ President ☒ Senate	District: 00 State: KS
Calendar Year-To-Date Per Election for Office Sought	261541.03	Disbursement For: 2014 ☐ Other (specify) ▶	☐ Primary ☒ General

(a) SUBTOTAL of Itemized Independent Expenditures.....		90.00
(b) SUBTOTAL of Unitemized Independent Expenditures		
(c) TOTAL Independent Expenditures.....		

FEC Schedule E (Form 3X) Rev. 09/2013

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1128 OF 3250
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC		FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on		M M M / D D D / Y Y Y Y Y Y	
Full Name of Payee Chantel D Lassiter		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 10 / 23 / 2014	
Mailing Address 3846 SW Wood Valley Rd		Amount 1.50	
City Topeka	State KS	Zip Code 66610	Transaction ID : 5cc1d8b7-bfa6-4e7f-8
Purpose of Expenditure Mileage		Category/Type 002	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 10 / 23 / 2014
Name of Federal Candidate Mr. Greg Orman		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: KS
Calendar Year-To-Date Per Election for Office Sought 261541.03		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Deborah J Nunn		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 10 / 23 / 2014	
Mailing Address 910 E Elm St		Amount 15.00	
City Salina	State KS	Zip Code 67401	Transaction ID : 6648ea3d-0fdb-4fa4-b
Purpose of Expenditure Salary		Category/Type 001	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 10 / 23 / 2014
Name of Federal Candidate Mr. Greg Orman		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: KS
Calendar Year-To-Date Per Election for Office Sought 261541.03		Disbursement For: ☐ Primary ☒ 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.			
Signature Ms. Emily Buchanan		Date M M M / D D D / Y Y Y Y Y Y 05 / 18 / 2015	
		[Electronically Filed]	

Full Name of Payee Evelyn Lesaicherre		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 23 / 2014	
Mailing Address 629 Radiance Ave		Amount 80.00	
City Metairie	State LA	Zip Code 70001	Transaction ID : 0060097b-f5c1-444b-a Date of Disbursement or Obligation MM / DD / YYYY 10 / 23 / 2014
Purpose of Expenditure Salary		Category/ Type 001	
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: LA
Calendar Year-To-Date Per Election for Office Sought		554635.78	Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ►

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	82.10
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

Ms. Emily Buchanan

[Electronically Filed]

Date 05 / 18 / 2015

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1130 OF 3250
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on			M M M / D D D / Y Y Y Y Y Y	
Full Name of Payee Evelyn Lesaicherre		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 10 / 23 / 2014		
Mailing Address 629 Radiance Ave		Amount 5.10		
City Metairie	State LA	Zip Code 70001	Transaction ID : 2bf3acf5-ef2d-48d2-9	
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 10 / 23 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: LA	
Calendar Year-To-Date Per Election for Office Sought		554635.78	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Jon E Conner		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 10 / 23 / 2014		
Mailing Address 100 Asbury Ct		Amount 80.00		
City Winchester	State VA	Zip Code 22602	Transaction ID : 38597885-51c9-4730-8	
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 10 / 23 / 2014	
Name of Federal Candidate Mr. Greg Orman		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: KS	
Calendar Year-To-Date Per Election for Office Sought		261541.03	Disbursement For: ☐ Primary ☒ 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.				
Signature Ms. Emily Buchanan		[Electronically Filed]		Date M M M / D D D / Y Y Y Y Y Y 05 / 18 / 2015

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1131 OF 3250
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M M / D D D / Y Y Y Y Y Y				
Full Name of Payee Rodney O Culbreath			Date of Public Distribution/Dissemination 10 / 23 / 2014	
Mailing Address 100 Asbury Ct			Amount 80.00	
City Winchester	State VA	Zip Code 22602	Transaction ID : 9403e6af-8fca-422e-9	
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation 10 / 23 / 2014	
Name of Federal Candidate Mr. Greg Orman		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: KS	
Calendar Year-To-Date Per Election for Office Sought		261541.03	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Rodney D Culbreth			Date of Public Distribution/Dissemination 10 / 23 / 2014	
Mailing Address 100 Asbury CT 3200 Dam Neck Rd			Amount 75.00	
City Winchester	State VA	Zip Code 22602	Transaction ID : cf93fd3c-b5f9-4103-a	
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation 10 / 23 / 2014	
Name of Federal Candidate Mr. Greg Orman		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: KS	
Calendar Year-To-Date Per Election for Office Sought		261541.03	Disbursement For: ☐ Primary ☒ 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.				
Signature Ms. Emily Buchanan		[Electronically Filed]		Date 05 / 18 / 2015

Full Name of Payee Brieshauna M Stevens		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 23 / 2014	
Mailing Address 1703 Torrey Pines Ct		Amount 60.00	
City Reston	State VA	Zip Code 20190	Transaction ID : cb1e5e6a-613d-4e7c-8 Date of Disbursement or Obligation MM / DD / YYYY 10 / 23 / 2014
Purpose of Expenditure Salary		Category/ Type 001	
Name of Federal Candidate Mr. Greg Orman		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: KS
Calendar Year-To-Date Per Election for Office Sought		261541.03	Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....		130.00
(b) SUBTOTAL of Unitemized Independent Expenditures		
(c) TOTAL Independent Expenditures.....		

Ms. Emily Buchanan

[Electronically Filed]

Date 05 / 18 / 2015

Signature _____

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1133 OF 3250
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M / D D / Y Y Y Y Y Y				
Full Name of Payee ERIC TABARY			Date of Public Distribution/Dissemination 10 / 23 / 2014	
Mailing Address 6101 NORA ST			Amount 70.00	
City METAIRIE		State LA	Zip Code 70003	
Purpose of Expenditure Salary			Category/Type 001	
Name of Federal Candidate Ms. Mary L Landrieu			Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: LA	
Calendar Year-To-Date Per Election for Office Sought			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Chris McCoy			Date of Public Distribution/Dissemination 10 / 23 / 2014	
Mailing Address 1025 Cayley Ct			Amount 82.50	
City High Point		State NC	Zip Code 27260	
Purpose of Expenditure Salary			Category/Type 001	
Name of Federal Candidate Ms. Kay Hagan			Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: NC	
Calendar Year-To-Date Per Election for Office Sought			Disbursement For: ☐ Primary ☒ 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.				
Signature Ms. Emily Buchanan			Date 05 / 18 / 2015	
[Electronically Filed]				

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 1134 OF 3250
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC	FEC IDENTIFICATION NUMBER ▼ C C00530766
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M / D D / Y Y Y Y Y Y 	

Full Name of Payee Chris McCoy		Date of Public Distribution/Dissemination 10 23 2014	
Mailing Address 1025 Cayley Ct		Amount 22.20	
City High Point	State NC	Zip Code 27260	Transaction ID : 7146a6a2-14a7-4fbe-9 Date of Disbursement or Obligation 10 23 2014
Purpose of Expenditure Mileage	Category/ Type 002		
Name of Federal Candidate Ms. Kay Hagan		Office Sought: ☐ House District: <u>00</u> ☒ Senate State: <u>NC</u> ☐ President	
Calendar Year-To-Date Per Election for Office Sought 1095959.94		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	

Full Name of Payee Joshua D Syrotchen		Date of Public Distribution/Dissemination 10 23 2014	
Mailing Address 915 East Market Ave		Amount 60.00	
City Searcy	State AR	Zip Code 72149	Transaction ID : 7adcfa08-5cdb-49b7-b Date of Disbursement or Obligation 10 23 2014
Purpose of Expenditure Salary	Category/ Type 001		
Name of Federal Candidate Mr. Mark L Pryor		Office Sought: ☐ House District: <u>00</u> ☒ Senate State: <u>AR</u> ☐ President	
Calendar Year-To-Date Per Election for Office Sought 292370.62		Disbursement For: ☐ Primary ☒ 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

05

18

2015

Signature

Full Name of Payee Joshua D Syrotchen		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 23 / 2014	
Mailing Address 915 East Market Ave		Amount 53.70	
City	State	Zip Code	Transaction ID : f0def33d-abac-478d-b Date of Disbursement or Obligation MM / DD / YYYY 10 / 23 / 2014
Searcy	AR	72149	
Purpose of Expenditure Mileage		Category/ Type	002
Name of Federal Candidate Mr. Mark L Pryor		☐ Support ☒ Oppose	Office Sought: ☐ House ☒ Senate ☐ President District: 00 State: AR
Calendar Year-To-Date Per Election for Office Sought		292370.62	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶

Full Name of Payee Mr. Roger McKinney		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 23 / 2014	
Mailing Address 308 West Main Street		Amount 60.00	
City Pilot Mountain	State NC	Zip Code 27041	Transaction ID : d450e720-93a8-4072-9 Date of Disbursement or Obligation MM / DD / YYYY 10 / 23 / 2014
Purpose of Expenditure Salary		Category/ Type 001	
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: NC
Calendar Year-To-Date Per Election for Office Sought		1095959.94	Disbursement For: ☐ Primary ☒ General ☐ 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.

Date _____

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1136 OF 3250
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC		FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on		M M M / D D D / Y Y Y Y Y Y	
Full Name of Payee Mr. Roger McKinney		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 10 / 23 / 2014	
Mailing Address 308 West Main Street		Amount 13.05	
City Pilot Mountain	State NC	Zip Code 27041	Transaction ID : 726aa3a2-154d-4c41-9
Purpose of Expenditure Mileage	Category/Type 002	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 10 / 23 / 2014	
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose ☐ President ☒ Senate	
Office Sought: House		District: 00 State: NC	
Calendar Year-To-Date Per Election for Office Sought 1095959.94		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Katie A Barros		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 10 / 23 / 2014	
Mailing Address PO Box 398		Amount 50.00	
City Neosho	State MO	Zip Code 64850	Transaction ID : 11b7629f-d438-4e5e-9
Purpose of Expenditure Salary	Category/Type 001	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 10 / 23 / 2014	
Name of Federal Candidate Mr. Mark L Pryor		☐ Support ☒ Oppose ☐ President ☒ Senate	
Office Sought: House		District: 00 State: AR	
Calendar Year-To-Date Per Election for Office Sought 292370.62		Disbursement For: ☐ Primary ☒ 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.			
Signature Ms. Emily Buchanan		Date M M M / D D D / Y Y Y Y Y Y 05 / 18 / 2015	
		[Electronically Filed]	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1137 OF 3250
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M M / D D D / Y Y Y Y Y Y				
Full Name of Payee Katie A Barros			Date of Public Distribution/Dissemination 10 / 23 / 2014	
Mailing Address PO Box 398			Amount 33.00	
City Neosho		State MO	Zip Code 64850	
Purpose of Expenditure Mileage			Category/Type 002	
Name of Federal Candidate Mr. Mark L Pryor			Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: AR	
Calendar Year-To-Date Per Election for Office Sought			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Ron K Lassiter			Date of Public Distribution/Dissemination 10 / 23 / 2014	
Mailing Address 3846 SW Wood Valley Dr			Amount 20.00	
City Topeka		State KS	Zip Code 66610	
Purpose of Expenditure Salary			Category/Type 001	
Name of Federal Candidate Mr. Greg Orman			Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: KS	
Calendar Year-To-Date Per Election for Office Sought			Disbursement For: ☐ Primary ☒ 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.				
Signature <u>Ms. Emily Buchanan</u> [Electronically Filed] Date 05 / 18 / 2015 				

Full Name of Payee Billy Martin		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 23 / 2014	
Mailing Address 250 JS Brewton rd		Amount 50.00	
City goldonna	State LA	Zip Code 71031	Transaction ID : 353c886c-30ac-4611-8
Purpose of Expenditure Salary	Category/ Type	001	Date of Disbursement or Obligation MM / DD / YYYY 10 / 23 / 2014
Name of Federal Candidate Ms. Mary L Landrieu	☐ Support ☒ Oppose	Office Sought: ☐ President ☒ Senate	District: 00 State: LA
Calendar Year-To-Date Per Election for Office Sought	554635.78		Disbursement For: ☐ Primary ☒ General ☐ 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.

Date _____

Signature

Full Name of Payee Glenda McKinney		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 23 / 2014	
Mailing Address 308 West Main Street		Amount 60.00	
City Plot Mountain	State NC	Zip Code 27041	Transaction ID : d9d80767-0683-4e54-8 Date of Disbursement or Obligation MM / DD / YYYY 10 / 23 / 2014
Purpose of Expenditure Salary	Category/ Type 001		
Name of Federal Candidate Ms. Kay Hagan	☐ Support ☒ Oppose	Office Sought: ☐ President ☒ Senate	District: 00 State: NC
Calendar Year-To-Date Per Election for Office Sought	1095959.94	Disbursement For: ☐ Primary ☒ General ☐ 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.

Date _____

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1141 OF 3250
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC		FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on		M M M / D D D / Y Y Y Y Y Y	
Full Name of Payee Jane M Kesinger		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 10 / 23 / 2014	
Mailing Address 209 Hillside Dr		Amount 5.00	
City Baldwin City	State KS	Zip Code 66006	Transaction ID : 5de8141d-9fe8-4554-8
Purpose of Expenditure Salary	Category/ Type	001	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 10 / 23 / 2014
Name of Federal Candidate Mr. Greg Orman		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: KS
Calendar Year-To-Date Per Election for Office Sought		261541.03	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶
Full Name of Payee Jane M Kesinger		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 10 / 23 / 2014	
Mailing Address 209 Hillside Dr		Amount 0.84	
City Baldwin City	State KS	Zip Code 66006	Transaction ID : 2a604a1c-bf02-4e1e-a
Purpose of Expenditure Mileage	Category/ Type	002	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 10 / 23 / 2014
Name of Federal Candidate Mr. Greg Orman		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: KS
Calendar Year-To-Date Per Election for Office Sought		261541.03	Disbursement For: ☐ Primary ☒ 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]	
Signature		Date M M M / D D D / Y Y Y Y Y Y 05 / 18 / 2015	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1142 OF 3250
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC		FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M / D D / Y Y Y Y Y Y			
Full Name of Payee Kenny Wallis		Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 10 / 23 / 2014	
Mailing Address 6412 Osage Dr		Amount 65.00	
City North Little rock	State AR	Zip Code 72116	Transaction ID : 97dd5703-2aa7-4a73-b Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 10 / 23 / 2014
Purpose of Expenditure Salary		Category/ Type 001	
Name of Federal Candidate Mr. Mark L Pryor		Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>AR</u> ☐ Support ☒ Oppose	
Calendar Year-To-Date Per Election for Office Sought 292370.62		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶ _____	
Full Name of Payee Kenny Wallis		Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 10 / 23 / 2014	
Mailing Address 6412 Osage Dr		Amount 6.54	
City North Little rock	State AR	Zip Code 72116	Transaction ID : 91c7933e-9e1d-456b-9 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 10 / 23 / 2014
Purpose of Expenditure Mileage		Category/ Type 002	
Name of Federal Candidate Mr. Mark L Pryor		Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>AR</u> ☐ Support ☒ Oppose	
Calendar Year-To-Date Per Election for Office Sought 292370.62		Disbursement For: ☐ Primary ☒ 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. Signature <u>Ms. Emily Buchanan</u> [Electronically Filed] Date M M / D D / Y Y Y Y Y Y 05 / 18 / 2015			

Full Name of Payee Hannah J Landry			Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 23 / 2014		
Mailing Address 1110 N Coolidge			Amount 14.07		
City Gonzales	State LA	Zip Code 70737	Transaction ID : 917f9ea7-fc3a-41a2-9 Date of Disbursement or Obligation MM / DD / YYYY 10 / 23 / 2014		
Purpose of Expenditure Mileage		Category/ Type 002			
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: LA		
Calendar Year-To-Date Per Election for Office Sought		554635.78	Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ▶		

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	101.57
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 1144 OF 3250
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M / D D / Y Y Y Y					
Full Name of Payee Todd Ellis			Date of Public Distribution/Dissemination 10 / 23 / 2014		
Mailing Address P.O. Box 712			Amount 85.00		
City Alexander		State AR	Zip Code 72002		
Purpose of Expenditure Salary		Category/Type 001		Transaction ID : 9773c7bb-7ff1-4649-8 Date of Disbursement or Obligation 10 / 23 / 2014	
Name of Federal Candidate Mr. Mark L Pryor			Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>AR</u>		
Calendar Year-To-Date Per Election for Office Sought 292370.62			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
Full Name of Payee Todd Ellis			Date of Public Distribution/Dissemination 10 / 23 / 2014		
Mailing Address P.O. Box 712			Amount 38.70		
City Alexander		State AR	Zip Code 72002		
Purpose of Expenditure Mileage		Category/Type 002		Transaction ID : 5a07b45a-80b4-4222-8 Date of Disbursement or Obligation 10 / 23 / 2014	
Name of Federal Candidate Mr. Mark L Pryor			Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>AR</u>		
Calendar Year-To-Date Per Election for Office Sought 292370.62			Disbursement For: ☐ Primary ☒ 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.					
Signature <u>Ms. Emily Buchanan</u> [Electronically Filed]			Date 05 / 18 / 2015		

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1145 OF 3250
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M / D D / Y Y Y Y					
Full Name of Payee Mary C Lee			Date of Public Distribution/Dissemination 10 / 23 / 2014		
Mailing Address 1030 N Coolidge Ave			Amount 87.50		
City Gonzales	State LA	Zip Code 70737	Transaction ID : 28f5d666-f291-4712-9		
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation 10 / 23 / 2014		
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: LA		
Calendar Year-To-Date Per Election for Office Sought		554635.78	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
Full Name of Payee Mary C Lee			Date of Public Distribution/Dissemination 10 / 23 / 2014		
Mailing Address 1030 N Coolidge Ave			Amount 14.07		
City Gonzales	State LA	Zip Code 70737	Transaction ID : dd0b3136-d818-4d2a-9		
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement or Obligation 10 / 23 / 2014		
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: LA		
Calendar Year-To-Date Per Election for Office Sought		554635.78	Disbursement For: ☐ Primary ☒ 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.					
Signature Ms. Emily Buchanan		[Electronically Filed]		Date 05 / 18 / 2015	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1146 OF 3250
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC		FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on		M M M / D D D / Y Y Y Y Y Y	
Full Name of Payee Michael Chinchar		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 10 / 23 / 2014	
Mailing Address 2730 Dave Ward Dr		Amount 70.00	
City Conway	State AR	Zip Code 72034	Transaction ID : 42ab46f3-3e8d-4019-9
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 10 / 23 / 2014
Name of Federal Candidate Mr. Mark L Pryor		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: AR
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Michael Chinchar		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 10 / 23 / 2014	
Mailing Address 2730 Dave Ward Dr		Amount 24.00	
City Conway	State AR	Zip Code 72034	Transaction ID : 32b22f54-864b-44fd-b
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 10 / 23 / 2014
Name of Federal Candidate Mr. Mark L Pryor		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: AR
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: ☐ Primary ☒ 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.			
Signature Ms. Emily Buchanan		Date M M M / D D D / Y Y Y Y Y Y 05 / 18 / 2015	
		[Electronically Filed]	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1147 OF 3250
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M / D D / Y Y Y Y				
Full Name of Payee Nick Berryhill			Date of Public Distribution/Dissemination 10 / 23 / 2014	
Mailing Address 905 Lake Drive			Amount 100.00	
City Shelby	State NC	Zip Code 28152	Transaction ID : f5c6c467-df67-45b0-b	
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation 10 / 23 / 2014	
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>NC</u>	
Calendar Year-To-Date Per Election for Office Sought		1095959.94	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Nick Berryhill			Date of Public Distribution/Dissemination 10 / 23 / 2014	
Mailing Address 905 Lake Drive			Amount 6.60	
City Shelby	State NC	Zip Code 28152	Transaction ID : 44656792-e351-4898-a	
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement or Obligation 10 / 23 / 2014	
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>NC</u>	
Calendar Year-To-Date Per Election for Office Sought		1095959.94	Disbursement For: ☐ Primary ☒ 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.				
Signature Ms. Emily Buchanan		[Electronically Filed]		Date 05 / 18 / 2015

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1148 OF 3250
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M M / D D D / Y Y Y Y Y Y					
Full Name of Payee Cynthia J Christmas			Date of Public Distribution/Dissemination 10 / 23 / 2014		
Mailing Address 1731 Frenchmen St			Amount 60.00		
City New Orleans	State LA	Zip Code 70116	Transaction ID : f359444b-5ac4-404a-b		
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation 10 / 23 / 2014		
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>LA</u>		
Calendar Year-To-Date Per Election for Office Sought		554635.78	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶ _____		
Full Name of Payee Timothy Foley			Date of Public Distribution/Dissemination 10 / 23 / 2014		
Mailing Address 20679 Glenbrook Terrace			Amount 25.00		
City Sterling	State VA	Zip Code 20165	Transaction ID : 2654eaf8-8ae7-4a7e-a		
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation 10 / 23 / 2014		
Name of Federal Candidate Mr. Greg Orman		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>KS</u>		
Calendar Year-To-Date Per Election for Office Sought		261541.03	Disbursement For: ☐ Primary ☒ 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.					
Signature <i>Ms. Emily Buchanan</i>		[Electronically Filed]		Date 05 / 18 / 2015	

Full Name of Payee Casey Stockton		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 23 / 2014	
Mailing Address 105 South Dale St		Amount 23.10	
City Spruce Pine	State NC	Zip Code 28777	Transaction ID : 460204ad-c967-4871-a Date of Disbursement or Obligation MM / DD / YYYY 10 / 23 / 2014
Purpose of Expenditure Mileage		Category/ Type 002	
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: NC
Calendar Year-To-Date Per Election for Office Sought		1095959.94	Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....	73.10
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures.....	

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1150 OF 3250
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC		FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M M / D D D / Y Y Y Y Y Y Y Y			
Full Name of Payee Mary Johnson		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y Y Y 10 / 23 / 2014	
Mailing Address 105 South Dale St		Amount 30.00	
City Spruce Pine	State NC	Zip Code 28777	Transaction ID : 814535a5-2172-4432-8 Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y Y Y 10 / 23 / 2014
Purpose of Expenditure Salary		Category/ Type 001	
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: NC
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Zachary Williams		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y Y Y 10 / 23 / 2014	
Mailing Address 9419 NE Hwy 69		Amount 20.00	
City Pittsburg	State KS	Zip Code 66762	Transaction ID : 6d740a6d-db33-4267-9 Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y Y Y 10 / 23 / 2014
Purpose of Expenditure Salary		Category/ Type 001	
Name of Federal Candidate Mr. Greg Orman		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: KS
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: ☐ Primary ☒ 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.			
Signature Ms. Emily Buchanan		Date M M M / D D D / Y Y Y Y Y Y Y Y 05 / 18 / 2015	
[Electronically Filed]			

Full Name of Payee Daniel E Collison		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 23 / 2014	
Mailing Address 3315 Cardinal Ridge Rd		Amount 50.00	
City Greensboro	State NC	Zip Code 27410	Transaction ID : 0443859d-e2e7-44a3-a
Purpose of Expenditure Salary	Category/ Type	001	Date of Disbursement or Obligation MM / DD / YYYY 10 / 23 / 2014
Name of Federal Candidate Ms. Kay Hagan	☐ Support ☒ Oppose	Office Sought: ☐ President ☒ Senate	District: 00 State: NC
Calendar Year-To-Date Per Election for Office Sought	1095959.94	Disbursement For: ☐ Primary ☒ General	☐ Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	63.50
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

FEC Schedule E (Form 3X) Rev. 09/2013

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1152 OF 3250
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M M / D D D / Y Y Y Y Y Y					
Full Name of Payee Daniel E Collison			Date of Public Distribution/Dissemination 10 / 23 / 2014		
Mailing Address 3315 Cardinal Ridge Rd			Amount 3.60		
City Greensboro		State NC	Zip Code 27410		Transaction ID : ea0109ee-dbd3-49ef-a
Purpose of Expenditure Mileage		Category/ Type 002		Date of Disbursement or Obligation 10 / 23 / 2014	
Name of Federal Candidate Ms. Kay Hagan			Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: NC		
Calendar Year-To-Date Per Election for Office Sought 1095959.94			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
Full Name of Payee Anthony Buchanan			Date of Public Distribution/Dissemination 10 / 23 / 2014		
Mailing Address 1090 McHone Rd			Amount 50.00		
City Spruce Pine		State NC	Zip Code 28777		Transaction ID : 100a19be-2c27-43c6-a
Purpose of Expenditure Salary		Category/ Type 001		Date of Disbursement or Obligation 10 / 23 / 2014	
Name of Federal Candidate Ms. Kay Hagan			Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: NC		
Calendar Year-To-Date Per Election for Office Sought 1095959.94			Disbursement For: ☐ Primary ☒ 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.					
Signature Ms. Emily Buchanan			Date 05 / 18 / 2015		
[Electronically Filed]					

Full Name of Payee Daniel M Quackenbush			Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 23 / 2014		
Mailing Address 12062 NC 902 Hwy			Amount 15.60		
City Bear Creek	State NC	Zip Code 27207	Transaction ID : 11397057-0254-49dd-b Date of Disbursement or Obligation MM / DD / YYYY 10 / 23 / 2014		
Purpose of Expenditure Mileage		Category/ Type 002			
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: NC		
Calendar Year-To-Date Per Election for Office Sought		1095959.94	Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ►		

(a) SUBTOTAL of Itemized Independent Expenditures.....	73.10
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures.....	

Ms. Emily Buchanan

[Electronically Filed]

Date 05 / 18 / 2015

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 1154 OF 3250
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M / D D / Y Y Y Y					
Full Name of Payee Joseph R English			Date of Public Distribution/Dissemination 10 / 23 / 2014		
Mailing Address 915 East Market Ave Apt 4			Amount 90.00		
City Searcy		State AR	Zip Code 72143		Transaction ID : d794ac08-4a0c-44ae-8
Purpose of Expenditure Salary		Category/Type 001		Date of Disbursement or Obligation 10 / 23 / 2014	
Name of Federal Candidate Mr. Mark L Pryor			☐ Support ☒ Oppose Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: AR		
Calendar Year-To-Date Per Election for Office Sought 292370.62			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
Full Name of Payee Joseph R English			Date of Public Distribution/Dissemination 10 / 23 / 2014		
Mailing Address 915 East Market Ave Apt 4			Amount 55.50		
City Searcy		State AR	Zip Code 72143		Transaction ID : 4f14400a-d262-42b2-b
Purpose of Expenditure Mileage		Category/Type 002		Date of Disbursement or Obligation 10 / 23 / 2014	
Name of Federal Candidate Mr. Mark L Pryor			☐ Support ☒ Oppose Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: AR		
Calendar Year-To-Date Per Election for Office Sought 292370.62			Disbursement For: ☐ Primary ☒ 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.					
Signature <u>Ms. Emily Buchanan</u> [Electronically Filed]			Date 05 / 18 / 2015		

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1155 OF 3250
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M M / D D D / Y Y Y Y Y Y				
Full Name of Payee Carl Brent			Date of Public Distribution/Dissemination 10 / 23 / 2014	
Mailing Address 6718 Lake Willow Dr			Amount 80.00	
City New Orleans		State LA	Zip Code 70126	
Purpose of Expenditure Salary		Category/ Type	Transaction ID : f72f5d97-299a-4136-a Date of Disbursement or Obligation 10 / 23 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>LA</u>	
Calendar Year-To-Date Per Election for Office Sought 554635.78			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Carl Brent			Date of Public Distribution/Dissemination 10 / 23 / 2014	
Mailing Address 6718 Lake Willow Dr			Amount 13.20	
City New Orleans		State LA	Zip Code 70126	
Purpose of Expenditure Mileage		Category/ Type	Transaction ID : 4735b951-a0e7-4fb7-9 Date of Disbursement or Obligation 10 / 23 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>LA</u>	
Calendar Year-To-Date Per Election for Office Sought 554635.78			Disbursement For: ☐ Primary ☒ 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.				
Signature Ms. Emily Buchanan		[Electronically Filed]		Date 05 / 18 / 2015

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 1156 OF 3250
 FOR LINE 24 OF FORM 3X

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

Full Name of Payee Alice K Salazar		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 23 / 2014	
Mailing Address 605 W Houston St		Amount 80.00	
City Marshall	State TX	Zip Code 75633	Transaction ID : ed15662a-28a4-4572-9
Purpose of Expenditure Salary		Category/Type 001	Date of Disbursement or Obligation MM / DD / YYYY 10 / 23 / 2014
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: LA
Calendar Year-To-Date Per Election for Office Sought 554635.78		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	

Full Name of Payee Alice K Salazar		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 23 / 2014	
Mailing Address 605 W Houston St		Amount 52.20	
City Marshall	State TX	Zip Code 75633	Transaction ID : f85e243f-f463-464b-a
Purpose of Expenditure Mileage		Category/Type 002	Date of Disbursement or Obligation MM / DD / YYYY 10 / 23 / 2014
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: LA
Calendar Year-To-Date Per Election for Office Sought 554635.78		Disbursement For: ☐ Primary ☒ 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]

Signature

Date

MM / DD / YYYY
05 / 18 / 2015

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1157 OF 3250
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M / D D / Y Y Y Y Y Y				
Full Name of Payee Ronald E Brown			Date of Public Distribution/Dissemination 10 / 23 / 2014	
Mailing Address 1211 Treaty Rd			Amount 45.00	
City Delphos	State KS	Zip Code 67436	Transaction ID : 9585b037-d00c-426f-b	
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation 10 / 23 / 2014	
Name of Federal Candidate Mr. Greg Orman		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>KS</u>	
Calendar Year-To-Date Per Election for Office Sought		261541.03	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Ronald E Brown			Date of Public Distribution/Dissemination 10 / 23 / 2014	
Mailing Address 1211 Treaty Rd			Amount 17.40	
City Delphos	State KS	Zip Code 67436	Transaction ID : 5b700551-1162-4a50-b	
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement or Obligation 10 / 23 / 2014	
Name of Federal Candidate Mr. Greg Orman		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>KS</u>	
Calendar Year-To-Date Per Election for Office Sought		261541.03	Disbursement For: ☐ Primary ☒ 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.				
Signature Ms. Emily Buchanan		[Electronically Filed]		Date 05 / 18 / 2015

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1158 OF 3250
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on MM / DD / YYYY				
Full Name of Payee Ronald W Ryckman			Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 23 / 2014	
Mailing Address 503 N Cedar St			Amount 70.00	
City Meade	State KS	Zip Code 67864	Transaction ID : 6b248c92-c063-4543-b	
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation MM / DD / YYYY 10 / 23 / 2014	
Name of Federal Candidate Mr. Greg Orman		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: KS	
Calendar Year-To-Date Per Election for Office Sought		261541.03	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Ronald W Ryckman			Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 23 / 2014	
Mailing Address 503 N Cedar St			Amount 29.40	
City Meade	State KS	Zip Code 67864	Transaction ID : 77015b40-dd7a-4933-9	
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement or Obligation MM / DD / YYYY 10 / 23 / 2014	
Name of Federal Candidate Mr. Greg Orman		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: KS	
Calendar Year-To-Date Per Election for Office Sought		261541.03	Disbursement For: ☐ Primary ☒ 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.				
Signature Ms. Emily Buchanan		[Electronically Filed]		Date MM / DD / YYYY 05 / 18 / 2015

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1159 OF 3250
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC		FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on / /			
Full Name of Payee Pound Feinstein & Associates Originally Reported for \$966.20, should have been \$9666.20 and we		Date of Public Distribution/Dissemination / / 10 / 22 / 2014	
Mailing Address 5614 Connecticut Ave NW Ste 270		Amount 10658.70	
City Washington	State DC	Zip Code 20015	Transaction ID : df1a4be1-b49d-428f-b Date of Disbursement or Obligation / / 10 / 22 / 2014
Purpose of Expenditure Mailer		Category/ Type 004	
Name of Federal Candidate Ann Kuster		Office Sought: ☒ House District: 02 ☐ President ☐ Senate State: NH	
Calendar Year-To-Date Per Election for Office Sought 53317.37		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶ _____	
Full Name of Payee Julie M Gentry		Date of Public Distribution/Dissemination / / 10 / 23 / 2014	
Mailing Address 314 S Main St		Amount 63.50	
City Roxboro	State NC	Zip Code 27573	Transaction ID : 7e4402c3-1652-44d6-9 Date of Disbursement or Obligation / / 10 / 23 / 2014
Purpose of Expenditure Salary		Category/ Type 001	
Name of Federal Candidate Ms. Kay Hagan		Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: NC	
Calendar Year-To-Date Per Election for Office Sought 1095959.94		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶ _____	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶		10722.20	
(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.			
Signature <i>Ms. Emily Buchanan</i>		Date / / 05 / 18 / 2015	
[Electronically Filed]			

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1160 OF 3250
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M / D D / Y Y Y Y				
Full Name of Payee Julie M Gentry			Date of Public Distribution/Dissemination 10 / 23 / 2014	
Mailing Address 314 S Main St			Amount 11.55	
City Roxboro	State NC	Zip Code 27573	Transaction ID : dabb7fe1-f09d-41db-a Date of Disbursement or Obligation 10 / 23 / 2014	
Purpose of Expenditure Mileage		Category/ Type 002		
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>NC</u>	
Calendar Year-To-Date Per Election for Office Sought		1095959.94	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Randy M Gold			Date of Public Distribution/Dissemination 10 / 23 / 2014	
Mailing Address 1436 Haigs Creek Dr			Amount 70.00	
City Elgin	State SC	Zip Code 29045	Transaction ID : 19c4fdfe-071d-451e-8 Date of Disbursement or Obligation 10 / 23 / 2014	
Purpose of Expenditure Salary		Category/ Type 001		
Name of Federal Candidate Mr. Mark L Pryor		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>AR</u>	
Calendar Year-To-Date Per Election for Office Sought		292370.62	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			81.55	
(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.				
Signature Ms. Emily Buchanan		[Electronically Filed]		Date 05 / 18 / 2015

Full Name of Payee Randy M Gold		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 23 / 2014	
Mailing Address 1436 Haigs Creek Dr		Amount 43.14	
City Elgin	State SC	Zip Code 29045	Transaction ID : 3d017131-6d16-4968-9
Purpose of Expenditure Mileage	Category/ Type	002	Date of Disbursement or Obligation MM / DD / YYYY 10 / 23 / 2014
Name of Federal Candidate Mr. Mark L Pryor		☐ Support ☒ Oppose	Office Sought: ☐ House ☒ Senate District: 00 ☐ President State: AR
Calendar Year-To-Date Per Election for Office Sought		292370.62	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶

Full Name of Payee Kaleigh J Wagner		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 23 / 2014	
Mailing Address 18065 Wayne Rd		Amount 70.00	
City Odessa	State FL	Zip Code 33556	Transaction ID : 4169ec5f-cfd7-4003-b Date of Disbursement or Obligation MM / DD / YYYY 10 / 23 / 2014
Purpose of Expenditure Salary		Category/ Type 001	
Name of Federal Candidate Mr. Mark L Pryor		☐ Support ☒ Oppose	Office Sought: ☐ House ☒ Senate ☐ President District: 00 State: AR
Calendar Year-To-Date Per Election for Office Sought 292370.62		Disbursement For: ☐ Primary ☒ General ☐ 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.

Date _____

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1162 OF 3250
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M / D D / Y Y Y Y Y Y				
Full Name of Payee Darius Beverly			Date of Public Distribution/Dissemination 10 / 23 / 2014	
Mailing Address 157 Bishop Drive			Amount 55.00	
City Avondale		State LA	Zip Code 70094	Transaction ID : 32db60bc-99a2-40d4-8
Purpose of Expenditure Salary		Category/ Type	001	Date of Disbursement or Obligation 10 / 23 / 2014
Name of Federal Candidate Ms. Mary L Landrieu			☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: LA
Calendar Year-To-Date Per Election for Office Sought			554635.78	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶
Full Name of Payee Ms. Dinah Beverly			Date of Public Distribution/Dissemination 10 / 23 / 2014	
Mailing Address 157 Bishop Drive			Amount 55.00	
City Avondale		State LA	Zip Code 70064	Transaction ID : f801034b-afc0-4923-8
Purpose of Expenditure Salary		Category/ Type	001	Date of Disbursement or Obligation 10 / 23 / 2014
Name of Federal Candidate Ms. Mary L Landrieu			☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: LA
Calendar Year-To-Date Per Election for Office Sought			554635.78	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures.....			110.00	
(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.				
Signature Ms. Emily Buchanan			Date 05 / 18 / 2015	
[Electronically Filed]				

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1163 OF 3250
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M / D D / Y Y Y Y Y Y					
Full Name of Payee Ms. Dinah Beverly			Date of Public Distribution/Dissemination 10 / 23 / 2014		
Mailing Address 157 Bishop Drive			Amount 5.70		
City Avondale		State LA	Zip Code 70064		Transaction ID : eed306ae-f4cd-449f-b
Purpose of Expenditure Mileage		Category/ Type 002		Date of Disbursement or Obligation 10 / 23 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu			☐ Support ☒ Oppose Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: LA		
Calendar Year-To-Date Per Election for Office Sought 554635.78			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶ _____		
Full Name of Payee Benjamin Hernandez			Date of Public Distribution/Dissemination 10 / 23 / 2014		
Mailing Address 915 E Market Ave			Amount 50.00		
City Searcy		State AR	Zip Code 72149		Transaction ID : 1f44d741-8dbd-451e-9
Purpose of Expenditure Salary		Category/ Type 001		Date of Disbursement or Obligation 10 / 23 / 2014	
Name of Federal Candidate Mr. Mark L Pryor			☐ Support ☒ Oppose Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: AR		
Calendar Year-To-Date Per Election for Office Sought 292370.62			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶ _____		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶ 55.70					
(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.					
Signature <u>Ms. Emily Buchanan</u> [Electronically Filed] Date 05 / 18 / 2015 					

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1164 OF 3250
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M M / D D D / Y Y Y Y Y Y				
Full Name of Payee Benjamin Hernandez			Date of Public Distribution/Dissemination 10 / 23 / 2014	
Mailing Address 915 E Market Ave			Amount 39.00	
City Searcy		State AR	Zip Code 72149	
Purpose of Expenditure Mileage		Category/ Type	Transaction ID : ad32600b-c74b-4ccb-9 Date of Disbursement or Obligation 10 / 23 / 2014	
Name of Federal Candidate Mr. Mark L Pryor		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>AR</u>	
Calendar Year-To-Date Per Election for Office Sought 292370.62			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Jake Mathews			Date of Public Distribution/Dissemination 10 / 23 / 2014	
Mailing Address 6418 East 12 St			Amount 15.00	
City Wichita		State KS	Zip Code 67206	
Purpose of Expenditure Salary		Category/ Type	Transaction ID : 1b6d098c-4bef-4654-9 Date of Disbursement or Obligation 10 / 23 / 2014	
Name of Federal Candidate Mr. Greg Orman		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>KS</u>	
Calendar Year-To-Date Per Election for Office Sought 261541.03			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			54.00	
(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.				
Signature Ms. Emily Buchanan		[Electronically Filed]		Date 05 / 18 / 2015

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1165 OF 3250
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC		FEC IDENTIFICATION NUMBER ▼ C C00530766
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on		MM / DD / YYYY

Full Name of Payee Jake Mathews		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 23 / 2014
Mailing Address 6418 East 12 St		Amount 6.00
City Wichita	State KS	Zip Code 67206
Purpose of Expenditure Mileage	Category/Type 002	Transaction ID : d53c2263-7627-4793-9 Date of Disbursement or Obligation MM / DD / YYYY 10 / 23 / 2014
Name of Federal Candidate Mr. Greg Orman		Office Sought: ☐ House District: 00 ☒ Senate State: KS
Calendar Year-To-Date Per Election for Office Sought 261541.03		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶

Full Name of Payee Cameryn L Rasmussen		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 23 / 2014
Mailing Address 4455 N Edaemoor Ct		Amount 10.00
City Bel Aire	State KS	Zip Code 67220
Purpose of Expenditure Salary	Category/Type 001	Transaction ID : 6351bbf3-cb90-4020-a Date of Disbursement or Obligation MM / DD / YYYY 10 / 23 / 2014
Name of Federal Candidate Mr. Greg Orman		Office Sought: ☐ House District: 00 ☒ Senate State: KS
Calendar Year-To-Date Per Election for Office Sought 261541.03		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	16.00
(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]

Signature

Date

MM / DD / YYYY
05 / 18 / 2015

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1166 OF 3250
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M / D D / Y Y Y Y					
Full Name of Payee Cameryn L Rasmussen			Date of Public Distribution/Dissemination 10 / 23 / 2014		
Mailing Address 4455 N Edaemoor Ct			Amount 2.40		
City Bel Aire	State KS	Zip Code 67220	Transaction ID : e7825296-3d64-47c5-a		
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement or Obligation 10 / 23 / 2014		
Name of Federal Candidate Mr. Greg Orman		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: KS		
Calendar Year-To-Date Per Election for Office Sought		261541.03	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
Full Name of Payee Ashley T Reed			Date of Public Distribution/Dissemination 10 / 23 / 2014		
Mailing Address 1519 E Village Estates Dr			Amount 10.00		
City Park City	State KS	Zip Code 67216	Transaction ID : 5068b5ae-ee65-473c-a		
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation 10 / 23 / 2014		
Name of Federal Candidate Mr. Greg Orman		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: KS		
Calendar Year-To-Date Per Election for Office Sought		261541.03	Disbursement For: ☐ Primary ☒ 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.					
Signature Ms. Emily Buchanan		[Electronically Filed]		Date 05 / 18 / 2015	

Full Name of Payee Marilyn Galliardt		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 23 / 2014	
Mailing Address 410 Wedgewood Ct		Amount 50.00	
City Hesston	State KS	Zip Code 67062	Transaction ID : 47eed91e-db8f-49a4-b Date of Disbursement or Obligation MM / DD / YYYY 10 / 23 / 2014
Purpose of Expenditure Salary	Category/ Type 001		
Name of Federal Candidate Mr. Greg Orman	☐ Support ☒ Oppose	Office Sought: ☐ President ☒ Senate	District: 00 State: KS
Calendar Year-To-Date Per Election for Office Sought	261541.03	Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....	52.40
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures.....	

FEC Schedule E (Form 3X) Rev. 09/2013

Full Name of Payee Marilyn Galliardt		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 23 / 2014	
Mailing Address 410 Wedgewood Ct		Amount 27.00	
City Hesston	State KS	Zip Code 67062	Transaction ID : 9c4e53a2-b2d0-4ac6-a Date of Disbursement or Obligation MM / DD / YYYY 10 / 23 / 2014
Purpose of Expenditure Mileage	Category/ Type	002	
Name of Federal Candidate Mr. Greg Orman	☐ Support ☒ Oppose	Office Sought: ☐ President ☒ Senate	District: 00 State: KS
Calendar Year-To-Date Per Election for Office Sought	261541.03	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	

Full Name of Payee Ren W Dasher		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 23 / 2014	
Mailing Address 1414 Edgemoor Dr		Amount 45.00	
City El Dorado	State KS	Zip Code 67042	Transaction ID : 2e704698-5702-4059-a Date of Disbursement or Obligation MM / DD / YYYY 10 / 23 / 2014
Purpose of Expenditure Salary	Category/ Type 001		
Name of Federal Candidate Mr. Greg Orman	☐ Support ☒ Oppose	Office Sought: ☐ President ☒ Senate ☐ Other (specify) ▶	House District: 00 State: KS Disbursement For: ☐ Primary ☒ General
Calendar Year-To-Date Per Election for Office Sought	261541.03		

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	72.00
(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.

Date / /

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1169 OF 3250
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC		FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on		M M M / D D D / Y Y Y Y Y Y	
Full Name of Payee Ren W Dashner		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 10 / 23 / 2014	
Mailing Address 1414 Edgemoor Dr		Amount 15.00	
City El Dorado	State KS	Zip Code 67042	Transaction ID : b1d22516-31fd-46b0-a
Purpose of Expenditure Mileage	Category/Type 002	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 10 / 23 / 2014	
Name of Federal Candidate Mr. Greg Orman		☐ Support ☒ Oppose	
Office Sought: ☐ President ☒ Senate		District: 00 State: KS	
Calendar Year-To-Date Per Election for Office Sought 261541.03		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Corban L Barnett		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 10 / 23 / 2014	
Mailing Address 1001 N Prospect		Amount 50.00	
City Liberal	State KS	Zip Code 67901	Transaction ID : 9e3d546e-126e-48a7-8
Purpose of Expenditure Salary	Category/Type 001	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 10 / 23 / 2014	
Name of Federal Candidate Mr. Greg Orman		☐ Support ☒ Oppose	
Office Sought: ☐ President ☒ Senate		District: 00 State: KS	
Calendar Year-To-Date Per Election for Office Sought 261541.03		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶		65.00	
(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.			
Signature Ms. Emily Buchanan		Date M M M / D D D / Y Y Y Y Y Y 05 / 18 / 2015	
		[Electronically Filed]	

Full Name of Payee Corban L Barnett		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 23 / 2014	
Mailing Address 1001 N Prospect		Amount 0.90	
City Liberal	State KS	Zip Code 67901	Transaction ID : c0d2f962-f91d-4952-a
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement or Obligation MM / DD / YYYY 10 / 23 / 2014
Name of Federal Candidate Mr. Greg Orman		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: KS
Calendar Year-To-Date Per Election for Office Sought 261541.03		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	

Full Name of Payee Amelia Brackett		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 23 / 2014	
Mailing Address 804 Roundabout Circle		Amount 90.00	
City	State	Zip Code	Transaction ID : 09a0af92-5355-4f40-9 Date of Disbursement or Obligation MM / DD / YYYY 10 / 23 / 2014
Searcy	AR	72143	
Purpose of Expenditure Salary		Category/ Type	001
Name of Federal Candidate Mr. Mark L Pryor		☐ Support ☒ Oppose	Office Sought: ☐ House ☒ Senate ☐ President ☒ Senate District: 00 State: AR
Calendar Year-To-Date Per Election for Office Sought		292370.62	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	90.90
(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.

Date _____

Signature

05 / 18 / 2015

Full Name of Payee Kaitlyn B Allen		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 23 / 2014	
Mailing Address 2121 Daniel Dr		Amount 66.33	
City	State	Zip Code	Transaction ID : 97396b22-77e5-46c7-8 Date of Disbursement or Obligation MM / DD / YYYY 10 / 23 / 2014
Searcy	AR	72143	
Purpose of Expenditure Mileage		Category/ Type	002
Name of Federal Candidate Mr. Mark L Pryor		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: AR
Calendar Year-To-Date Per Election for Office Sought		292370.62	Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	156.33
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1172 OF 3250
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M / D D / Y Y Y Y					
Full Name of Payee Benjamin L Heitman			Date of Public Distribution/Dissemination 10 / 23 / 2014		
Mailing Address 2520 Helmstetler Rd			Amount 55.00		
City Lexington	State NC	Zip Code 27295	Transaction ID : ea8c02d9-2352-471a-a		
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation 10 / 23 / 2014		
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: NC		
Calendar Year-To-Date Per Election for Office Sought		1095959.94	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
Full Name of Payee Benjamin L Heitman			Date of Public Distribution/Dissemination 10 / 23 / 2014		
Mailing Address 2520 Helmstetler Rd			Amount 7.80		
City Lexington	State NC	Zip Code 27295	Transaction ID : 03dbe0e3-ff23-4e26-a		
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement or Obligation 10 / 23 / 2014		
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: NC		
Calendar Year-To-Date Per Election for Office Sought		1095959.94	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			62.80		
(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 05 / 18 / 2015		
Signature					

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1173 OF 3250
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M / D D / Y Y Y Y				
Full Name of Payee John P Hilkert			Date of Public Distribution/Dissemination 10 / 23 / 2014	
Mailing Address 7 Bards Lane			Amount 57.50	
City Fletcher	State NC	Zip Code 28732	Transaction ID : 2c455ccd-c32c-4029-a	
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation 10 / 23 / 2014	
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: NC	
Calendar Year-To-Date Per Election for Office Sought		1095959.94	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee John P Hilkert			Date of Public Distribution/Dissemination 10 / 23 / 2014	
Mailing Address 7 Bards Lane			Amount 14.40	
City Fletcher	State NC	Zip Code 28732	Transaction ID : 6897051a-748f-411e-9	
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement or Obligation 10 / 23 / 2014	
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: NC	
Calendar Year-To-Date Per Election for Office Sought		1095959.94	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			71.90	
(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.				
Signature Ms. Emily Buchanan		[Electronically Filed]		Date 05 / 18 / 2015

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1174 OF 3250
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M / D D / Y Y Y Y				
Full Name of Payee Jacob Bernas			Date of Public Distribution/Dissemination 10 / 23 / 2014	
Mailing Address 458 S Glendale			Amount 50.00	
City Wichita	State KS	Zip Code 67218	Transaction ID : 117ac637-ae4b-41fa-a Date of Disbursement or Obligation 10 / 23 / 2014	
Purpose of Expenditure Salary		Category/ Type 001		
Name of Federal Candidate Mr. Greg Orman		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: KS	
Calendar Year-To-Date Per Election for Office Sought		261541.03	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Jacob Bernas			Date of Public Distribution/Dissemination 10 / 23 / 2014	
Mailing Address 458 S Glendale			Amount 9.00	
City Wichita	State KS	Zip Code 67218	Transaction ID : 93b0ca95-7daf-4193-a Date of Disbursement or Obligation 10 / 23 / 2014	
Purpose of Expenditure Mileage		Category/ Type 002		
Name of Federal Candidate Mr. Greg Orman		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: KS	
Calendar Year-To-Date Per Election for Office Sought		261541.03	Disbursement For: ☐ Primary ☒ 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.				
Signature Ms. Emily Buchanan		[Electronically Filed]		Date 05 / 18 / 2015

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1175 OF 3250
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC		FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on		M M M / D D D / Y Y Y Y Y Y	
Full Name of Payee Mary R Kirkland		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 10 / 23 / 2014	
Mailing Address 504 Green Meadow Dr		Amount 50.00	
City Boyd	State TX	Zip Code 76023	Transaction ID : 5c8fbc79-e373-4b8e-a
Purpose of Expenditure Salary		Category/Type 001	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 10 / 23 / 2014
Name of Federal Candidate Mr. Mark L Pryor		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: AR
Calendar Year-To-Date Per Election for Office Sought 292370.62		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Laura U Logie		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 10 / 24 / 2014	
Mailing Address 2565 Shire Circle		Amount 35.00	
City Harrisonburg	State VA	Zip Code 22801	Transaction ID : 14880b7a-585f-4765-a
Purpose of Expenditure Salary		Category/Type 001	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 10 / 24 / 2014
Name of Federal Candidate Mr. Greg Orman		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: KS
Calendar Year-To-Date Per Election for Office Sought 261541.03		Disbursement For: ☐ Primary ☒ 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.			
Signature Ms. Emily Buchanan		Date M M M / D D D / Y Y Y Y Y Y 05 / 18 / 2015	
		[Electronically Filed]	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

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 FOR LINE 24 OF FORM 3X

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

Full Name of Payee Shelbi L Randall		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 23 / 2014	
Mailing Address 202 East Park Ave Apt 40		Amount 45.00	
City Searcy	State AR	Zip Code 72143	Transaction ID : 2a17e9d7-12a0-4270-a Date of Disbursement or Obligation MM / DD / YYYY 10 / 23 / 2014
Purpose of Expenditure Salary		Category/ Type 001	
Name of Federal Candidate Mr. Mark L Pryor		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: AR
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	

Full Name of Payee Shelbi L Randall		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 23 / 2014	
Mailing Address 202 East Park Ave Apt 40		Amount 21.00	
City Searcy	State AR	Zip Code 72143	Transaction ID : f0dd076f-01c6-4ec0-8 Date of Disbursement or Obligation MM / DD / YYYY 10 / 23 / 2014
Purpose of Expenditure Mileage		Category/ Type 002	
Name of Federal Candidate Mr. Mark L Pryor		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: AR
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: ☐ Primary ☒ 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

MM / DD / YYYY
05 / 18 / 2015

Signature

Full Name of Payee Daniel E Collison		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 22 / 2014	
Mailing Address 3315 Cardinal Ridge Rd		Amount 0.60	
City Greensboro	State NC	Zip Code 27410	Transaction ID : 3c09c5d4-749a-4ef7-8
Purpose of Expenditure Mileage	Category/ Type	002	Date of Disbursement or Obligation MM / DD / YYYY 10 / 22 / 2014
Name of Federal Candidate Ms. Kay Hagan	☐ Support ☒ Oppose	Office Sought: ☐ President ☒ Senate	District: 00 State: NC
Calendar Year-To-Date Per Election for Office Sought	1095959.94	Disbursement For: ☐ Primary ☒ General	☐ Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....	15.60
(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.

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1178 OF 3250
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M M / D D D / Y Y Y Y Y Y				
Full Name of Payee Matt Gleb			Date of Public Distribution/Dissemination 10 / 24 / 2014	
Mailing Address 3815 Robin Road			Amount 17.00	
City Ayden	State NC	Zip Code 28513	Transaction ID : d50d6911-c953-4529-a	
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation 10 / 24 / 2014	
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>NC</u>	
Calendar Year-To-Date Per Election for Office Sought		1095959.94	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Matt Gleb			Date of Public Distribution/Dissemination 10 / 24 / 2014	
Mailing Address 3815 Robin Road			Amount 6.00	
City Ayden	State NC	Zip Code 28513	Transaction ID : 74d77576-107e-4e74-a	
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement or Obligation 10 / 24 / 2014	
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>NC</u>	
Calendar Year-To-Date Per Election for Office Sought		1095959.94	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			23.00	
(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.				
Signature Ms. Emily Buchanan		[Electronically Filed]		Date 05 / 18 / 2015

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 1179 OF 3250
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC		FEC IDENTIFICATION NUMBER ▼ C C00530766
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on		MM / DD / YYYY

Full Name of Payee Jordan L Randall		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 23 / 2014
Mailing Address 27 Mesa St		Amount 15.00
City Kenner	State LA	Zip Code 70065
Purpose of Expenditure Salary	Category/Type 001	Transaction ID : 4de7990b-548e-4ea4-9 Date of Disbursement or Obligation MM / DD / YYYY 10 / 23 / 2014
Name of Federal Candidate Ms. Mary L Landrieu		Office Sought: ☐ House District: 00 ☒ Senate State: LA
Calendar Year-To-Date Per Election for Office Sought 554635.78		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶

Full Name of Payee Jordan L Randall		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 23 / 2014
Mailing Address 27 Mesa St		Amount 6.60
City Kenner	State LA	Zip Code 70065
Purpose of Expenditure Mileage	Category/Type 002	Transaction ID : e13398f6-8bea-403d-9 Date of Disbursement or Obligation MM / DD / YYYY 10 / 23 / 2014
Name of Federal Candidate Ms. Mary L Landrieu		Office Sought: ☐ House District: 00 ☒ Senate State: LA
Calendar Year-To-Date Per Election for Office Sought 554635.78		Disbursement For: ☐ Primary ☒ 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

MM / DD / YYYY
05 / 18 / 2015

Signature

Full Name of Payee Dianna R Williams		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 24 / 2014	
Originally reported against Kay Hagan, corrected with filing		Amount 20.00	
Mailing Address 1510 W Pawnee Apt 2103	City Wichita	State KS	Zip Code 67213
Purpose of Expenditure Salary	Category/ Type	001	Transaction ID : 44e04669-092b-4544-a Date of Disbursement or Obligation MM / DD / YYYY 10 / 24 / 2014
Name of Federal Candidate Mr. Greg Orman	☐ Support ☒ Oppose	Office Sought: ☐ President ☒ Senate	District: <u>00</u> State: <u>KS</u>
Calendar Year-To-Date Per Election for Office Sought	261541.03	Disbursement For: ☐ Other (specify) ►	☐ Primary ☒ General

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	140.00
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

05 / 18 / 2015

FEC Schedule E (Form 3X) Rev. 09/2013

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

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 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M M / D D D / Y Y Y Y Y Y					
Full Name of Payee Dianna R Williams Originally reported against Kay Hagan, corrected with filing			Date of Public Distribution/Dissemination 10 / 24 / 2014		
Mailing Address 1510 W Pawnee Apt 2103			Amount 3.60		
City Wichita	State KS	Zip Code 67213	Transaction ID : fab301b9-203c-47af-b Date of Disbursement or Obligation 10 / 24 / 2014		
Purpose of Expenditure Mileage		Category/ Type 002			
Name of Federal Candidate Mr. Greg Orman		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: KS		
Calendar Year-To-Date Per Election for Office Sought		261541.03	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
Full Name of Payee James Kindstedt			Date of Public Distribution/Dissemination 10 / 24 / 2014		
Mailing Address 5510 Dogwood Dr			Amount 28.30		
City Winston Salem	State NC	Zip Code 27105	Transaction ID : 180f8b39-ef59-41bb-8 Date of Disbursement or Obligation 10 / 24 / 2014		
Purpose of Expenditure Salary		Category/ Type 001			
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: NC		
Calendar Year-To-Date Per Election for Office Sought		1095959.94	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			31.90		
(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.					
Signature Ms. Emily Buchanan		[Electronically Filed]		Date 05 / 18 / 2015	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1182 OF 3250
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M M / D D D / Y Y Y Y Y Y					
Full Name of Payee James Kindstedt			Date of Public Distribution/Dissemination 10 / 24 / 2014		
Mailing Address 5510 Dogwood Dr			Amount 7.35		
City Winston Salem		State NC	Zip Code 27105		Transaction ID : 210ecb80-9943-4aa5-9
Purpose of Expenditure Mileage		Category/ Type 002		Date of Disbursement or Obligation 10 / 24 / 2014	
Name of Federal Candidate Ms. Kay Hagan			☐ Support ☒ Oppose Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>NC</u>		
Calendar Year-To-Date Per Election for Office Sought 1095959.94			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶ _____		
Full Name of Payee Joanna Kindstedt			Date of Public Distribution/Dissemination 10 / 24 / 2014		
Mailing Address 2134 Tobaccoville Rd			Amount 28.30		
City Rural Hall		State NC	Zip Code 27045		Transaction ID : f2aa52e5-1213-46ae-9
Purpose of Expenditure Salary		Category/ Type 001		Date of Disbursement or Obligation 10 / 24 / 2014	
Name of Federal Candidate Ms. Kay Hagan			☐ Support ☒ Oppose Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>NC</u>		
Calendar Year-To-Date Per Election for Office Sought 1095959.94			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶ _____		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			35.65		
(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.					
Signature Ms. Emily Buchanan			Date 05 / 18 / 2015		
[Electronically Filed]					

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1183 OF 3250
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M / D D / Y Y Y Y				
Full Name of Payee David Ford			Date of Public Distribution/Dissemination 10 / 24 / 2014	
Mailing Address 106 Hillside St			Amount 47.50	
City Spindale	State NC	Zip Code 28160	Transaction ID : 434ef1b2-4955-432a-9	
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation 10 / 24 / 2014	
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: NC	
Calendar Year-To-Date Per Election for Office Sought		1095959.94	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee David Ford			Date of Public Distribution/Dissemination 10 / 24 / 2014	
Mailing Address 106 Hillside St			Amount 42.81	
City Spindale	State NC	Zip Code 28160	Transaction ID : 42973006-ea51-431c-b	
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement or Obligation 10 / 24 / 2014	
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: NC	
Calendar Year-To-Date Per Election for Office Sought		1095959.94	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			90.31	
(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.				
Signature Ms. Emily Buchanan		[Electronically Filed]		Date 05 / 18 / 2015

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

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 FOR LINE 24 OF FORM 3X

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

Full Name of Payee Toni A Persinger-Buckler		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 24 / 2014	
Mailing Address 5330 Nestleway Dr		Amount 37.50	
City Clemmons	State NC	Zip Code 27012	Transaction ID : 03139b72-d945-4a9e-8 Date of Disbursement or Obligation MM / DD / YYYY 10 / 24 / 2014
Purpose of Expenditure Salary		Category/Type 001	
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: NC
Calendar Year-To-Date Per Election for Office Sought		1095959.94	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶

Full Name of Payee Toni A Persinger-Buckler		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 24 / 2014	
Mailing Address 5330 Nestleway Dr		Amount 8.70	
City Clemmons	State NC	Zip Code 27012	Transaction ID : c72c4d32-5950-407a-9 Date of Disbursement or Obligation MM / DD / YYYY 10 / 24 / 2014
Purpose of Expenditure Mileage		Category/Type 002	
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: NC
Calendar Year-To-Date Per Election for Office Sought		1095959.94	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	46.20
(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

 MM / DD / YYYY

05 / 18 / 2015

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1185 OF 3250
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M / D D / Y Y Y Y Y Y				
Full Name of Payee Michael A Stieben			Date of Public Distribution/Dissemination 10 / 23 / 2014	
Mailing Address 16864 Stillwell			Amount 9.00	
City Bonner Springs	State KS	Zip Code 66012	Transaction ID : c4901918-a384-42f1-b Date of Disbursement or Obligation 10 / 23 / 2014	
Purpose of Expenditure Salary		Category/ Type 001		
Name of Federal Candidate Mr. Greg Orman		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>KS</u>	
Calendar Year-To-Date Per Election for Office Sought		261541.03	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Michael A Stieben			Date of Public Distribution/Dissemination 10 / 23 / 2014	
Mailing Address 16864 Stillwell			Amount 3.60	
City Bonner Springs	State KS	Zip Code 66012	Transaction ID : 3f4ab762-847f-4481-a Date of Disbursement or Obligation 10 / 23 / 2014	
Purpose of Expenditure Mileage		Category/ Type 002		
Name of Federal Candidate Mr. Greg Orman		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>KS</u>	
Calendar Year-To-Date Per Election for Office Sought		261541.03	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			12.60	
(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.				
Signature Ms. Emily Buchanan		[Electronically Filed]		Date 05 / 18 / 2015

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 1186 OF 3250
 FOR LINE 24 OF FORM 3X

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

Full Name of Payee Jodi DeFrees			Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 22 / 2014		
Mailing Address 201 E Mt Vernon			Amount 60.00		
City Wichita	State KS	Zip Code 67211	Transaction ID : 057f0e8d-ef7d-4b08-b Date of Disbursement or Obligation MM / DD / YYYY 10 / 22 / 2014		
Purpose of Expenditure Salary		Category/ Type 001	Name of Federal Candidate Mr. Greg Orman		
Calendar Year-To-Date Per Election for Office Sought 261541.03		Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: KS Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶			

Full Name of Payee Jodi DeFrees			Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 22 / 2014		
Mailing Address 201 E Mt Vernon			Amount 8.70		
City Wichita	State KS	Zip Code 67211	Transaction ID : fa7f8a2d-208f-4e3c-a Date of Disbursement or Obligation MM / DD / YYYY 10 / 22 / 2014		
Purpose of Expenditure Mileage		Category/ Type 002	Name of Federal Candidate Mr. Greg Orman		
Calendar Year-To-Date Per Election for Office Sought 261541.03		Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: KS Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶			

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	68.70
(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

MM / DD / YYYY
05 / 18 / 2015

Signature

Full Name of Payee William M Criswell		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 24 / 2014	
Mailing Address 115 Burns Mitchell Drive		Amount 8.40	
City Belmont	State NC	Zip Code 28012	Transaction ID : c7998375-f587-4308-9 Date of Disbursement or Obligation MM / DD / YYYY 10 / 24 / 2014
Purpose of Expenditure Mileage	Category/ Type	002	
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House ☒ Senate ☐ President
District: <u>00</u> State: <u>NC</u>			
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ▶ _____	
1095959.94			

(a) SUBTOTAL of Itemized Independent Expenditures.....	78.40
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures.....	

Ms. Emily Buchanan

[Electronically Filed]

Date 05 / 18 / 2015

Signature _____

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1188 OF 3250
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC		FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on		M M M / D D D / Y Y Y Y Y Y	
Full Name of Payee Ronald W Ryckman		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 10 / 24 / 2014	
Mailing Address 503 N Cedar St		Amount 50.00	
City Meade	State KS	Zip Code 67864	Transaction ID : e43e4a10-5112-4124-b
Purpose of Expenditure Salary		Category/Type 001	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 10 / 24 / 2014
Name of Federal Candidate Mr. Greg Orman		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: KS
Calendar Year-To-Date Per Election for Office Sought 261541.03		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Ronald W Ryckman		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 10 / 24 / 2014	
Mailing Address 503 N Cedar St		Amount 25.80	
City Meade	State KS	Zip Code 67864	Transaction ID : 38d656da-870b-4166-9
Purpose of Expenditure Mileage		Category/Type 002	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 10 / 24 / 2014
Name of Federal Candidate Mr. Greg Orman		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: KS
Calendar Year-To-Date Per Election for Office Sought 261541.03		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶		75.80	
(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.			
Signature Ms. Emily Buchanan		Date M M M / D D D / Y Y Y Y Y Y 05 / 18 / 2015	
		[Electronically Filed]	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1189 OF 3250
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M / D D / Y Y Y Y				
Full Name of Payee Judith A Murphy			Date of Public Distribution/Dissemination 10 / 24 / 2014	
Mailing Address PO Box 37			Amount 53.00	
City East Bend	State NC	Zip Code 27018	Transaction ID : 2efed971-cd52-407b-b Date of Disbursement or Obligation 10 / 24 / 2014	
Purpose of Expenditure Salary		Category/ Type 001		
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: NC	
Calendar Year-To-Date Per Election for Office Sought		1095959.94	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Claud B Murphy JR			Date of Public Distribution/Dissemination 10 / 24 / 2014	
Mailing Address PO Box 37			Amount 55.00	
City East Bend	State NC	Zip Code 27018	Transaction ID : bdbce9dd-de1b-4981-a Date of Disbursement or Obligation 10 / 24 / 2014	
Purpose of Expenditure Salary		Category/ Type 001		
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: NC	
Calendar Year-To-Date Per Election for Office Sought		1095959.94	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			108.00	
(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 05 / 18 / 2015	
Signature				

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1190 OF 3250
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC		FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on		M M M / D D D / Y Y Y Y Y Y	
Full Name of Payee Claud B Murphy JR		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 10 / 24 / 2014	
Mailing Address PO Box 37		Amount 12.90	
City East Bend	State NC	Zip Code 27018	Transaction ID : 09fcbfc5-ce3d-4333-a
Purpose of Expenditure Mileage	Category/Type 002	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 10 / 24 / 2014	
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose ☐ President ☒ Senate	
Office Sought: ☐ House ☒ Senate District: 00 State: NC		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Calendar Year-To-Date Per Election for Office Sought 1095959.94			
Full Name of Payee Noah J Smith		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 10 / 24 / 2014	
Mailing Address 41174 Bertville Rd		Amount 30.00	
City Gonzales	State LA	Zip Code 70737	Transaction ID : 7abc17ac-0712-435c-a
Purpose of Expenditure Salary	Category/Type 001	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 10 / 24 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose ☐ President ☒ Senate	
Office Sought: ☐ House ☒ Senate District: 00 State: LA		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Calendar Year-To-Date Per Election for Office Sought 554635.78			
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶		42.90	
(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.			
Signature Ms. Emily Buchanan		Date M M M / D D D / Y Y Y Y Y Y 05 / 18 / 2015	
		[Electronically Filed]	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

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 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on MM / DD / YYYY / / MM / DD / YYYY / / MM / DD / YYYY / /					
Full Name of Payee Barbara E Spritz			Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 24 / 2014		
Mailing Address 3346 Durham St Ext			Amount 20.00		
City Burlington		State NC	Zip Code 27217		Transaction ID : 84628cdb-8e12-4d53-b
Purpose of Expenditure Salary		Category/Type 001		Date of Disbursement or Obligation MM / DD / YYYY 10 / 24 / 2014	
Name of Federal Candidate Ms. Kay Hagan			☐ Support ☒ Oppose Office Sought: ☐ House ☒ Senate ☐ President ☐ State: NC		
Calendar Year-To-Date Per Election for Office Sought			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
Full Name of Payee Barbara E Spritz			Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 24 / 2014		
Mailing Address 3346 Durham St Ext			Amount 3.30		
City Burlington		State NC	Zip Code 27217		Transaction ID : 22e85858-87ae-4cfc-8
Purpose of Expenditure Mileage		Category/Type 002		Date of Disbursement or Obligation MM / DD / YYYY 10 / 24 / 2014	
Name of Federal Candidate Ms. Kay Hagan			☐ Support ☒ Oppose Office Sought: ☐ House ☒ Senate ☐ President ☐ State: NC		
Calendar Year-To-Date Per Election for Office Sought			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			23.30		
(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.					
Signature <u>Ms. Emily Buchanan</u> [Electronically Filed]			Date MM / DD / YYYY 05 / 18 / 2015		

Full Name of Payee Eva M Johnston		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 22 / 2014	
Mailing Address 2517 N 47th St		Amount 40.00	
City Milwaukee	State WI	Zip Code 53210	Transaction ID : 6d21830b-5b69-4c20-8
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation MM / DD / YYYY 10 / 22 / 2014
Name of Federal Candidate Mr. Greg Orman		☐ Support ☒ Oppose	Office Sought: ☐ House ☒ Senate ☐ President District: 00 State: KS
Calendar Year-To-Date Per Election for Office Sought 261541.03		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	

Full Name of Payee Cecilia B Johnson		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 24 / 2014	
Mailing Address 638 Sawyer Rd		Amount 20.00	
City Hays	State NC	Zip Code 28635	Transaction ID : d5071016-535c-45fa-b Date of Disbursement or Obligation MM / DD / YYYY 10 / 24 / 2014
Purpose of Expenditure Salary		Category/ Type 001	
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House ☒ Senate ☐ President ☐ Other (specify) _____
Calendar Year-To-Date Per Election for Office Sought		1095959.94	Disbursement For: ☐ Primary ☒ General ☐ 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.

Date _____

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1193 OF 3250
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M / D D / Y Y Y Y				
Full Name of Payee Cecilia B Johnson			Date of Public Distribution/Dissemination 10 / 24 / 2014	
Mailing Address 638 Sawyer Rd			Amount 3.00	
City Hays	State NC	Zip Code 28635	Transaction ID : 1081ed76-016f-4809-a Date of Disbursement or Obligation 10 / 24 / 2014	
Purpose of Expenditure Mileage		Category/ Type 002		
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: NC	
Calendar Year-To-Date Per Election for Office Sought		1095959.94	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Joshua J Huffman			Date of Public Distribution/Dissemination 10 / 24 / 2014	
Mailing Address 211 Dixie Ave			Amount 35.00	
City Harrisonburg	State VA	Zip Code 22801	Transaction ID : c82aaef9-05a3-4067-8 Date of Disbursement or Obligation 10 / 24 / 2014	
Purpose of Expenditure Salary		Category/ Type 001		
Name of Federal Candidate Mr. Greg Orman		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: KS	
Calendar Year-To-Date Per Election for Office Sought		261541.03	Disbursement For: ☐ Primary ☒ 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.				
Signature Ms. Emily Buchanan		[Electronically Filed]		Date 05 / 18 / 2015

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1194 OF 3250
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M M / D D D / Y Y Y Y Y Y					
Full Name of Payee Samantha S Johnson			Date of Public Distribution/Dissemination 10 / 24 / 2014		
Mailing Address 638 Sawyer Rd			Amount 22.50		
City Hays		State NC	Zip Code 28635		Transaction ID : 342f908f-1abe-4cbb-8
Purpose of Expenditure Salary		Category/ Type 001		Date of Disbursement or Obligation 10 / 24 / 2014	
Name of Federal Candidate Ms. Kay Hagan			Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: NC		
Calendar Year-To-Date Per Election for Office Sought 1095959.94			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
Full Name of Payee Zachary R McCleese			Date of Public Distribution/Dissemination 10 / 24 / 2014		
Mailing Address 323 Rolling Pines Dr			Amount 40.00		
City Spring Lake		State NC	Zip Code 28390		Transaction ID : 435a4ad9-e387-40bb-8
Purpose of Expenditure Salary		Category/ Type 001		Date of Disbursement or Obligation 10 / 24 / 2014	
Name of Federal Candidate Mr. Mark L Pryor			Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: AR		
Calendar Year-To-Date Per Election for Office Sought 292370.62			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			62.50		
(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.					
Signature Ms. Emily Buchanan			Date 05 / 18 / 2015		
[Electronically Filed]					

Full Name of Payee Anselma A Trinidad		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 24 / 2014	
Mailing Address 7915 Curtina Ln		Amount 80.00	
City Lewisville	State NC	Zip Code 27023	Transaction ID : a7edb2a9-12b6-4c5a-b Date of Disbursement or Obligation MM / DD / YYYY 10 / 24 / 2014
Purpose of Expenditure Salary	Category/ Type 001		
Name of Federal Candidate Ms. Kay Hagan	☐ Support ☒ Oppose	Office Sought: ☐ House ☒ Senate	District: 00 State: NC
Calendar Year-To-Date Per Election for Office Sought	1095959.94	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	103.40
(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.

Date / /

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1196 OF 3250
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC		FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on		M M M / D D D / Y Y Y Y Y Y	
Full Name of Payee Gabriela P Sosa		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 10 / 24 / 2014	
Mailing Address 2530 Brook Stone Dr		Amount 15.00	
City Clemmons	State NC	Zip Code 27012	Transaction ID : e2006baa-53ae-4099-a
Purpose of Expenditure Mileage	Category/ Type	002	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 10 / 24 / 2014
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: NC
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Francesca Blom		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 10 / 24 / 2014	
Mailing Address 101 Asbury Ct		Amount 60.00	
City Winchester	State VA	Zip Code 22602	Transaction ID : 30304717-caf3-4491-9
Purpose of Expenditure Salary	Category/ Type	001	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 10 / 24 / 2014
Name of Federal Candidate Mr. Greg Orman		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: KS
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: ☐ Primary ☒ 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]	
Signature		Date M M M / D D D / Y Y Y Y Y Y 05 / 18 / 2015	

Full Name of Payee Alisha A Hauser		Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 10 / 24 / 2014	
Mailing Address 199 Raven Circle		Amount 19.95	
City Wilkesboro	State NC	Zip Code 28697	Transaction ID : 6cea68f7-95eb-4376-8 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 10 / 24 / 2014
Purpose of Expenditure Mileage	Category/ Type	002	
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: NC
Calendar Year-To-Date Per Election for Office Sought		1095959.94	Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ►

(a) SUBTOTAL of Itemized Independent Expenditures.....	77.45
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures.....	

FEC Schedule E (Form 3X) Rev. 09/2013

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 1198 OF 3250
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M / D D / Y Y Y Y					
Full Name of Payee Fedex Office			Date of Public Distribution/Dissemination 10 / 24 / 2014		
Mailing Address 2303 S MacArthur Drive			Amount 112.82		
City Alexandria	State LA	Zip Code 71301	Transaction ID : 417c7896-8060-45bf-b Date of Disbursement or Obligation 10 / 24 / 2014		
Purpose of Expenditure Canvass Recruitment Flyers		Category/ Type 004			
Name of Federal Candidate Ms. Mary L Landrieu			Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: LA ☐ Support ☒ Oppose		
Calendar Year-To-Date Per Election for Office Sought 554635.78			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
Full Name of Payee Christine R McDonald			Date of Public Distribution/Dissemination 10 / 24 / 2014		
Mailing Address 3751 N Jeanette Ave			Amount 40.00		
City Wichita	State KS	Zip Code 67204	Transaction ID : c24f3c60-9e5a-490f-a Date of Disbursement or Obligation 10 / 24 / 2014		
Purpose of Expenditure Salary		Category/ Type 001			
Name of Federal Candidate Mr. Greg Orman			Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: KS ☐ Support ☒ Oppose		
Calendar Year-To-Date Per Election for Office Sought 261541.03			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			152.82		
(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.					
Signature <u>Ms. Emily Buchanan</u> [Electronically Filed]			Date 05 / 18 / 2015		

Full Name of Payee Edmond D Rea		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 24 / 2014	
Mailing Address 416 Vine Dr		Amount 45.00	
City Lawrence	State KS	Zip Code 66049	Transaction ID : bfcda8ca-6f4e-469b-a Date of Disbursement or Obligation MM / DD / YYYY 10 / 24 / 2014
Purpose of Expenditure Salary	Category/ Type	001	
Name of Federal Candidate Mr. Greg Orman	☐ Support ☒ Oppose	Office Sought: ☐ President ☒ Senate	District: 00 State: KS
Calendar Year-To-Date Per Election for Office Sought	261541.03		Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....		63.30
(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.

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1200 OF 3250
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on MM / DD / YYYYYY					
Full Name of Payee Edmond D Rea			Date of Public Distribution/Dissemination MM / DD / YYYYYY 10 / 24 / 2014		
Mailing Address 416 Vine Dr			Amount 4.92		
City Lawrence	State KS	Zip Code 66049	Transaction ID : ed75aeac-95a5-4dd3-9		
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement or Obligation MM / DD / YYYYYY 10 / 24 / 2014		
Name of Federal Candidate Mr. Greg Orman		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>KS</u>		
Calendar Year-To-Date Per Election for Office Sought		261541.03	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶ _____		
Full Name of Payee Leona Martin			Date of Public Distribution/Dissemination MM / DD / YYYYYY 10 / 24 / 2014		
Mailing Address 9901 Floyd St			Amount 30.00		
City Overland Park	State KS	Zip Code 66212	Transaction ID : 6bc8fb73-93a4-411a-b		
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation MM / DD / YYYYYY 10 / 24 / 2014		
Name of Federal Candidate Mr. Greg Orman		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>KS</u>		
Calendar Year-To-Date Per Election for Office Sought		261541.03	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶ _____		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			34.92		
(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.					
Signature Ms. Emily Buchanan		[Electronically Filed]		Date MM / DD / YYYYYY 05 / 18 / 2015	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1201 OF 3250
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC		FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on		M M M / D D D / Y Y Y Y Y Y	
Full Name of Payee Leona Martin		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 10 / 24 / 2014	
Mailing Address 9901 Floyd St		Amount 7.80	
City Overland Park	State KS	Zip Code 66212	Transaction ID : 59a436a9-2e1a-4724-8
Purpose of Expenditure Mileage	Category/ Type 002	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 10 / 24 / 2014	
Name of Federal Candidate Mr. Greg Orman		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: KS
Calendar Year-To-Date Per Election for Office Sought 261541.03		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee David Ford		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 10 / 23 / 2014	
Mailing Address 106 Hillside St		Amount 48.54	
City Spindale	State NC	Zip Code 28160	Transaction ID : 747f2aae-fa43-43f2-b
Purpose of Expenditure Mileage	Category/ Type 002	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 10 / 23 / 2014	
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: NC
Calendar Year-To-Date Per Election for Office Sought 1095959.94		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures.....▶		56.34	
(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.			
Signature Ms. Emily Buchanan		Date M M M / D D D / Y Y Y Y Y Y 05 / 18 / 2015	
		[Electronically Filed]	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1202 OF 3250
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M / D D / Y Y Y Y Y Y					
Full Name of Payee ERIC TABARY			Date of Public Distribution/Dissemination 10 / 24 / 2014		
Mailing Address 6101 NORA ST			Amount 30.00		
City METAIRIE		State LA	Zip Code 70003		Transaction ID : 40156f5a-a766-4cf5-a
Purpose of Expenditure Salary		Category/ Type 001		Date of Disbursement or Obligation 10 / 24 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu			☐ Support ☒ Oppose		Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: LA
Calendar Year-To-Date Per Election for Office Sought			554635.78 Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
Full Name of Payee Cecilla A Rebrick			Date of Public Distribution/Dissemination 10 / 24 / 2014		
Mailing Address 5003 Allison Lane			Amount 50.00		
City Ft. Smith		State AR	Zip Code 72901		Transaction ID : 1b913520-48ad-4515-b
Purpose of Expenditure Salary		Category/ Type 001		Date of Disbursement or Obligation 10 / 24 / 2014	
Name of Federal Candidate Mr. Mark L Pryor			☐ Support ☒ Oppose		Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: AR
Calendar Year-To-Date Per Election for Office Sought			292370.62 Disbursement For: ☐ Primary ☒ 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.					
Signature Ms. Emily Buchanan			[Electronically Filed]		Date 05 / 18 / 2015

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1203 OF 3250
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC		FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on		M M M / D D D / Y Y Y Y Y Y	
Full Name of Payee Cecilla A Rebrick		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 10 / 24 / 2014	
Mailing Address 5003 Allison Lane		Amount 1.50	
City Ft. Smith	State AR	Zip Code 72901	Transaction ID : e7bc5432-6ff-465d-b
Purpose of Expenditure Mileage		Category/Type 002	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 10 / 24 / 2014
Name of Federal Candidate Mr. Mark L Pryor		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: AR
Calendar Year-To-Date Per Election for Office Sought 292370.62		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Laura U Logie		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 10 / 24 / 2014	
Mailing Address 2565 Shire Circle		Amount 50.00	
City Harrisonburg	State VA	Zip Code 22801	Transaction ID : 9d6ea8b5-1f2c-4120-b
Purpose of Expenditure Salary		Category/Type 001	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 10 / 24 / 2014
Name of Federal Candidate Mr. Greg Orman		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: KS
Calendar Year-To-Date Per Election for Office Sought 261541.03		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶		51.50	
(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.			
Signature Ms. Emily Buchanan		Date M M M / D D D / Y Y Y Y Y Y 05 / 18 / 2015	
		[Electronically Filed]	

Full Name of Payee Virginia T Grant		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 24 / 2014	
Mailing Address 134 Shore Crest Circle		Amount 50.00	
City Carriere	State MS	Zip Code 39426	Transaction ID : 4b756e0f-6724-439a-9 Date of Disbursement or Obligation MM / DD / YYYY 10 / 24 / 2014
Purpose of Expenditure Salary		Category/ Type 001	
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House ☒ Senate ☐ President ☒ Other (specify) _____
Calendar Year-To-Date Per Election for Office Sought		554635.78	Disbursement For: ☐ Primary ☒ General ☐ Other (specify) _____

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	100.00
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

05 / 18 / 2015

FEC Schedule E (Form 3X) Rev. 09/2013

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 1205 OF 3250
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on MM / DD / YYYY / / MM / DD / YYYY / / MM / DD / YYYY / /					
Full Name of Payee Virginia T Grant			Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 24 / 2014		
Mailing Address 134 Shore Crest Circle			Amount 12.60		
City Carriere	State MS	Zip Code 39426	Transaction ID : d233e6dd-e292-44c1-a Date of Disbursement or Obligation MM / DD / YYYY 10 / 24 / 2014		
Purpose of Expenditure Mileage		Category/ Type 002			
Name of Federal Candidate Ms. Mary L Landrieu			Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: LA ☐ Support ☒ Oppose		
Calendar Year-To-Date Per Election for Office Sought			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
Full Name of Payee Amanda Boley			Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 24 / 2014		
Mailing Address Split Oak Drive			Amount 64.50		
City charlotte	State NC	Zip Code 28227	Transaction ID : 972633d5-7ef9-4374-b Date of Disbursement or Obligation MM / DD / YYYY 10 / 24 / 2014		
Purpose of Expenditure Salary		Category/ Type 001			
Name of Federal Candidate Ms. Mary L Landrieu			Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: LA ☐ Support ☒ Oppose		
Calendar Year-To-Date Per Election for Office Sought			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			77.10		
(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.					
Signature <u>Ms. Emily Buchanan</u> [Electronically Filed]			Date MM / DD / YYYY 05 / 18 / 2015		

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1206 OF 3250
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M M / D D D / Y Y Y Y Y Y					
Full Name of Payee Amanda Boley			Date of Public Distribution/Dissemination 10 / 24 / 2014		
Mailing Address Split Oak Drive			Amount 14.94		
City charlotte		State NC	Zip Code 28227		Transaction ID : c279ed5a-1b80-4136-9
Purpose of Expenditure Mileage		Category/ Type 002		Date of Disbursement or Obligation 10 / 24 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu			Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: LA		
Calendar Year-To-Date Per Election for Office Sought 554635.78			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
Full Name of Payee Rachel L Anzalone			Date of Public Distribution/Dissemination 10 / 24 / 2014		
Mailing Address 2319 West Oak			Amount 20.00		
City El Dorado		State AR	Zip Code 71730		Transaction ID : 5035cf91-7518-4745-8
Purpose of Expenditure Salary		Category/ Type 001		Date of Disbursement or Obligation 10 / 24 / 2014	
Name of Federal Candidate Mr. Mark L Pryor			Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: AR		
Calendar Year-To-Date Per Election for Office Sought 292370.62			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶					34.94
(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.					
Signature Ms. Emily Buchanan			Date 05 / 18 / 2015		
[Electronically Filed]					

Full Name of Payee Edward N Walker		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 24 / 2014	
Mailing Address 3 Girard St		Amount 50.00	
City Ft Smith	State AR	Zip Code 72901	Transaction ID : 78530c10-9049-4b97-8 Date of Disbursement or Obligation MM / DD / YYYY 10 / 24 / 2014
Purpose of Expenditure Salary	Category/ Type 001		
Name of Federal Candidate Mr. Mark L Pryor	☐ Support ☒ Oppose	Office Sought: ☐ President ☒ Senate	District: 00 State: AR
Calendar Year-To-Date Per Election for Office Sought	292370.62	Disbursement For: 2014 ☐ Other (specify) ▶	
		☐ Primary ☒ General	

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	53.90
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

05 / 18 / 2015

FEC Schedule E (Form 3X) Rev. 09/2013

Full Name of Payee William T Horn		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 24 / 2014	
Mailing Address 5 Bergerac St		Amount 20.00	
City Little Rock	State AR	Zip Code 72211	Transaction ID : a6636d63-2013-4af7-8
Purpose of Expenditure Salary	Category/ Type	001	Date of Disbursement or Obligation MM / DD / YYYY 10 / 24 / 2014
Name of Federal Candidate Mr. Mark L Pryor	☐ Support ☒ Oppose	Office Sought: ☐ President ☒ Senate	District: 00 State: AR
Calendar Year-To-Date Per Election for Office Sought	292370.62	Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....	53.60
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures.....	

FEC Schedule E (Form 3X) Rev. 09/2013

Full Name of Payee Ashley n Thompson		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 24 / 2014	
Mailing Address 272 Westgate Ct Apt 6		Amount 30.00	
City Lexington	State NC	Zip Code 27295	Transaction ID : 4752304a-e454-4f56-9 Date of Disbursement or Obligation MM / DD / YYYY 10 / 24 / 2014
Purpose of Expenditure Salary	Category/ Type 001		
Name of Federal Candidate Ms. Kay Hagan	☐ Support ☒ Oppose	Office Sought: ☐ President ☒ Senate	District: 00 State: NC
Calendar Year-To-Date Per Election for Office Sought	1095959.94	Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....		93.90
(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.

Date _____

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1211 OF 3250
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC		FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on		MM / DD / YYYY	
Full Name of Payee Ashley n Thompson		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 24 / 2014	
Mailing Address 272 Westgate Ct Apt 6		Amount 13.50	
City Lexington	State NC	Zip Code 27295	Transaction ID : cec0ba8c-666f-499a-9
Purpose of Expenditure Mileage	Category/ Type 002	Date of Disbursement or Obligation MM / DD / YYYY 10 / 24 / 2014	
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	
Office Sought: ☐ President ☒ Senate		District: 00 State: NC	
Calendar Year-To-Date Per Election for Office Sought 1095959.94		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Randy G Lookabill		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 24 / 2014	
Mailing Address 200 Carawood Lane		Amount 67.50	
City Lexington	State NC	Zip Code 27295	Transaction ID : ee7993cb-93fd-4fb8-a
Purpose of Expenditure Salary	Category/ Type 001	Date of Disbursement or Obligation MM / DD / YYYY 10 / 24 / 2014	
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	
Office Sought: ☐ President ☒ Senate		District: 00 State: NC	
Calendar Year-To-Date Per Election for Office Sought 1095959.94		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶		81.00	
(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.			
Signature Ms. Emily Buchanan		Date MM / DD / YYYY 05 / 18 / 2015	
		[Electronically Filed]	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1212 OF 3250
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on MM / DD / YYYY					
Full Name of Payee Randy G Lookabill			Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 24 / 2014		
Mailing Address 200 Carawood Lane			Amount 16.50		
City Lexington	State NC	Zip Code 27295	Transaction ID : edafa962-59aa-4981-b		
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement or Obligation MM / DD / YYYY 10 / 24 / 2014		
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>NC</u>		
Calendar Year-To-Date Per Election for Office Sought		1095959.94	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
Full Name of Payee Sharon t Craig			Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 24 / 2014		
Mailing Address 1410 Bushville Dr			Amount 50.00		
City Lenoir	State NC	Zip Code 28645	Transaction ID : efa416c3-ef51-497b-a		
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation MM / DD / YYYY 10 / 24 / 2014		
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>NC</u>		
Calendar Year-To-Date Per Election for Office Sought		1095959.94	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			66.50		
(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.					
Signature Ms. Emily Buchanan		[Electronically Filed]		Date MM / DD / YYYY 05 / 18 / 2015	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1213 OF 3250
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M / D D / Y Y Y Y					
Full Name of Payee Sharon t Craig			Date of Public Distribution/Dissemination 10 / 24 / 2014		
Mailing Address 1410 Bushville Dr			Amount 17.10		
City Lenoir		State NC	Zip Code 28645		Transaction ID : 0c8173aa-7919-4f35-9 Date of Disbursement or Obligation 10 / 24 / 2014
Purpose of Expenditure Mileage		Category/ Type 002			
Name of Federal Candidate Ms. Kay Hagan			☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>NC</u>	
Calendar Year-To-Date Per Election for Office Sought 1095959.94			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
Full Name of Payee Jeffrey S Hauge			Date of Public Distribution/Dissemination 10 / 24 / 2014		
Mailing Address 211 N Ashley Park			Amount 40.00		
City Wichita		State KS	Zip Code 67212		Transaction ID : 0bf4a7be-ac9d-4716-8 Date of Disbursement or Obligation 10 / 24 / 2014
Purpose of Expenditure Salary		Category/ Type 001			
Name of Federal Candidate Mr. Greg Orman			☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>KS</u>	
Calendar Year-To-Date Per Election for Office Sought 261541.03			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			57.10		
(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.					
Signature Ms. Emily Buchanan			Date 05 / 18 / 2015		
			[Electronically Filed]		

Full Name of Payee Bethlehem R Romm		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 24 / 2014	
Mailing Address 2609 Bluestrem Dr		Amount 33.00	
City Lawrence	State KS	Zip Code 66047	Transaction ID : 14398c56-6b31-4384-b Date of Disbursement or Obligation MM / DD / YYYY 10 / 24 / 2014
Purpose of Expenditure Salary		Category/ Type 001	
Name of Federal Candidate Mr. Greg Orman		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: KS
Calendar Year-To-Date Per Election for Office Sought		261541.03	Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ►

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

FEC Schedule E (Form 3X) Rev. 09/2013

Full Name of Payee Dylan J Sparks			Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 24 / 2014		
Mailing Address 915 East Market Ave			Amount 80.00		
City	State	Zip Code	Transaction ID : b119e7a2-491e-4a0f-a Date of Disbursement or Obligation MM / DD / YYYY 10 / 24 / 2014		
Searcy	AR	72149			
Purpose of Expenditure Salary		Category/ Type	001		
Name of Federal Candidate		☐ Support ☒ Oppose	Office Sought: ☐ House ☒ Senate ☐ President ☒ Other (specify) _____		
Mr. Mark L Pryor			District: <u>00</u> State: <u>AR</u>		
Calendar Year-To-Date Per Election for Office Sought		292370.62			

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

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1216 OF 3250
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC		FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M M / D D D / Y Y Y Y Y Y			
Full Name of Payee Dylan J Sparks		Date of Public Distribution/Dissemination 10 / 24 / 2014	
Mailing Address 915 East Market Ave		Amount 63.00	
City Searcy	State AR	Zip Code 72149	Transaction ID : 1e3907de-8b22-4a0d-b Date of Disbursement or Obligation 10 / 24 / 2014
Purpose of Expenditure Mileage		Category/ Type 002	
Name of Federal Candidate Mr. Mark L Pryor		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: AR
Calendar Year-To-Date Per Election for Office Sought		292370.62	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶
Full Name of Payee Brittany Jones		Date of Public Distribution/Dissemination 10 / 24 / 2014	
Mailing Address 338 Wayne Drive		Amount 40.00	
City Shreveport	State LA	Zip Code 71105	Transaction ID : d7e21af7-32a0-48b4-a Date of Disbursement or Obligation 10 / 24 / 2014
Purpose of Expenditure Salary		Category/ Type 001	
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: LA
Calendar Year-To-Date Per Election for Office Sought		554635.78	Disbursement For: ☐ Primary ☒ 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.			
Signature Ms. Emily Buchanan		Date 05 / 18 / 2015	
[Electronically Filed]			

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1217 OF 3250
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC		FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on		M M M / D D D / Y Y Y Y Y Y	
Full Name of Payee Chelsea E Cornett		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 10 / 24 / 2014	
Mailing Address 6279 Marathon Edenton Rd		Amount 50.00	
City Blanchester	State OH	Zip Code 45107	Transaction ID : dd61dc0c-f6ff-4c44-8
Purpose of Expenditure Salary		Category/Type 001	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 10 / 24 / 2014
Name of Federal Candidate Mr. Mark L Pryor		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: AR
Calendar Year-To-Date Per Election for Office Sought 292370.62		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Ceslie A Benner		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 10 / 24 / 2014	
Mailing Address 2081 Knob Hill Rd		Amount 50.00	
City Azle	State TX	Zip Code 76020	Transaction ID : 20bf47bd-9447-4df7-a
Purpose of Expenditure Salary		Category/Type 001	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 10 / 24 / 2014
Name of Federal Candidate Mr. Mark L Pryor		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: AR
Calendar Year-To-Date Per Election for Office Sought 292370.62		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶		100.00	
(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.			
Signature Ms. Emily Buchanan		[Electronically Filed] Date M M M / D D D / Y Y Y Y Y Y 05 / 18 / 2015	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1218 OF 3250
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC		FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on		M M M / D D D / Y Y Y Y Y Y	
Full Name of Payee Ceslie A Benner		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 10 / 24 / 2014	
Mailing Address 2081 Knob Hill Rd		Amount 33.60	
City Azle	State TX	Zip Code 76020	Transaction ID : 6dd811e5-6bd3-43f5-8
Purpose of Expenditure Mileage	Category/ Type	002	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 10 / 24 / 2014
Name of Federal Candidate Mr. Mark L Pryor		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: AR
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Michael A Stieben		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 10 / 24 / 2014	
Mailing Address 16864 Stillwell		Amount 35.00	
City Bonner Springs	State KS	Zip Code 66012	Transaction ID : 7c0105b3-9ac4-4b49-8
Purpose of Expenditure Salary	Category/ Type	001	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 10 / 24 / 2014
Name of Federal Candidate Mr. Greg Orman		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: KS
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶		68.60	
(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]	
Signature		Date M M M / D D D / Y Y Y Y Y Y 05 / 18 / 2015	

Full Name of Payee Julia Perry		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 24 / 2014	
Mailing Address 2046 Perrin St Apt C		Amount 90.00	
City Shreveport	State LA	Zip Code 71101	Transaction ID : a46e7e66-6950-44d3-a Date of Disbursement or Obligation MM / DD / YYYY 10 / 24 / 2014
Purpose of Expenditure Salary	Category/ Type	001	
Name of Federal Candidate Ms. Mary L Landrieu	☐ Support ☒ Oppose	Office Sought: ☐ President ☒ Senate	District: 00 State: LA
Calendar Year-To-Date Per Election for Office Sought	554635.78	Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	104.10
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

FEC Schedule E (Form 3X) Rev. 09/2013

Full Name of Payee Carol L Walters		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 24 / 2014	
Mailing Address 1900 Glen West Way		Amount 6.30	
City Fort Smith	State AR	Zip Code 72916	Transaction ID : 7d577b30-c4db-4fa8-a Date of Disbursement or Obligation MM / DD / YYYY 10 / 24 / 2014
Purpose of Expenditure Mileage		Category/ Type 002	
Name of Federal Candidate Mr. Mark L Pryor		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: AR
Calendar Year-To-Date Per Election for Office Sought 292370.62		Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ►	

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	96.30
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

05 / 18 / 2015

FEC Schedule E (Form 3X) Rev. 09/2013

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1221 OF 3250
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M M / D D D / Y Y Y Y Y Y				
Full Name of Payee Kendyl H Browder			Date of Public Distribution/Dissemination 10 / 24 / 2014	
Mailing Address 4429 Lagan Circle			Amount 30.00	
City Winterville	State NC	Zip Code 28590	Transaction ID : f8cb4d30-657e-4a88-8 Date of Disbursement or Obligation 10 / 24 / 2014	
Purpose of Expenditure Salary		Category/ Type 001		
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: NC	
Calendar Year-To-Date Per Election for Office Sought		1095959.94	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Sommer E Cox			Date of Public Distribution/Dissemination 10 / 24 / 2014	
Mailing Address 1519 Walshtown Rd			Amount 67.70	
City Boomer	State NC	Zip Code 28606	Transaction ID : f5580a5d-a571-4e48-b Date of Disbursement or Obligation 10 / 24 / 2014	
Purpose of Expenditure Salary		Category/ Type 001		
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: NC	
Calendar Year-To-Date Per Election for Office Sought		1095959.94	Disbursement For: ☐ Primary ☒ 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.				
Signature Ms. Emily Buchanan		[Electronically Filed]		Date 05 / 18 / 2015

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1222 OF 3250
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M / D D / Y Y Y Y				
Full Name of Payee Sommer E Cox			Date of Public Distribution/Dissemination 10 / 24 / 2014	
Mailing Address 1519 Walshtown Rd			Amount 8.10	
City Boomer	State NC	Zip Code 28606	Transaction ID : 3aff5d12-f7f7-43e5-8	
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement or Obligation 10 / 24 / 2014	
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: NC	
Calendar Year-To-Date Per Election for Office Sought		1095959.94	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Michael D English			Date of Public Distribution/Dissemination 10 / 24 / 2014	
Mailing Address F4 Benton Ave Apt 4			Amount 60.00	
City Searcy	State AR	Zip Code 72149	Transaction ID : 02bfc4f6-81e6-49c1-a	
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation 10 / 24 / 2014	
Name of Federal Candidate Mr. Mark L Pryor		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: AR	
Calendar Year-To-Date Per Election for Office Sought		292370.62	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures.....▶			68.10	
(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.				
Signature Ms. Emily Buchanan		[Electronically Filed]		Date 05 / 18 / 2015

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1223 OF 3250
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M M / D D D / Y Y Y Y Y Y					
Full Name of Payee Michael D English			Date of Public Distribution/Dissemination 10 / 24 / 2014		
Mailing Address F4 Benton Ave Apt 4			Amount 28.20		
City Searcy		State AR	Zip Code 72149		Transaction ID : 606910d5-348a-4b10-a
Purpose of Expenditure Mileage		Category/ Type 002		Date of Disbursement or Obligation 10 / 24 / 2014	
Name of Federal Candidate Mr. Mark L Pryor			Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: AR		
Calendar Year-To-Date Per Election for Office Sought 292370.62			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
Full Name of Payee Jerome M Weil			Date of Public Distribution/Dissemination 10 / 24 / 2014		
Mailing Address 101 Durham Drive			Amount 30.00		
City Lafayette		State LA	Zip Code 70508		Transaction ID : 615b2158-35b1-4e4a-b
Purpose of Expenditure Salary		Category/ Type 001		Date of Disbursement or Obligation 10 / 24 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu			Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: LA		
Calendar Year-To-Date Per Election for Office Sought 554635.78			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			58.20		
(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.					
Signature Ms. Emily Buchanan			Date 05 / 18 / 2015		
[Electronically Filed]					

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1224 OF 3250
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M / D D / Y Y Y Y				
Full Name of Payee Jerome M Weil			Date of Public Distribution/Dissemination 10 / 24 / 2014	
Mailing Address 101 Durham Drive			Amount 7.50	
City Lafayette	State LA	Zip Code 70508	Transaction ID : 0efa31ca-9955-4b5c-b	
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement or Obligation 10 / 24 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>LA</u>	
Calendar Year-To-Date Per Election for Office Sought		554635.78	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Regina R Mouton			Date of Public Distribution/Dissemination 10 / 24 / 2014	
Mailing Address 5827 Brighton Pl			Amount 20.00	
City New Orleans	State LA	Zip Code 70131	Transaction ID : 41a4d55b-1048-424c-b	
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation 10 / 24 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>LA</u>	
Calendar Year-To-Date Per Election for Office Sought		554635.78	Disbursement For: ☐ Primary ☒ 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.				
Signature Ms. Emily Buchanan		[Electronically Filed]		Date 05 / 18 / 2015

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1225 OF 3250
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC		FEC IDENTIFICATION NUMBER ▼ C C00530766
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on		MM / DD / YYYY

Full Name of Payee Regina R Mouton		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 24 / 2014
Mailing Address 5827 Brighton Pl		Amount 3.00
City New Orleans	State LA	Zip Code 70131
Purpose of Expenditure Mileage	Category/Type 002	Transaction ID : 112f34d9-68b6-47c5-b Date of Disbursement or Obligation MM / DD / YYYY 10 / 24 / 2014
Name of Federal Candidate Ms. Mary L Landrieu		Office Sought: ☐ House District: 00 ☒ Senate State: LA
Calendar Year-To-Date Per Election for Office Sought 554635.78		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶

Full Name of Payee Ryan Drake		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 24 / 2014
Mailing Address 29637 Park St		Amount 40.00
City Walker	State LA	Zip Code 70785
Purpose of Expenditure Salary	Category/Type 001	Transaction ID : 83255f3d-5455-4c1f-8 Date of Disbursement or Obligation MM / DD / YYYY 10 / 24 / 2014
Name of Federal Candidate Ms. Mary L Landrieu		Office Sought: ☐ House District: 00 ☒ Senate State: LA
Calendar Year-To-Date Per Election for Office Sought 554635.78		Disbursement For: ☐ Primary ☒ 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

MM / DD / YYYY
05 / 18 / 2015

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1226 OF 3250
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC		FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on		M M M / D D D / Y Y Y Y Y Y	
Full Name of Payee Ryan Drake		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 10 / 24 / 2014	
Mailing Address 29637 Park St		Amount 3.30	
City Walker	State LA	Zip Code 70785	Transaction ID : 7aa6fb17-69e0-4cd2-a
Purpose of Expenditure Mileage	Category/Type 002	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 10 / 24 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	
Office Sought: ☐ President ☒ Senate		District: 00 State: LA	
Calendar Year-To-Date Per Election for Office Sought 554635.78		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee David Podbielski		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 10 / 24 / 2014	
Mailing Address 137 Cove Pl		Amount 30.80	
City Moravian Falls	State NC	Zip Code 28654	Transaction ID : 644954d1-f725-4113-b
Purpose of Expenditure Salary	Category/Type 001	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 10 / 24 / 2014	
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	
Office Sought: ☐ President ☒ Senate		District: 00 State: NC	
Calendar Year-To-Date Per Election for Office Sought 1095959.94		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶		34.10	
(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.			
Signature Ms. Emily Buchanan		Date M M M / D D D / Y Y Y Y Y Y 05 / 18 / 2015	
		[Electronically Filed]	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1227 OF 3250
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M / D D / Y Y Y Y Y Y					
Full Name of Payee David Podbielski			Date of Public Distribution/Dissemination 10 / 24 / 2014		
Mailing Address 137 Cove Pl			Amount 7.50		
City Moravian Falls		State NC	Zip Code 28654		Transaction ID : 038aa2b1-8e62-420d-b
Purpose of Expenditure Mileage		Category/ Type 002		Date of Disbursement or Obligation 10 / 24 / 2014	
Name of Federal Candidate Ms. Kay Hagan			☐ Support ☒ Oppose Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: NC		
Calendar Year-To-Date Per Election for Office Sought 1095959.94			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
Full Name of Payee Amelia Cox			Date of Public Distribution/Dissemination 10 / 24 / 2014		
Mailing Address 1519 Walshtown Rd			Amount 30.80		
City Boomer		State NC	Zip Code 28606		Transaction ID : 89fcb8d0-cc37-4701-a
Purpose of Expenditure Salary		Category/ Type 001		Date of Disbursement or Obligation 10 / 24 / 2014	
Name of Federal Candidate Ms. Kay Hagan			☐ Support ☒ Oppose Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: NC		
Calendar Year-To-Date Per Election for Office Sought 1095959.94			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			38.30		
(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.					
Signature Ms. Emily Buchanan			Date 05 / 18 / 2015		
[Electronically Filed]					

Full Name of Payee Malissa A Arsnoe		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 24 / 2014	
Mailing Address 3301 N First St		Amount 20.00	
City Jacksonville	State AR	Zip Code 72076	Transaction ID : e02a573d-4aa0-4c6f-8 Date of Disbursement or Obligation MM / DD / YYYY 10 / 24 / 2014
Purpose of Expenditure Salary		Category/ Type 001	
Name of Federal Candidate Mr. Mark L Pryor		☐ Support ☒ Oppose	Office Sought: ☐ House ☒ Senate ☐ President District: 00 State: AR
Calendar Year-To-Date Per Election for Office Sought 292370.62		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	

Full Name of Payee Malissa A Arsnoe		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 24 / 2014	
Mailing Address 3301 N First St		Amount 2.91	
City Jacksonville	State AR	Zip Code 72076	Transaction ID : db029e20-b0db-4766-a Date of Disbursement or Obligation MM / DD / YYYY 10 / 24 / 2014
Purpose of Expenditure Mileage		Category/ Type 002	
Name of Federal Candidate Mr. Mark L Pryor		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: AR
Calendar Year-To-Date Per Election for Office Sought 292370.62		Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ►	

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	22.91
(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.

Date _____

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

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 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC	FEC IDENTIFICATION NUMBER ▼ C C00530766
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M M / D D D / Y Y Y Y Y Y	

Full Name of Payee Felicia A Jones			Date of Public Distribution/Dissemination 10 24 2014		
Mailing Address 4106 Martha St			Amount 80.00		
City Shreveport	State LA	Zip Code 71109	Transaction ID : 7e4e99a3-931b-4f9f-9 Date of Disbursement or Obligation 10 24 2014		
Purpose of Expenditure Salary		Category/Type 001			
Name of Federal Candidate Ms. Mary L Landrieu			☐ Support ☒ Oppose Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>LA</u>		
Calendar Year-To-Date Per Election for Office Sought 554635.78			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		

Full Name of Payee Felicia A Jones			Date of Public Distribution/Dissemination 10 24 2014		
Mailing Address 4106 Martha St			Amount 8.10		
City Shreveport	State LA	Zip Code 71109	Transaction ID : 8fe1ca1e-91ba-4382-9 Date of Disbursement or Obligation 10 24 2014		
Purpose of Expenditure Mileage		Category/Type 002			
Name of Federal Candidate Ms. Mary L Landrieu			☐ Support ☒ Oppose Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>LA</u>		
Calendar Year-To-Date Per Election for Office Sought 554635.78			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	88.10
(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

05

18

2015

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1230 OF 3250
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M M / D D D / Y Y Y Y Y Y				
Full Name of Payee Colton R Overcash			Date of Public Distribution/Dissemination 10 / 24 / 2014	
Mailing Address 121 Ohara Dr			Amount 80.00	
City Salisbury	State NC	Zip Code 28147	Transaction ID : 4f8f71d0-d89c-485f-8 Date of Disbursement or Obligation 10 / 24 / 2014	
Purpose of Expenditure Salary		Category/ Type 001		
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>NC</u>	
Calendar Year-To-Date Per Election for Office Sought		1095959.94	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Colton R Overcash			Date of Public Distribution/Dissemination 10 / 24 / 2014	
Mailing Address 121 Ohara Dr			Amount 134.40	
City Salisbury	State NC	Zip Code 28147	Transaction ID : cb112fa5-52bd-421a-8 Date of Disbursement or Obligation 10 / 24 / 2014	
Purpose of Expenditure Mileage		Category/ Type 002		
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>NC</u>	
Calendar Year-To-Date Per Election for Office Sought		1095959.94	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			214.40	
(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 05 / 18 / 2015	
Signature				

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1231 OF 3250
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC		FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on		M M M / D D D / Y Y Y Y Y Y	
Full Name of Payee Gary W Fuhrmann		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 10 / 24 / 2014	
Mailing Address 9425 Jessica Drive		Amount 50.00	
City Shreveport	State LA	Zip Code 71106	Transaction ID : 59d5e5b4-a903-4c81-a
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 10 / 24 / 2014
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: LA
Calendar Year-To-Date Per Election for Office Sought 554635.78		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Gary W Fuhrmann		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 10 / 24 / 2014	
Mailing Address 9425 Jessica Drive		Amount 7.80	
City Shreveport	State LA	Zip Code 71106	Transaction ID : be18c912-6e82-45c6-8
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 10 / 24 / 2014
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: LA
Calendar Year-To-Date Per Election for Office Sought 554635.78		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶		57.80	
(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.			
Signature Ms. Emily Buchanan		Date M M M / D D D / Y Y Y Y Y Y 05 / 18 / 2015	
		[Electronically Filed]	

Full Name of Payee Josh R Arnold		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 24 / 2014	
Mailing Address 1531 N Ridgewood Dr		Amount MM / DD / YYYY 5.70	
City Wichita	State KS	Zip Code 67208	Transaction ID : aab25a8a-b54a-4fb8-8 Date of Disbursement or Obligation MM / DD / YYYY 10 / 24 / 2014
Purpose of Expenditure Mileage		Category/ Type 002	
Name of Federal Candidate Mr. Greg Orman		☐ Support ☒ Oppose	Office Sought: ☐ House ☒ Senate ☐ President ☒ Senate
Calendar Year-To-Date Per Election for Office Sought MM / DD / YYYY 261541.03		District: 00 State: KS Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	35.70
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

FEC Schedule E (Form 3X) Rev. 09/2013

Full Name of Payee Shantal C Culbreath		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 24 / 2014	
Mailing Address 4691 Hercules Lane		Amount 100.00	
City Woodbridge	State VA	Zip Code 22193	Transaction ID : 9617d850-118c-4345-8
Purpose of Expenditure Salary	Category/ Type	001	Date of Disbursement or Obligation MM / DD / YYYY 10 / 24 / 2014
Name of Federal Candidate Ms. Mary L Landrieu	☐ Support ☒ Oppose	Office Sought: ☐ President ☒ Senate	District: 00 State: LA
Calendar Year-To-Date Per Election for Office Sought	554635.78	Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	130.00
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

FEC Schedule E (Form 3X) Rev. 09/2013

Full Name of Payee Lyndsey R Tarr			Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 24 / 2014		
Mailing Address 109 Essex Cv			Amount 10.00		
City Jacksonville	State AR	Zip Code 72076	Transaction ID : f8dce7f2-7be1-4b2f-b Date of Disbursement or Obligation MM / DD / YYYY 10 / 24 / 2014		
Purpose of Expenditure Salary		Category/ Type 001			
Name of Federal Candidate Mr. Mark L Pryor		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: AR		
Calendar Year-To-Date Per Election for Office Sought		292370.62	Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ►		

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	30.00
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

Ms. Emily Buchanan

[Electronically Filed]

Date 05 / 18 / 2015

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1235 OF 3250
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M M / D D D / Y Y Y Y Y Y				
Full Name of Payee Lyndsey R Tarr			Date of Public Distribution/Dissemination 10 / 24 / 2014	
Mailing Address 109 Essex Cv			Amount 1.50	
City Jacksonville	State AR	Zip Code 72076	Transaction ID : 963cc2ae-a4e1-459f-b Date of Disbursement or Obligation 10 / 24 / 2014	
Purpose of Expenditure Mileage		Category/ Type 002		
Name of Federal Candidate Mr. Mark L Pryor		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: AR	
Calendar Year-To-Date Per Election for Office Sought		292370.62	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee James R Hooper			Date of Public Distribution/Dissemination 10 / 24 / 2014	
Mailing Address 502 N Oak St			Amount 32.50	
City Little Rock	State AR	Zip Code 72205	Transaction ID : 4ae31cbf-533a-49ba-9 Date of Disbursement or Obligation 10 / 24 / 2014	
Purpose of Expenditure Salary		Category/ Type 001		
Name of Federal Candidate Mr. Mark L Pryor		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: AR	
Calendar Year-To-Date Per Election for Office Sought		292370.62	Disbursement For: ☐ Primary ☒ 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.				
Signature Ms. Emily Buchanan		[Electronically Filed]		Date 05 / 18 / 2015

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1236 OF 3250
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC		FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on		M M M / D D D / Y Y Y Y Y Y	
Full Name of Payee James R Hooper		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 10 / 24 / 2014	
Mailing Address 502 N Oak St		Amount 12.90	
City Little Rock	State AR	Zip Code 72205	Transaction ID : 0686771a-edc4-462f-9
Purpose of Expenditure Mileage	Category/ Type 002	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 10 / 24 / 2014	
Name of Federal Candidate Mr. Mark L Pryor		☐ Support ☒ Oppose	
Office Sought: ☐ President ☒ Senate		District: 00 State: AR	
Calendar Year-To-Date Per Election for Office Sought 292370.62		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Danielle E Grindstaff		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 10 / 24 / 2014	
Mailing Address 147 Possum Trot Rd		Amount 50.00	
City Bakersville	State NC	Zip Code 28705	Transaction ID : 21b58cf5-af00-4e56-b
Purpose of Expenditure Salary	Category/ Type 001	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 10 / 24 / 2014	
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	
Office Sought: ☐ President ☒ Senate		District: 00 State: NC	
Calendar Year-To-Date Per Election for Office Sought 1095959.94		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶		62.90	
(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.			
Signature Ms. Emily Buchanan		[Electronically Filed] Date M M M / D D D / Y Y Y Y Y Y 05 / 18 / 2015	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1237 OF 3250
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC		FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on		M M M / D D D / Y Y Y Y Y Y	
Full Name of Payee Danielle E Grindstaff		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 10 / 24 / 2014	
Mailing Address 147 Possum Trot Rd		Amount 8.10	
City Bakersville	State NC	Zip Code 28705	Transaction ID : aa671d73-fdae-41ef-9
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 10 / 24 / 2014
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: NC
Calendar Year-To-Date Per Election for Office Sought 1095959.94		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Brittany A Frederick		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 10 / 24 / 2014	
Mailing Address 18793 Hilltop Ln		Amount 60.00	
City Nevada	State TX	Zip Code 75173	Transaction ID : c79dc394-69d3-419d-9
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 10 / 24 / 2014
Name of Federal Candidate Mr. Mark L Pryor		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: AR
Calendar Year-To-Date Per Election for Office Sought 292370.62		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶		68.10	
(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.			
Signature Ms. Emily Buchanan		Date M M M / D D D / Y Y Y Y Y Y 05 / 18 / 2015	
		[Electronically Filed]	

Full Name of Payee Kathy Anderson		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 24 / 2014	
Mailing Address 3041 SW Burlingame Rd		Amount 15.30	
City Topeka	State KS	Zip Code 66611	Transaction ID : bc6a2dfa-fda2-4122-9 Date of Disbursement or Obligation MM / DD / YYYY 10 / 24 / 2014
Purpose of Expenditure Mileage	Category/ Type 002		
Name of Federal Candidate Mr. Greg Orman	☐ Support ☒ Oppose	Office Sought: ☐ President ☒ Senate	District: 00 State: KS
Calendar Year-To-Date Per Election for Office Sought	261541.03	Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	45.30
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

FEC Schedule E (Form 3X) Rev. 09/2013

Full Name of Payee Mry S Everly		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 24 / 2014	
Mailing Address 787 N 1851 Diagonal Rd		Amount 3.00	
City Lecompton	State KS	Zip Code 66050	Transaction ID : deaa5c5a-4a84-44ff-8
Purpose of Expenditure Mileage	Category/ Type	002	Date of Disbursement or Obligation MM / DD / YYYY 10 / 24 / 2014
Name of Federal Candidate Mr. Greg Orman	☐ Support ☒ Oppose	Office Sought: ☐ President ☒ Senate	District: 00 State: KS
Calendar Year-To-Date Per Election for Office Sought	261541.03	Disbursement For: ☐ Primary ☒ General	☐ 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.

Date _____

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1240 OF 3250
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC		FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on		M M M / D D D / Y Y Y Y Y Y	
Full Name of Payee Matt M Clarke		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 10 / 24 / 2014	
Mailing Address 1254 Fleming St Apt 6		Amount 60.00	
City Conway	State AR	Zip Code 72032	Transaction ID : d644e29c-12a8-4ec9-9
Purpose of Expenditure Salary		Category/Type 001	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 10 / 24 / 2014
Name of Federal Candidate Mr. Mark L Pryor		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: AR
Calendar Year-To-Date Per Election for Office Sought 292370.62		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Matt M Clarke		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 10 / 24 / 2014	
Mailing Address 1254 Fleming St Apt 6		Amount 13.50	
City Conway	State AR	Zip Code 72032	Transaction ID : 619bdf2f-44df-433c-b
Purpose of Expenditure Mileage		Category/Type 002	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 10 / 24 / 2014
Name of Federal Candidate Mr. Mark L Pryor		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: AR
Calendar Year-To-Date Per Election for Office Sought 292370.62		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures.....▶		73.50	
(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.			
Signature Ms. Emily Buchanan		Date M M M / D D D / Y Y Y Y Y Y 05 / 18 / 2015	
		[Electronically Filed]	

Full Name of Payee Philip Elkins		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 24 / 2014	
Mailing Address 227 Lincoln Dr		Amount 30.00	
City Bossier City	State LA	Zip Code 71111	Transaction ID : 57eb7fac-def0-4c18-8
Purpose of Expenditure Salary	Category/ Type	001	Date of Disbursement or Obligation MM / DD / YYYY 10 / 24 / 2014
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: LA
Calendar Year-To-Date Per Election for Office Sought		554635.78	Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ▶

Full Name of Payee Philip Elkins		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 24 / 2014	
Mailing Address 227 Lincoln Dr		Amount 7.47	
City Bossier City	State LA	Zip Code 71111	Transaction ID : 48f8b73a-39b4-4fcb-9
Purpose of Expenditure Mileage	Category/ Type	002	Date of Disbursement or Obligation MM / DD / YYYY 10 / 24 / 2014
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House ☒ Senate ☐ President ☐ Other
Calendar Year-To-Date Per Election for Office Sought		554635.78	District: 00 State: LA Disbursement For: ☐ Primary ☒ General ☐ Other (specify)

[illegible]

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.

Date _____

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1242 OF 3250
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M / D D / Y Y Y Y Y Y					
Full Name of Payee Sandra L Clarke			Date of Public Distribution/Dissemination 10 / 24 / 2014		
Mailing Address 1254 Fleming St Apt 6			Amount 2.50		
City Conway	State AR	Zip Code 72032	Transaction ID : dcd8b46a-d5f6-4c36-9 Date of Disbursement or Obligation 10 / 24 / 2014		
Purpose of Expenditure Salary		Category/ Type 001			
Name of Federal Candidate Mr. Mark L Pryor		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: AR		
Calendar Year-To-Date Per Election for Office Sought		292370.62	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
Full Name of Payee Brian A Sherwood			Date of Public Distribution/Dissemination 10 / 24 / 2014		
Mailing Address 1003 W 5th St			Amount 62.50		
City Coffeyville	State KS	Zip Code 67337	Transaction ID : 194155d0-bfdd-4fd8-a Date of Disbursement or Obligation 10 / 24 / 2014		
Purpose of Expenditure Salary		Category/ Type 001			
Name of Federal Candidate Mr. Greg Orman		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: KS		
Calendar Year-To-Date Per Election for Office Sought		261541.03	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			65.00		
(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.					
Signature Ms. Emily Buchanan		[Electronically Filed]		Date 05 / 18 / 2015	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1243 OF 3250
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC		FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on		M M M / D D D / Y Y Y Y Y Y	
Full Name of Payee Brian A Sherwood		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 10 / 24 / 2014	
Mailing Address 1003 W 5th St		Amount 16.20	
City Coffeyville	State KS	Zip Code 67337	Transaction ID : 709e54e0-5acd-4d8f-9
Purpose of Expenditure Mileage	Category/Type 002	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 10 / 24 / 2014	
Name of Federal Candidate Mr. Greg Orman		☐ Support ☒ Oppose	
Office Sought: ☐ President ☒ Senate		District: 00 State: KS	
Calendar Year-To-Date Per Election for Office Sought 261541.03		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee James W Blevins		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 10 / 24 / 2014	
Mailing Address 108 East Clinton St PO Box 410		Amount 32.00	
City Salemburg	State NC	Zip Code 28385	Transaction ID : a77ea1b0-9aad-4e71-a
Purpose of Expenditure Salary	Category/Type 001	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 10 / 24 / 2014	
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	
Office Sought: ☐ President ☒ Senate		District: 00 State: NC	
Calendar Year-To-Date Per Election for Office Sought 1095959.94		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶		48.20	
(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.			
Signature Ms. Emily Buchanan		Date M M M / D D D / Y Y Y Y Y Y 05 / 18 / 2015	
		[Electronically Filed]	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1244 OF 3250
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC		FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on		MM / DD / YYYY	
Full Name of Payee James W Blevins		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 24 / 2014	
Mailing Address 108 East Clinton St PO Box 410		Amount 11.31	
City Salemberg	State NC	Zip Code 28385	Transaction ID : 975b8398-1763-46a8-b
Purpose of Expenditure Mileage	Category/ Type	002	Date of Disbursement or Obligation MM / DD / YYYY 10 / 24 / 2014
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: NC
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Marilyn A Holt		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 24 / 2014	
Mailing Address 314 Tumbleweed Dr		Amount 25.00	
City Winston Salem	State NC	Zip Code 27127	Transaction ID : afb764da-bf0a-4766-b
Purpose of Expenditure Salary	Category/ Type	001	Date of Disbursement or Obligation MM / DD / YYYY 10 / 24 / 2014
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: NC
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶		36.31	
(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]	
Signature		Date MM / DD / YYYY 05 / 18 / 2015	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1245 OF 3250
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC		FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on		MM / DD / YYYY	
Full Name of Payee Marilyn A Holt		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 24 / 2014	
Mailing Address 314 Tumbleweed Dr		Amount 12.90	
City Winston Salem	State NC	Zip Code 27127	Transaction ID : 0b6494d0-5c82-437a-b
Purpose of Expenditure Mileage	Category/Type 002	Date of Disbursement or Obligation MM / DD / YYYY 10 / 24 / 2014	
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	
Office Sought: ☐ House ☒ Senate		District: 00 State: NC	
Calendar Year-To-Date Per Election for Office Sought 1095959.94		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Ralph Smith		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 24 / 2014	
Mailing Address 2090 Fancy Gap Rd		Amount 50.00	
City Mt. Airy	State NC	Zip Code 27030	Transaction ID : ca36599f-d0da-4c90-a
Purpose of Expenditure Salary	Category/Type 001	Date of Disbursement or Obligation MM / DD / YYYY 10 / 24 / 2014	
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	
Office Sought: ☐ House ☒ Senate		District: 00 State: NC	
Calendar Year-To-Date Per Election for Office Sought 1095959.94		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶		62.90	
(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.			
Signature Ms. Emily Buchanan		Date MM / DD / YYYY 05 / 18 / 2015	
[Electronically Filed]			

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1246 OF 3250
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC		FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on		MM / DD / YYYY	
Full Name of Payee Ralph Smith		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 24 / 2014	
Mailing Address 2090 Fancy Gap Rd		Amount 12.24	
City Mt. Airy	State NC	Zip Code 27030	Transaction ID : 214d3b4c-1bac-40b7-a
Purpose of Expenditure Mileage		Category/Type 002	Date of Disbursement or Obligation MM / DD / YYYY 10 / 24 / 2014
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: NC
Calendar Year-To-Date Per Election for Office Sought 1095959.94		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Brandy Starns		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 24 / 2014	
Mailing Address 300 Evangeline St		Amount 40.00	
City Monroe	State LA	Zip Code 71201	Transaction ID : 3a2e5cc4-a61b-4753-a
Purpose of Expenditure Salary		Category/Type 001	Date of Disbursement or Obligation MM / DD / YYYY 10 / 24 / 2014
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: LA
Calendar Year-To-Date Per Election for Office Sought 554635.78		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶		52.24	
(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.			
Signature Ms. Emily Buchanan		Date MM / DD / YYYY 05 / 18 / 2015	
		[Electronically Filed]	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1247 OF 3250
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M / D D / Y Y Y Y					
Full Name of Payee Brandy Starns			Date of Public Distribution/Dissemination 10 / 24 / 2014		
Mailing Address 300 Evangeline St			Amount 6.00		
City Monroe	State LA	Zip Code 71201	Transaction ID : 515356e3-57b5-478f-8		
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement or Obligation 10 / 24 / 2014		
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: LA		
Calendar Year-To-Date Per Election for Office Sought		554635.78	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
Full Name of Payee Ruthie M Thompson			Date of Public Distribution/Dissemination 10 / 24 / 2014		
Mailing Address 286 Wrenn Drive			Amount 25.00		
City Lexington	State NC	Zip Code 27292	Transaction ID : 319016f6-0480-4e7b-8		
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation 10 / 24 / 2014		
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: NC		
Calendar Year-To-Date Per Election for Office Sought		1095959.94	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			31.00		
(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.					
Signature Ms. Emily Buchanan		[Electronically Filed]		Date 05 / 18 / 2015	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1248 OF 3250
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC		FEC IDENTIFICATION NUMBER ▼ C C00530766
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on		MM / DD / YYYY

Full Name of Payee Ruthie M Thompson		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 24 / 2014
Mailing Address 286 Wrenn Drive		Amount 5.04
City Lexington	State NC	Zip Code 27292
Purpose of Expenditure Mileage	Category/ Type 002	Transaction ID : 91881ba4-0586-485a-b Date of Disbursement or Obligation MM / DD / YYYY 10 / 24 / 2014
Name of Federal Candidate Ms. Kay Hagan		Office Sought: ☐ House District: 00 ☒ Senate State: NC ☐ President
Calendar Year-To-Date Per Election for Office Sought 1095959.94		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶

Full Name of Payee Katie A Barros		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 24 / 2014
Mailing Address PO Box 398		Amount 60.00
City Neosho	State MO	Zip Code 64850
Purpose of Expenditure Salary	Category/ Type 001	Transaction ID : 3d7c859e-0b0f-4a84-9 Date of Disbursement or Obligation MM / DD / YYYY 10 / 24 / 2014
Name of Federal Candidate Mr. Mark L Pryor		Office Sought: ☐ House District: 00 ☒ Senate State: AR ☐ President
Calendar Year-To-Date Per Election for Office Sought 292370.62		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	65.04
(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

MM / DD / YYYY
05 / 18 / 2015

Signature

Full Name of Payee Mary R Kirkland		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 24 / 2014	
Mailing Address 504 Green Meadow Dr		Amount 60.00	
City Boyd	State TX	Zip Code 76023	Transaction ID : 46775eab-41a3-4807-b
Purpose of Expenditure Salary	Category/ Type	001	Date of Disbursement or Obligation MM / DD / YYYY 10 / 24 / 2014
Name of Federal Candidate Mr. Mark L Pryor	☐ Support ☒ Oppose	Office Sought: ☐ President ☒ Senate	District: 00 State: AR
Calendar Year-To-Date Per Election for Office Sought	292370.62	Disbursement For: ☐ Primary ☒ General	☐ Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶ 
(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.

Date _____

Signature

Full Name of Payee Meagan N Rogerson		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 24 / 2014	
Mailing Address 3657 S Rail Road St		Amount 14.40	
City Fountain	State NC	Zip Code 27829	Transaction ID : 50aeb70f-a759-4095-b
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement or Obligation MM / DD / YYYY 10 / 24 / 2014
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: NC
Calendar Year-To-Date Per Election for Office Sought 1095959.94		Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	39.40
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

Ms. Emily Buchanan

[Electronically Filed]

Date 05 / 18 / 2015

Signature _____

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1251 OF 3250
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC		FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on		M M M / D D D / Y Y Y Y Y Y	
Full Name of Payee Benjamin J Crosser		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 10 / 24 / 2014	
Mailing Address PO Box 398		Amount 47.50	
City Neosho	State AR	Zip Code 64850	Transaction ID : 492e2a5b-81c3-48e1-8
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 10 / 24 / 2014
Name of Federal Candidate Mr. Mark L Pryor		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: AR
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Benjamin J Crosser		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 10 / 24 / 2014	
Mailing Address PO Box 398		Amount 30.90	
City Neosho	State AR	Zip Code 64850	Transaction ID : c41c0f29-3a0b-4f6c-a
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 10 / 24 / 2014
Name of Federal Candidate Mr. Mark L Pryor		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: AR
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶		78.40	
(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]	
Signature		Date M M M / D D D / Y Y Y Y Y Y 05 / 18 / 2015	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 1252 OF 3250
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC	FEC IDENTIFICATION NUMBER ▼ C C00530766
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M M / D D D / Y Y Y Y Y Y	

Full Name of Payee Lee R Carter		Date of Public Distribution/Dissemination 10 24 2014	
Mailing Address 3110 Brentwood Rd		Amount 65.00	
City Raleigh	State NC	Zip Code 27604	Transaction ID : 4583bb61-9745-45c7-a Date of Disbursement or Obligation 10 24 2014
Purpose of Expenditure Salary		Category/Type 001	
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>NC</u>
Calendar Year-To-Date Per Election for Office Sought		1095959.94	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶

Full Name of Payee Lee R Carter		Date of Public Distribution/Dissemination 10 24 2014	
Mailing Address 3110 Brentwood Rd		Amount 16.20	
City Raleigh	State NC	Zip Code 27604	Transaction ID : 11389759-c2d5-4319-8 Date of Disbursement or Obligation 10 24 2014
Purpose of Expenditure Mileage		Category/Type 002	
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>NC</u>
Calendar Year-To-Date Per Election for Office Sought		1095959.94	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	81.20
(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

05

18

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Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1253 OF 3250
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M / D D / Y Y Y Y				
Full Name of Payee Heather Ainsworth			Date of Public Distribution/Dissemination 10 / 24 / 2014	
Mailing Address 9685 Paula St			Amount 80.00	
City Keithville	State LA	Zip Code 71047	Transaction ID : 16e4bd10-3dd6-453f-b	
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation 10 / 24 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: LA	
Calendar Year-To-Date Per Election for Office Sought		554635.78	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Heather Ainsworth			Date of Public Distribution/Dissemination 10 / 24 / 2014	
Mailing Address 9685 Paula St			Amount 22.50	
City Keithville	State LA	Zip Code 71047	Transaction ID : 67d0d515-20e6-448a-8	
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement or Obligation 10 / 24 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: LA	
Calendar Year-To-Date Per Election for Office Sought		554635.78	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			102.50	
(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 05 / 18 / 2015	
Signature				

Full Name of Payee Krystal A Wilson		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 24 / 2014	
Mailing Address 448 Judson Dr		Amount 40.00	
City Wake Forest	State NC	Zip Code 27587	Transaction ID : 239735ef-5e3a-4b5c-b Date of Disbursement or Obligation MM / DD / YYYY 10 / 24 / 2014
Purpose of Expenditure Salary		Category/ Type 001	
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: NC
Calendar Year-To-Date Per Election for Office Sought 1095959.94		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	

Full Name of Payee Krystal A Wilson		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 24 / 2014	
Mailing Address 448 Judson Dr		Amount 2.10	
City Wake Forest	State NC	Zip Code 27587	Transaction ID : d859a049-d5a3-40c8-9 Date of Disbursement or Obligation MM / DD / YYYY 10 / 24 / 2014
Purpose of Expenditure Mileage	Category/ Type 002		
Name of Federal Candidate Ms. Kay Hagan	☐ Support ☒ Oppose	Office Sought: ☐ President ☒ Senate	District: 00 State: NC
Calendar Year-To-Date Per Election for Office Sought	1095959.94	Disbursement For: 2014 ☐ Other (specify) ▶	☐ Primary ☒ General

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	42.10
(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.

Date _____

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1255 OF 3250
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC		FEC IDENTIFICATION NUMBER ▼ C C00530766
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on		MM / DD / YYYY

Full Name of Payee Billy Martin		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 24 / 2014
Mailing Address 250 JS Brewton rd		Amount 40.00
City goldonna	State LA	Zip Code 71031
Purpose of Expenditure Salary		Category/Type 001
Name of Federal Candidate Ms. Mary L Landrieu		Office Sought: ☐ House ☒ Senate ☐ President ☐ District: 00 State: LA
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶

Full Name of Payee Billy Martin		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 24 / 2014
Mailing Address 250 JS Brewton rd		Amount 3.00
City goldonna	State LA	Zip Code 71031
Purpose of Expenditure Mileage		Category/Type 002
Name of Federal Candidate Ms. Mary L Landrieu		Office Sought: ☐ House ☒ Senate ☐ President ☐ District: 00 State: LA
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: ☐ Primary ☒ 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]

Signature

Date

MM / DD / YYYY
05 / 18 / 2015

Full Name of Payee Adena V Smith		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 24 / 2014	
Mailing Address 450 Judson Dr		Amount 40.00	
City Wake Forest	State NC	Zip Code 27587	Transaction ID : 46f5e49e-445b-417f-8 Date of Disbursement or Obligation MM / DD / YYYY 10 / 24 / 2014
Purpose of Expenditure Salary	Category/ Type	001	
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House ☒ Senate ☐ President District: 00 State: NC
Calendar Year-To-Date Per Election for Office Sought 1095959.94		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	

Full Name of Payee Stuart T Haley		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 24 / 2014	
Mailing Address 600 W Vine Ave		Amount 80.00	
City Searcy	State AR	Zip Code 72143	Transaction ID : c83f4005-5cb0-4320-a Date of Disbursement or Obligation MM / DD / YYYY 10 / 24 / 2014
Purpose of Expenditure Salary		Category/ Type 001	
Name of Federal Candidate Mr. Mark L Pryor		☐ Support ☒ Oppose	Office Sought: ☐ House ☒ Senate ☐ President
Calendar Year-To-Date Per Election for Office Sought		292370.62	District: 00 State: AR Disbursement For: ☐ Primary ☒ General ☐ 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.

Date _____

Signature

05 / 18 / 2015

Full Name of Payee Xavier Miller		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 24 / 2014	
Mailing Address 407 randall Dr		Amount 27.00	
City	State	Zip Code	Transaction ID : 738129df-f66b-4e40-8 Date of Disbursement or Obligation MM / DD / YYYY 10 / 24 / 2014
Searcy	AR	72143	
Purpose of Expenditure Mileage		Category/ Type	002
Name of Federal Candidate Mr. Mark L Pryor		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: AR
Calendar Year-To-Date Per Election for Office Sought		292370.62	Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ►

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	107.00
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

Signature

Full Name of Payee Gregory Green		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 24 / 2014	
Mailing Address 2506 Bolch Street		Amount 23.40	
City Shreveport	State LA	Zip Code 71104	Transaction ID : 7fd09a3f-9d32-4e97-b
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement or Obligation MM / DD / YYYY 10 / 24 / 2014
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: LA
Calendar Year-To-Date Per Election for Office Sought 554635.78		Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	53.40
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

Signature

Full Name of Payee Krista J Smith			Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 24 / 2014		
Mailing Address 41176 Bertville Rd			Amount 6.51		
City Gonzales	State LA	Zip Code 70737	Transaction ID : 75ad9c4b-4030-499c-b Date of Disbursement or Obligation MM / DD / YYYY 10 / 24 / 2014		
Purpose of Expenditure Mileage		Category/ Type 002			
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House ☒ Senate ☐ President ☐ Other (specify) _____		
Calendar Year-To-Date Per Election for Office Sought		554635.78	Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ► _____		

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	36.51
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

FEC Schedule E (Form 3X) Rev. 09/2013

Full Name of Payee Mattie Harris		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 24 / 2014	
Mailing Address 3654 Tara St		Amount 3.00	
City springdale	State AR	Zip Code 72762	Transaction ID : b3eff5e3-3c28-4316-b Date of Disbursement or Obligation MM / DD / YYYY 10 / 24 / 2014
Purpose of Expenditure Mileage		Category/ Type 002	
Name of Federal Candidate Mr. Mark L Pryor		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: AR
Calendar Year-To-Date Per Election for Office Sought 292370.62		Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	63.00
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1261 OF 3250
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M / D D / Y Y Y Y				
Full Name of Payee Lauren N Hamel			Date of Public Distribution/Dissemination 10 / 24 / 2014	
Mailing Address PO Box 398			Amount 60.00	
City Neosho	State MO	Zip Code 64850	Transaction ID : 413ada46-e0e5-402f-8	
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation 10 / 24 / 2014	
Name of Federal Candidate Mr. Mark L Pryor		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: AR	
Calendar Year-To-Date Per Election for Office Sought		292370.62	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Lauren N Hamel			Date of Public Distribution/Dissemination 10 / 24 / 2014	
Mailing Address PO Box 398			Amount 39.00	
City Neosho	State MO	Zip Code 64850	Transaction ID : 39fe1f65-0576-497c-8	
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement or Obligation 10 / 24 / 2014	
Name of Federal Candidate Mr. Mark L Pryor		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: AR	
Calendar Year-To-Date Per Election for Office Sought		292370.62	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures.....▶			99.00	
(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.				
Signature Ms. Emily Buchanan		[Electronically Filed]		Date 05 / 18 / 2015

Full Name of Payee Jessica R Resendiz		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 24 / 2014	
Mailing Address 9685 Paula St		Amount 90.00	
City Keithville	State LA	Zip Code 71047	Transaction ID : e80889d6-10b1-4361-a
Purpose of Expenditure Salary	Category/ Type	001	Date of Disbursement or Obligation MM / DD / YYYY 10 / 24 / 2014
Name of Federal Candidate Ms. Mary L Landrieu	☐ Support ☒ Oppose	Office Sought: ☐ President ☒ Senate	District: 00 State: LA
Calendar Year-To-Date Per Election for Office Sought	554635.78	Disbursement For: 2014 ☐ Other (specify) ▶	☐ Primary ☒ General

Full Name of Payee Jessica R Resendiz		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 24 / 2014	
Mailing Address 9685 Paula St		Amount 23.40	
City Keithville	State LA	Zip Code 71047	Transaction ID : 578b67c6-1b42-40e7-9 Date of Disbursement or Obligation MM / DD / YYYY 10 / 24 / 2014
Purpose of Expenditure Mileage	Category/ Type	002	
Name of Federal Candidate Ms. Mary L Landrieu	☐ Support ☒ Oppose	Office Sought: ☐ President ☒ Senate ☐ Other (specify) ▶	District: 00 State: LA Disbursement For: ☐ Primary ☒ General
Calendar Year-To-Date Per Election for Office Sought		554635.78	

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	113.40
(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.

Signature

05 / 18 / 2015

Full Name of Payee Valerie K Braymer		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 24 / 2014	
Mailing Address 106 Ridge Trail		Amount 13.50	
City Boerne	State TX	Zip Code 78006	Transaction ID : 966effd5-b480-4afe-9 Date of Disbursement or Obligation MM / DD / YYYY 10 / 24 / 2014
Purpose of Expenditure Mileage		Category/ Type 002	
Name of Federal Candidate Mr. Greg Orman		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: KS
Calendar Year-To-Date Per Election for Office Sought 261541.03		Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	78.50
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

Ms. Emily Buchanan

[Electronically Filed]

Date 05 / 18 / 2015

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 1265 OF 3250
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M M / D D D / Y Y Y Y Y Y					
Full Name of Payee Sheri J Peace			Date of Public Distribution/Dissemination 10 / 24 / 2014		
Mailing Address 9685 Paula St			Amount 80.00		
City Keithville	State LA	Zip Code 71047	Transaction ID : 7d8518ab-06ad-4258-b Date of Disbursement or Obligation 10 / 24 / 2014		
Purpose of Expenditure Salary		Category/ Type 001			
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: LA		
Calendar Year-To-Date Per Election for Office Sought 554635.78			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
Full Name of Payee Monique Guillory			Date of Public Distribution/Dissemination 10 / 24 / 2014		
Mailing Address 409 LaSalle Drive			Amount 60.00		
City Little Rock	State AR	Zip Code 72211	Transaction ID : 09a7fcac-79ae-4999-b Date of Disbursement or Obligation 10 / 24 / 2014		
Purpose of Expenditure Salary		Category/ Type 001			
Name of Federal Candidate Mr. Mark L Pryor		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: AR		
Calendar Year-To-Date Per Election for Office Sought 292370.62			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			140.00		
(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.					
Signature Ms. Emily Buchanan		[Electronically Filed]		Date 05 / 18 / 2015	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1266 OF 3250
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC		FEC IDENTIFICATION NUMBER ▼ C C00530766
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on		MM / DD / YYYY

Full Name of Payee Monique Guillory		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 24 / 2014
Mailing Address 409 LaSalle Drive		Amount 57.00
City Little Rock	State AR	Zip Code 72211
Purpose of Expenditure Mileage	Category/ Type 002	Transaction ID : 5e084d29-5a1d-4080-a Date of Disbursement or Obligation MM / DD / YYYY 10 / 24 / 2014
Name of Federal Candidate Mr. Mark L Pryor		Office Sought: ☐ House District: 00 ☒ Senate State: AR
Calendar Year-To-Date Per Election for Office Sought 292370.62		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶

Full Name of Payee Kenny Wallis		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 24 / 2014
Mailing Address 6412 Osage Dr		Amount 65.00
City North Little rock	State AR	Zip Code 72116
Purpose of Expenditure Salary	Category/ Type 001	Transaction ID : f12fb4f2-14f7-42f7-8 Date of Disbursement or Obligation MM / DD / YYYY 10 / 24 / 2014
Name of Federal Candidate Mr. Mark L Pryor		Office Sought: ☐ House District: 00 ☒ Senate State: AR
Calendar Year-To-Date Per Election for Office Sought 292370.62		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	122.00
(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]

Signature

Date

MM / DD / YYYY
05 / 18 / 2015

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1267 OF 3250
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on MM / DD / YYYY					
Full Name of Payee Kenny Wallis			Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 24 / 2014		
Mailing Address 6412 Osage Dr			Amount 3.15		
City North Little rock		State AR	Zip Code 72116		Transaction ID : 67919fe6-6975-4f10-b Date of Disbursement or Obligation MM / DD / YYYY 10 / 24 / 2014
Purpose of Expenditure Mileage		Category/ Type	002		
Name of Federal Candidate Mr. Mark L Pryor			☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: AR	
Calendar Year-To-Date Per Election for Office Sought 292370.62			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
Full Name of Payee Kevin L Battle			Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 24 / 2014		
Mailing Address 3300 Asher Ave			Amount 80.00		
City Little Rock		State AR	Zip Code 72204		Transaction ID : d717f3a2-a98c-48fc-a Date of Disbursement or Obligation MM / DD / YYYY 10 / 24 / 2014
Purpose of Expenditure Salary		Category/ Type	001		
Name of Federal Candidate Mr. Mark L Pryor			☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: AR	
Calendar Year-To-Date Per Election for Office Sought 292370.62			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures.....▶			83.15		
(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.					
Signature Ms. Emily Buchanan			Date MM / DD / YYYY 05 / 18 / 2015		
			[Electronically Filed]		

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 1268 OF 3250
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M / D D / Y Y Y Y Y Y					

Full Name of Payee Kevin L Battle			Date of Public Distribution/Dissemination 10 / 24 / 2014		
Mailing Address 3300 Asher Ave			Amount 30.00		
City Little Rock	State AR	Zip Code 72204	Transaction ID : 29603ab2-2551-48a5-8 Date of Disbursement or Obligation 10 / 24 / 2014		
Purpose of Expenditure Mileage		Category/ Type 002			
Name of Federal Candidate Mr. Mark L Pryor			☐ Support ☒ Oppose Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: AR		
Calendar Year-To-Date Per Election for Office Sought 292370.62			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		

Full Name of Payee Caleb J Ellicott			Date of Public Distribution/Dissemination 10 / 24 / 2014		
Mailing Address 56893 S 695 rd			Amount 20.00		
City Colcord	State OK	Zip Code 74338	Transaction ID : 339d74c3-79c4-4b98-a Date of Disbursement or Obligation 10 / 24 / 2014		
Purpose of Expenditure Salary		Category/ Type 001			
Name of Federal Candidate Mr. Mark L Pryor			☐ Support ☒ Oppose Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: AR		
Calendar Year-To-Date Per Election for Office Sought 292370.62			Disbursement For: ☐ Primary ☒ 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
 Signature

[Electronically Filed]

Date 05 / 18 / 2015

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 1269 OF 3250
 FOR LINE 24 OF FORM 3X

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

Full Name of Payee Nathan D Stevens		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 24 / 2014	
Mailing Address 9653 Nations Dr		Amount 20.00	
City Springdale	State AR	Zip Code 72762	Transaction ID : 8baa0c25-6049-4bc9-9
Purpose of Expenditure Salary	Category/ Type	Date of Disbursement or Obligation MM / DD / YYYY 10 / 24 / 2014	
Name of Federal Candidate Mr. Mark L Pryor		☐ Support ☒ Oppose Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>AR</u>	
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	

Full Name of Payee Nathan D Stevens		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 24 / 2014	
Mailing Address 9653 Nations Dr		Amount 7.20	
City Springdale	State AR	Zip Code 72762	Transaction ID : e981a627-2006-40e4-a
Purpose of Expenditure Mileage	Category/ Type	Date of Disbursement or Obligation MM / DD / YYYY 10 / 24 / 2014	
Name of Federal Candidate Mr. Mark L Pryor		☐ Support ☒ Oppose Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>AR</u>	
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	27.20
(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

MM / DD / YYYY
05 / 18 / 2015

Signature

Full Name of Payee Zachary Williams		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 24 / 2014	
Mailing Address 9419 NE Hwy 69		Amount 13.50	
City Pittsburg	State KS	Zip Code 66762	Transaction ID : 407b1b57-615f-41dd-b Date of Disbursement or Obligation MM / DD / YYYY 10 / 24 / 2014
Purpose of Expenditure Mileage	Category/ Type	002	
Name of Federal Candidate Mr. Greg Orman	☐ Support ☒ Oppose	Office Sought: ☐ President ☒ Senate	District: 00 State: KS
Calendar Year-To-Date Per Election for Office Sought	261541.03	Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	43.50
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

Signature

Full Name of Payee Leslie D Moore			Date of Public Distribution/Dissemination M M / D D / Y Y Y Y 10 / 24 / 2014		
Mailing Address 1903 Swan Dr			Amount 60.00		
City Lenoir	State NC	Zip Code 28645	Transaction ID : 82354267-e75b-45d4-8 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 10 / 24 / 2014		
Purpose of Expenditure Salary		Category/ Type 001			
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House ☒ Senate ☐ President ☐ Other (specify) _____		
Calendar Year-To-Date Per Election for Office Sought		1095959.94	Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ► _____		

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	80.00
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

FEC Schedule E (Form 3X) Rev. 09/2013

Full Name of Payee Todd Ellis		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 24 / 2014	
Mailing Address P.O. Box 712		Amount 90.00	
City Alexander	State AR	Zip Code 72002	Transaction ID : 8861eb3e-64f8-40f8-8
Purpose of Expenditure Salary	Category/ Type	001	Date of Disbursement or Obligation MM / DD / YYYY 10 / 24 / 2014
Name of Federal Candidate Mr. Mark L Pryor	☐ Support ☒ Oppose	Office Sought: ☐ President ☒ Senate	District: 00 State: AR
Calendar Year-To-Date Per Election for Office Sought	292370.62	Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....		93.90
(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.

Date _____

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1273 OF 3250
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC		FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on		MM / DD / YYYY	
Full Name of Payee Todd Ellis		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 24 / 2014	
Mailing Address P.O. Box 712		Amount 37.50	
City Alexander	State AR	Zip Code 72002	Transaction ID : 327ca59f-d495-4c8d-a
Purpose of Expenditure Mileage	Category/Type 002	Date of Disbursement or Obligation MM / DD / YYYY 10 / 24 / 2014	
Name of Federal Candidate Mr. Mark L Pryor		☐ Support ☒ Oppose	
Office Sought: ☐ President ☒ Senate		District: 00 State: AR	
Calendar Year-To-Date Per Election for Office Sought 292370.62		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Jennifer F Gilbert		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 24 / 2014	
Mailing Address 180 McNeil Steep Hollow Rd		Amount 52.50	
City Carriere	State MS	Zip Code 39426	Transaction ID : 455f09af-0530-4abb-a
Purpose of Expenditure Salary	Category/Type 001	Date of Disbursement or Obligation MM / DD / YYYY 10 / 24 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	
Office Sought: ☐ President ☒ Senate		District: 00 State: LA	
Calendar Year-To-Date Per Election for Office Sought 554635.78		Disbursement For: ☐ Primary ☒ 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.			
Signature Ms. Emily Buchanan		Date MM / DD / YYYY 05 / 18 / 2015	
[Electronically Filed]			

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1274 OF 3250
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M / D D / Y Y Y Y				
Full Name of Payee Jennifer F Gilbert			Date of Public Distribution/Dissemination 10 / 24 / 2014	
Mailing Address 180 McNeil Steep Hollow Rd			Amount 20.10	
City Carriere	State MS	Zip Code 39426	Transaction ID : 5b1359da-b9d0-48d3-8 Date of Disbursement or Obligation 10 / 24 / 2014	
Purpose of Expenditure Mileage		Category/ Type 002		
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: LA	
Calendar Year-To-Date Per Election for Office Sought		554635.78	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Evelyn Lesaicherre			Date of Public Distribution/Dissemination 10 / 24 / 2014	
Mailing Address 629 Radiance Ave			Amount 80.00	
City Metairie	State LA	Zip Code 70001	Transaction ID : 90b4aa7c-fba9-493f-b Date of Disbursement or Obligation 10 / 24 / 2014	
Purpose of Expenditure Salary		Category/ Type 001		
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: LA	
Calendar Year-To-Date Per Election for Office Sought		554635.78	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			100.10	
(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 05 / 18 / 2015	
Signature				

Full Name of Payee Patricia F Arnold		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 24 / 2014	
Mailing Address 1117 Clipper Dr		Amount 13.00	
City Slidell	State LA	Zip Code 70458	Transaction ID : 6121787a-0fe0-4899-b Date of Disbursement or Obligation MM / DD / YYYY 10 / 24 / 2014
Purpose of Expenditure Salary	Category/ Type	001	
Name of Federal Candidate Ms. Mary L Landrieu	☐ Support ☒ Oppose	Office Sought: ☐ President ☒ Senate ☐ Other (specify) ▶	District: 00 State: LA Disbursement For: ☐ Primary ☒ General
Calendar Year-To-Date Per Election for Office Sought		554635.78	

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	15.10
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

Full Name of Payee OLynda Walker			Date of Public Distribution/Dissemination M M / D D / Y Y Y Y 10 / 24 / 2014		
Mailing Address 10000 Mount Pleasant Rd			Amount 50.00		
City Midland	State NC	Zip Code 28107	Transaction ID : 53dff0c7-6143-4149-9 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 10 / 24 / 2014		
Purpose of Expenditure Salary		Category/ Type 001			
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House ☒ Senate ☐ President ☐ Other (specify) _____		
Calendar Year-To-Date Per Election for Office Sought		1095959.94	Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ► _____		

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	50.96
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

05 / 18 / 2015

FEC Schedule E (Form 3X) Rev. 09/2013

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1279 OF 3250
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC		FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on		M M M / D D D / Y Y Y Y Y Y	
Full Name of Payee Benjamin Hernandez		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 10 / 24 / 2014	
Mailing Address 915 E Market Ave		Amount 21.30	
City Searcy	State AR	Zip Code 72149	Transaction ID : de770be8-0046-40ff-a
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 10 / 24 / 2014
Name of Federal Candidate Mr. Mark L Pryor		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: AR
Calendar Year-To-Date Per Election for Office Sought 292370.62		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Maria A Britt		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 10 / 24 / 2014	
Mailing Address 4894 Thunder Bolt		Amount 50.00	
City Concord	State NC	Zip Code 28205	Transaction ID : cbfcf360-84a9-4615-9
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 10 / 24 / 2014
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: NC
Calendar Year-To-Date Per Election for Office Sought 1095959.94		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶		71.30	
(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.			
Signature Ms. Emily Buchanan		Date M M M / D D D / Y Y Y Y Y Y 05 / 18 / 2015	
		[Electronically Filed]	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1280 OF 3250
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC		FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M / D D / Y Y Y Y			
Full Name of Payee Mary Catherine Toburen		Date of Public Distribution/Dissemination 10 / 24 / 2014	
Mailing Address 1222 SE 44 St		Amount 27.50	
City Topeka	State KS	Zip Code 66609	Transaction ID : 7d96b92b-ae96-4775-a
Purpose of Expenditure Salary	Category/ Type	001	Date of Disbursement or Obligation 10 / 24 / 2014
Name of Federal Candidate Mr. Greg Orman		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: KS
Calendar Year-To-Date Per Election for Office Sought		261541.03	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶
Full Name of Payee Phillip Williams		Date of Public Distribution/Dissemination 10 / 24 / 2014	
Mailing Address 3007 Darden Rd		Amount 80.00	
City Greensboro	State NC	Zip Code 27407	Transaction ID : 76df5d5a-8ca8-4647-9
Purpose of Expenditure Salary	Category/ Type	001	Date of Disbursement or Obligation 10 / 24 / 2014
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: NC
Calendar Year-To-Date Per Election for Office Sought		1095959.94	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures.....▶		107.50	
(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.			
Signature Ms. Emily Buchanan		Date 05 / 18 / 2015	
		[Electronically Filed]	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1281 OF 3250
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M / D D / Y Y Y Y				
Full Name of Payee Phillip Williams			Date of Public Distribution/Dissemination 10 / 24 / 2014	
Mailing Address 3007 Darden Rd			Amount 21.30	
City Greensboro	State NC	Zip Code 27407	Transaction ID : dc57984e-c990-4f32-9 Date of Disbursement or Obligation 10 / 24 / 2014	
Purpose of Expenditure Mileage		Category/ Type 002		
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>NC</u>	
Calendar Year-To-Date Per Election for Office Sought		1095959.94	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶ _____	
Full Name of Payee Jacob W Joosten			Date of Public Distribution/Dissemination 10 / 24 / 2014	
Mailing Address 1906 S Pine Apt B			Amount 40.00	
City Pittsburg	State KS	Zip Code 66762	Transaction ID : 62651a8f-78e8-4dc8-a Date of Disbursement or Obligation 10 / 24 / 2014	
Purpose of Expenditure Salary		Category/ Type 001		
Name of Federal Candidate Mr. Greg Orman		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>KS</u>	
Calendar Year-To-Date Per Election for Office Sought		261541.03	Disbursement For: ☐ Primary ☒ 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.				
Signature Ms. Emily Buchanan		[Electronically Filed]		Date 05 / 18 / 2015

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	100.40
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

Ms. Emily Buchanan

[Electronically Filed]

Date 05 / 18 / 2015

Signature

Full Name of Payee Brenda L McCune		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 24 / 2014	
Mailing Address 1254 Fleming St Apt 6		Amount 27.90	
City Conway	State AR	Zip Code 72032	Transaction ID : 8fa0fe48-000b-488b-a Date of Disbursement or Obligation MM / DD / YYYY 10 / 24 / 2014
Purpose of Expenditure Mileage	Category/ Type	002	
Name of Federal Candidate Mr. Mark L Pryor	☐ Support ☒ Oppose	Office Sought: ☐ President ☒ Senate	District: 00 State: AR
Calendar Year-To-Date Per Election for Office Sought	292370.62	Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....	157.90
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures.....	

Signature

Full Name of Payee Marsha P Meroney		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 24 / 2014	
Mailing Address 513 Ray West Dr		Amount 17.30	
City Kernersville	State NC	Zip Code 27284	Transaction ID : a40a6140-7cdf-4b21-a Date of Disbursement or Obligation MM / DD / YYYY 10 / 24 / 2014
Purpose of Expenditure Salary		Category/ Type 001	
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>NC</u>
Calendar Year-To-Date Per Election for Office Sought 1095959.94		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ►	

Full Name of Payee Marsha P Meroney		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 24 / 2014	
Mailing Address 513 Ray West Dr		Amount 3.90	
City Kernersville	State NC	Zip Code 27284	Transaction ID : 4893de58-6832-49a9-a Date of Disbursement or Obligation MM / DD / YYYY 10 / 24 / 2014
Purpose of Expenditure Mileage	Category/ Type 002		
Name of Federal Candidate Ms. Kay Hagan	☐ Support ☒ Oppose	Office Sought: ☐ President ☒ Senate ☐ Other (specify) ▶	District: 00 State: NC Disbursement For: ☐ Primary ☒ General
Calendar Year-To-Date Per Election for Office Sought		1095959.94	

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	21.20
(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.

Date _____

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1285 OF 3250
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC		FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on		M M M / D D D / Y Y Y Y Y Y	
Full Name of Payee Shirley R Gladstone		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 10 / 24 / 2014	
Mailing Address 619 W 51st Street South		Amount 30.00	
City Wichita	State KS	Zip Code 67217	Transaction ID : e658ef37-5d1e-4c54-a
Purpose of Expenditure Salary		Category/Type 001	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 10 / 24 / 2014
Name of Federal Candidate Mr. Greg Orman		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: KS
Calendar Year-To-Date Per Election for Office Sought 261541.03		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Shirley R Gladstone		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 10 / 24 / 2014	
Mailing Address 619 W 51st Street South		Amount 5.70	
City Wichita	State KS	Zip Code 67217	Transaction ID : 1045e424-25a0-461a-9
Purpose of Expenditure Mileage		Category/Type 002	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 10 / 24 / 2014
Name of Federal Candidate Mr. Greg Orman		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: KS
Calendar Year-To-Date Per Election for Office Sought 261541.03		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶		35.70	
(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.			
Signature Ms. Emily Buchanan		Date M M M / D D D / Y Y Y Y Y Y 05 / 18 / 2015	
		[Electronically Filed]	

Full Name of Payee James E Dacus		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 24 / 2014	
Mailing Address 117 Cynthia Ave		Amount 12.60	
City Farmington	State AR	Zip Code 72730	Transaction ID : 16da7d76-ff23-4aaf-b
Purpose of Expenditure Mileage	Category/ Type	002	Date of Disbursement or Obligation MM / DD / YYYY 10 / 24 / 2014
Name of Federal Candidate Mr. Mark L Pryor	☐ Support ☒ Oppose	Office Sought: ☐ President ☒ Senate	District: 00 State: AR
Calendar Year-To-Date Per Election for Office Sought	292370.62	Disbursement For: 2014 ☐ Other (specify) ▶	☐ Primary ☒ General

(a) SUBTOTAL of Itemized Independent Expenditures.....	112.60
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures.....	

Signature

Full Name of Payee Hannah J Landry		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 24 / 2014	
Mailing Address 1110 N Coolidge		Amount 70.00	
City Gonzales	State LA	Zip Code 70737	Transaction ID : f7d3f7e8-ac95-44b5-8 Date of Disbursement or Obligation MM / DD / YYYY 10 / 24 / 2014
Purpose of Expenditure Salary	Category/ Type 001		
Name of Federal Candidate Ms. Mary L Landrieu	☐ Support ☒ Oppose	Office Sought: ☐ President ☒ Senate	District: 00 State: LA
Calendar Year-To-Date Per Election for Office Sought	554635.78	Disbursement For: 2014 ☐ Other (specify) ▶	
		☐ Primary ☒ General	

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	135.00
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1288 OF 3250
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on					
Full Name of Payee Hannah J Landry			Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 24 / 2014		
Mailing Address 1110 N Coolidge			Amount 9.87		
City Gonzales	State LA	Zip Code 70737	Transaction ID : 1b461467-18a3-4f9f-8 Date of Disbursement or Obligation MM / DD / YYYY 10 / 24 / 2014		
Purpose of Expenditure Mileage		Category/ Type 002			
Name of Federal Candidate Ms. Mary L Landrieu			Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>LA</u>		
Calendar Year-To-Date Per Election for Office Sought 554635.78			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
Full Name of Payee Mary C Lee			Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 24 / 2014		
Mailing Address 1030 N Coolidge Ave			Amount 70.00		
City Gonzales	State LA	Zip Code 70737	Transaction ID : b309bd8f-e528-4d48-8 Date of Disbursement or Obligation MM / DD / YYYY 10 / 24 / 2014		
Purpose of Expenditure Salary		Category/ Type 001			
Name of Federal Candidate Ms. Mary L Landrieu			Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>LA</u>		
Calendar Year-To-Date Per Election for Office Sought 554635.78			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			79.87		
(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.					
Signature <u>Ms. Emily Buchanan</u> [Electronically Filed]			Date MM / DD / YYYY 05 / 18 / 2015		

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 1289 OF 3250
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M / D D / Y Y Y Y					
Full Name of Payee Mary C Lee			Date of Public Distribution/Dissemination 10 / 24 / 2014		
Mailing Address 1030 N Coolidge Ave			Amount 9.87		
City Gonzales	State LA	Zip Code 70737	Transaction ID : 48f07b1e-360f-45f8-8 Date of Disbursement or Obligation 10 / 24 / 2014		
Purpose of Expenditure Mileage		Category/ Type 002			
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: LA		
Calendar Year-To-Date Per Election for Office Sought 554635.78			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
Full Name of Payee Patrice Wolfe			Date of Public Distribution/Dissemination 10 / 24 / 2014		
Mailing Address 9909 Treasure Hill Rd			Amount 35.00		
City Little Rock	State AR	Zip Code 72205	Transaction ID : 31563953-a882-4b49-a Date of Disbursement or Obligation 10 / 24 / 2014		
Purpose of Expenditure Salary		Category/ Type 001			
Name of Federal Candidate Mr. Mark L Pryor		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: AR		
Calendar Year-To-Date Per Election for Office Sought 292370.62			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			44.87		
(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.					
Signature Ms. Emily Buchanan		[Electronically Filed]		Date 05 / 18 / 2015	

Full Name of Payee Rhonda Moback		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 24 / 2014	
Mailing Address 2704 E Glen Oaks Dr		Amount 30.00	
City Wichita	State KS	Zip Code 67216	Transaction ID : 01220ec1-0857-4645-9 Date of Disbursement or Obligation MM / DD / YYYY 10 / 24 / 2014
Purpose of Expenditure Salary	Category/ Type	001	
Name of Federal Candidate Mr. Greg Orman	☐ Support ☒ Oppose	Office Sought: ☐ President ☒ Senate	District: 00 State: KS
Calendar Year-To-Date Per Election for Office Sought	261541.03	Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ▶	

(a) **SUBTOTAL** of Itemized Independent Expenditures..... ➤ 46.50

(b) **SUBTOTAL** of Unitemized Independent Expenditures ➤

(c) **TOTAL** Independent Expenditures..... ➤

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 1291 OF 3250
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC	FEC IDENTIFICATION NUMBER ▼ C C00530766
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M M / D D D / Y Y Y Y Y Y	

Full Name of Payee Rhonda Moback			Date of Public Distribution/Dissemination 10 24 2014		
Mailing Address 2704 E Glen Oaks Dr			Amount 4.20		
City Wichita	State KS	Zip Code 67216	Transaction ID : 961f404f-af13-457b-8 Date of Disbursement or Obligation 10 24 2014		
Purpose of Expenditure Mileage		Category/ Type 002			
Name of Federal Candidate Mr. Greg Orman			☐ Support ☒ Oppose Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>KS</u>		
Calendar Year-To-Date Per Election for Office Sought 261541.03			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		

Full Name of Payee Peggy A Sides			Date of Public Distribution/Dissemination 10 24 2014		
Mailing Address 2183 Spokane Rd			Amount 50.00		
City Fayetteville	State NC	Zip Code 28304	Transaction ID : d7c8821e-21ae-4e3e-a Date of Disbursement or Obligation 10 24 2014		
Purpose of Expenditure Salary		Category/ Type 001			
Name of Federal Candidate Ms. Kay Hagan			☐ Support ☒ Oppose Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>NC</u>		
Calendar Year-To-Date Per Election for Office Sought 1095959.94			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	54.20
(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

05

18

2015

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1292 OF 3250
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on MM / DD / YYYY				
Full Name of Payee Peggy A Sides			Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 24 / 2014	
Mailing Address 2183 Spokane Rd			Amount 6.00	
City Fayetteville	State NC	Zip Code 28304	Transaction ID : 3b13ce91-40f5-4cb6-8	
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement or Obligation MM / DD / YYYY 10 / 24 / 2014	
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: NC	
Calendar Year-To-Date Per Election for Office Sought		1095959.94	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Molly K Williams			Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 24 / 2014	
Mailing Address 9419 NE Hwy 69			Amount 30.00	
City Pittsburg	State KS	Zip Code 66762	Transaction ID : abfb5909-9e9d-479e-b	
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation MM / DD / YYYY 10 / 24 / 2014	
Name of Federal Candidate Mr. Greg Orman		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: KS	
Calendar Year-To-Date Per Election for Office Sought		261541.03	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			36.00	
(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.				
Signature Ms. Emily Buchanan		[Electronically Filed]		Date MM / DD / YYYY 05 / 18 / 2015

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 1293 OF 3250
 FOR LINE 24 OF FORM 3X

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

Full Name of Payee Jodi DeFrees		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 24 / 2014	
Mailing Address 201 E Mt Vernon		Amount 80.00	
City Wichita	State KS	Zip Code 67211	Transaction ID : 1070e10d-f91e-4117-a
Purpose of Expenditure Salary	Category/Type 001	Date of Disbursement or Obligation MM / DD / YYYY 10 / 24 / 2014	
Name of Federal Candidate Mr. Greg Orman		☐ Support ☒ Oppose Office Sought: ☐ House ☒ Senate ☐ President ☐ State: KS	
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	

Full Name of Payee Jodi DeFrees		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 24 / 2014	
Mailing Address 201 E Mt Vernon		Amount 13.50	
City Wichita	State KS	Zip Code 67211	Transaction ID : 1f042fed-07b5-4e73-8
Purpose of Expenditure Mileage	Category/Type 002	Date of Disbursement or Obligation MM / DD / YYYY 10 / 24 / 2014	
Name of Federal Candidate Mr. Greg Orman		☐ Support ☒ Oppose Office Sought: ☐ House ☒ Senate ☐ President ☐ State: KS	
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	93.50
(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

MM / DD / YYYY
05 / 18 / 2015

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1294 OF 3250
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M / D D / Y Y Y Y				
Full Name of Payee Carl Brent			Date of Public Distribution/Dissemination 10 / 24 / 2014	
Mailing Address 6718 Lake Willow Dr			Amount 80.00	
City New Orleans	State LA	Zip Code 70126	Transaction ID : 2c7551a3-ccf7-4124-9	
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation 10 / 24 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>LA</u>	
Calendar Year-To-Date Per Election for Office Sought		554635.78	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Carl Brent			Date of Public Distribution/Dissemination 10 / 24 / 2014	
Mailing Address 6718 Lake Willow Dr			Amount 13.50	
City New Orleans	State LA	Zip Code 70126	Transaction ID : 9bd88dc1-c9ea-4be8-a	
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement or Obligation 10 / 24 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>LA</u>	
Calendar Year-To-Date Per Election for Office Sought		554635.78	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			93.50	
(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 05 / 18 / 2015	
Signature				

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1295 OF 3250
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M / D D / Y Y Y Y				
Full Name of Payee Alice K Salazar			Date of Public Distribution/Dissemination 10 / 24 / 2014	
Mailing Address 605 W Houston St			Amount 90.00	
City Marshall	State TX	Zip Code 75633	Transaction ID : f224db50-4a2d-4aec-9	
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation 10 / 24 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: LA	
Calendar Year-To-Date Per Election for Office Sought		554635.78	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Alice K Salazar			Date of Public Distribution/Dissemination 10 / 24 / 2014	
Mailing Address 605 W Houston St			Amount 56.10	
City Marshall	State TX	Zip Code 75633	Transaction ID : 895a773d-62ac-43ac-9	
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement or Obligation 10 / 24 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: LA	
Calendar Year-To-Date Per Election for Office Sought		554635.78	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures.....▶			146.10	
(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.				
Signature Ms. Emily Buchanan		[Electronically Filed]		Date 05 / 18 / 2015

Full Name of Payee Joshua D Syrotchen		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 24 / 2014	
Mailing Address 915 East Market Ave		Amount 62.70	
City	State	Zip Code	Transaction ID : dbf06067-4c19-4794-b Date of Disbursement or Obligation MM / DD / YYYY 10 / 24 / 2014
Searcy	AR	72149	
Purpose of Expenditure Mileage		Category/ Type	002
Name of Federal Candidate Mr. Mark L Pryor		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: AR
Calendar Year-To-Date Per Election for Office Sought		292370.62	
		Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	132.70
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

Signature

Full Name of Payee Mary Johnson		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 24 / 2014	
Mailing Address 105 South Dale St		Amount 50.00	
City Spruce Pine	State NC	Zip Code 28777	Transaction ID : 57a2740c-ab38-45d5-9
Purpose of Expenditure Salary	Category/ Type	001	Date of Disbursement or Obligation MM / DD / YYYY 10 / 24 / 2014
Name of Federal Candidate Ms. Kay Hagan	☐ Support ☒ Oppose	Office Sought: ☐ President ☒ Senate	District: 00 State: NC
Calendar Year-To-Date Per Election for Office Sought	1095959.94		Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	100.00
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

FEC Schedule E (Form 3X) Rev. 09/2013

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1298 OF 3250
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC		FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on / /			
Full Name of Payee Aaron R Cowart		Date of Public Distribution/Dissemination / / 10 / 24 / 2014	
Mailing Address 184 South Military Rd		Amount 70.00	
City Slidell	State LA	Zip Code 70458	Transaction ID : bfc068e1-2cd4-4a31-b Date of Disbursement or Obligation / / 10 / 24 / 2014
Purpose of Expenditure Salary		Category/ Type 001	
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>LA</u>
Calendar Year-To-Date Per Election for Office Sought 554635.78		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶ _____	
Full Name of Payee Aaron R Cowart		Date of Public Distribution/Dissemination / / 10 / 24 / 2014	
Mailing Address 184 South Military Rd		Amount 4.50	
City Slidell	State LA	Zip Code 70458	Transaction ID : db0f3812-05ee-4e6f-8 Date of Disbursement or Obligation / / 10 / 24 / 2014
Purpose of Expenditure Mileage		Category/ Type 002	
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>LA</u>
Calendar Year-To-Date Per Election for Office Sought 554635.78		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶ _____	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶		 74.50	
(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.			
Signature <i>Ms. Emily Buchanan</i>		Date / / 05 / 18 / 2015	
[Electronically Filed]			

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 1299 OF 3250
 FOR LINE 24 OF FORM 3X

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

Full Name of Payee Jeanne Tribou			Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 24 / 2014		
Mailing Address 22369 Ponderosa Dr.			Amount 80.00		
City Mandeville	State LA	Zip Code 70471	Transaction ID : 873d42f1-ef66-41e4-9		
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation MM / DD / YYYY 10 / 24 / 2014		
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: LA		
Calendar Year-To-Date Per Election for Office Sought 554635.78			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		

Full Name of Payee Jeanne Tribou			Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 24 / 2014		
Mailing Address 22369 Ponderosa Dr.			Amount 17.40		
City Mandeville	State LA	Zip Code 70471	Transaction ID : d28b6fad-3d29-4684-a		
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement or Obligation MM / DD / YYYY 10 / 24 / 2014		
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: LA		
Calendar Year-To-Date Per Election for Office Sought 554635.78			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	97.40
(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

MM / DD / YYYY
05 / 18 / 2015

Signature

Full Name of Payee Tammy Williams		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 24 / 2014	
Mailing Address 924 N. Prieur St		Amount 15.00	
City New Orleans	State LA	Zip Code 70116	Transaction ID : 59412cea-9e53-4dec-a Date of Disbursement or Obligation MM / DD / YYYY 10 / 24 / 2014
Purpose of Expenditure Mileage		Category/ Type 002	
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: LA
Calendar Year-To-Date Per Election for Office Sought 554635.78		Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	55.00
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

05 / 18 / 2015

FEC Schedule E (Form 3X) Rev. 09/2013

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1301 OF 3250
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M / D D / Y Y Y Y Y Y				
Full Name of Payee Antoinette Franklin			Date of Public Distribution/Dissemination 10 / 24 / 2014	
Mailing Address 8822 Apple St			Amount 40.00	
City New Orleans	State LA	Zip Code 70188	Transaction ID : e10c2040-6a78-4a9a-8 Date of Disbursement or Obligation 10 / 24 / 2014	
Purpose of Expenditure Salary		Category/ Type 001		
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: LA	
Calendar Year-To-Date Per Election for Office Sought		554635.78	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Antoinette Franklin			Date of Public Distribution/Dissemination 10 / 24 / 2014	
Mailing Address 8822 Apple St			Amount 15.00	
City New Orleans	State LA	Zip Code 70188	Transaction ID : 935f0154-15f5-4f82-a Date of Disbursement or Obligation 10 / 24 / 2014	
Purpose of Expenditure Mileage		Category/ Type 002		
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: LA	
Calendar Year-To-Date Per Election for Office Sought		554635.78	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			55.00	
(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.				
Signature Ms. Emily Buchanan		[Electronically Filed]		Date 05 / 18 / 2015

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 1302 OF 3250
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on MM / DD / YYYY					
Full Name of Payee Joseph R English			Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 24 / 2014		
Mailing Address 915 East Market Ave Apt 4			Amount 80.00		
City Searcy	State AR	Zip Code 72143	Transaction ID : c2a011e8-8dd5-437d-b Date of Disbursement or Obligation MM / DD / YYYY 10 / 24 / 2014		
Purpose of Expenditure Salary		Category/ Type 001			
Name of Federal Candidate Mr. Mark L Pryor			Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>AR</u> ☐ Support ☒ Oppose		
Calendar Year-To-Date Per Election for Office Sought 292370.62			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
Full Name of Payee Joseph R English			Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 24 / 2014		
Mailing Address 915 East Market Ave Apt 4			Amount 57.00		
City Searcy	State AR	Zip Code 72143	Transaction ID : ea5d08d1-e942-4eda-8 Date of Disbursement or Obligation MM / DD / YYYY 10 / 24 / 2014		
Purpose of Expenditure Mileage		Category/ Type 002			
Name of Federal Candidate Mr. Mark L Pryor			Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>AR</u> ☐ Support ☒ Oppose		
Calendar Year-To-Date Per Election for Office Sought 292370.62			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			137.00		
(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.					
Signature <u>Ms. Emily Buchanan</u> [Electronically Filed]			Date MM / DD / YYYY 05 / 18 / 2015		

Full Name of Payee Jazmine d Conner			Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 24 / 2014		
Mailing Address 100 ASBURY CT			Amount 70.00		
City WINCHESTER	State VA	Zip Code 22602	Transaction ID : 8a70d6fd-b5dc-4b65-a Date of Disbursement or Obligation MM / DD / YYYY 10 / 24 / 2014		
Purpose of Expenditure Salary		Category/ Type 001			
Name of Federal Candidate Mr. Greg Orman		☐ Support ☒ Oppose	Office Sought: ☐ House ☒ Senate ☐ President ☒ Other (specify) _____		
Calendar Year-To-Date Per Election for Office Sought		261541.03	Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ► _____		

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	150.00
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

05 / 18 / 2015

FEC Schedule E (Form 3X) Rev. 09/2013

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1304 OF 3250
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC		FEC IDENTIFICATION NUMBER ▼ C C00530766
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on		MM / DD / YYYY

Full Name of Payee Aaron L Watson		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 24 / 2014
Mailing Address 30217 Crook Rd		Amount 58.00
City Cleveland	State MO	Zip Code 64734
Purpose of Expenditure Salary	Category/ Type 001	Transaction ID : 7c6007f9-ed3b-405c-8 Date of Disbursement or Obligation MM / DD / YYYY 10 / 24 / 2014
Name of Federal Candidate Mr. Greg Orman		Office Sought: ☐ House District: <u>00</u> ☒ Senate State: <u>KS</u>
Calendar Year-To-Date Per Election for Office Sought 261541.03		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶

Full Name of Payee Aaron L Watson		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 24 / 2014
Mailing Address 30217 Crook Rd		Amount 36.90
City Cleveland	State MO	Zip Code 64734
Purpose of Expenditure Mileage	Category/ Type 002	Transaction ID : 1fc6fa01-529b-4a30-a Date of Disbursement or Obligation MM / DD / YYYY 10 / 24 / 2014
Name of Federal Candidate Mr. Greg Orman		Office Sought: ☐ House District: <u>00</u> ☒ Senate State: <u>KS</u>
Calendar Year-To-Date Per Election for Office Sought 261541.03		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	94.90
(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]

Signature

Date

MM / DD / YYYY
05 / 18 / 2015

Full Name of Payee Rodney O Culbreath		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 24 / 2014	
Mailing Address 100 Asbury Ct		Amount 80.00	
City Winchester	State VA	Zip Code 22602	Transaction ID : d64711b5-811f-45eb-b Date of Disbursement or Obligation MM / DD / YYYY 10 / 24 / 2014
Purpose of Expenditure Salary		Category/ Type 001	
Name of Federal Candidate Mr. Greg Orman		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: KS
Calendar Year-To-Date Per Election for Office Sought		261541.03	Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	150.00
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

05 / 18 / 2015

FEC Schedule E (Form 3X) Rev. 09/2013

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1306 OF 3250
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC		FEC IDENTIFICATION NUMBER ▼ C C00530766
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on		MM / DD / YYYY

Full Name of Payee Rodney D Culbreth		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 24 / 2014
Mailing Address 100 Asbury CT 3200 Dam Neck Rd		Amount 75.00
City Winchester	State VA	Zip Code 22602
Purpose of Expenditure Salary	Category/ Type 001	Transaction ID : 99f283d7-a959-488a-9 Date of Disbursement or Obligation MM / DD / YYYY 10 / 24 / 2014
Name of Federal Candidate Mr. Greg Orman		Office Sought: ☐ House District: 00 ☒ Senate State: KS
Calendar Year-To-Date Per Election for Office Sought 261541.03		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶

Full Name of Payee Rze Culbreath		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 24 / 2014
Mailing Address 100 Asbury Ct		Amount 75.00
City Winchester	State VA	Zip Code 22602
Purpose of Expenditure Salary	Category/ Type 001	Transaction ID : b7b908b6-b6f0-4883-b Date of Disbursement or Obligation MM / DD / YYYY 10 / 24 / 2014
Name of Federal Candidate Mr. Greg Orman		Office Sought: ☐ House District: 00 ☒ Senate State: KS
Calendar Year-To-Date Per Election for Office Sought 261541.03		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	150.00
(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]

Signature

Date

MM / DD / YYYY
05 / 18 / 2015

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1307 OF 3250
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC		FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on		M M M / D D D / Y Y Y Y Y Y	
Full Name of Payee Brieshauna M Stevens		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 10 / 24 / 2014	
Mailing Address 1703 Torrey Pines Ct		Amount 50.00	
City Reston	State VA	Zip Code 20190	Transaction ID : b4b29740-6b9a-45ad-b
Purpose of Expenditure Salary		Category/Type 001	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 10 / 24 / 2014
Name of Federal Candidate Mr. Greg Orman		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: KS
Calendar Year-To-Date Per Election for Office Sought 261541.03		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Brandon Wheeler		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 10 / 24 / 2014	
Mailing Address 10112 Piney Creek Ct		Amount 80.00	
City Charolette	State NC	Zip Code 28215	Transaction ID : 7e965e01-ffc5-4cbf-9
Purpose of Expenditure Salary		Category/Type 001	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 10 / 24 / 2014
Name of Federal Candidate Mr. Mark L Pryor		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: AR
Calendar Year-To-Date Per Election for Office Sought 292370.62		Disbursement For: ☐ Primary ☒ 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]	
Signature		Date M M M / D D D / Y Y Y Y Y Y 05 / 18 / 2015	

Full Name of Payee Danielle McCoy		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 24 / 2014	
Mailing Address 1025 Cayley Ct		Amount 25.00	
City High Point	State NC	Zip Code 27260	Transaction ID : a8abc52c-2ceb-4649-9 Date of Disbursement or Obligation MM / DD / YYYY 10 / 24 / 2014
Purpose of Expenditure Salary	Category/ Type	001	
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House ☒ Senate ☐ President ☒ Senate
Calendar Year-To-Date Per Election for Office Sought 1095959.94		District: 00 State: NC Disbursement For: ☐ Primary ☒ General ☐ 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.

Date _____

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1309 OF 3250
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on			M M M / D D D / Y Y Y Y Y Y	
Full Name of Payee Danielle McCoy		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 10 / 24 / 2014		
Mailing Address 1025 Cayley Ct		Amount 20.40		
City High Point	State NC	Zip Code 27260	Transaction ID : 1ea337b6-0543-4d89-b	
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 10 / 24 / 2014	
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>NC</u>	
Calendar Year-To-Date Per Election for Office Sought		1095959.94	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Eleanor McCoy		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 10 / 24 / 2014		
Mailing Address 4902 Catawba Dr		Amount 57.50		
City Greensboro	State NC	Zip Code 27407	Transaction ID : 08ea5019-5557-4017-8	
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 10 / 24 / 2014	
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>NC</u>	
Calendar Year-To-Date Per Election for Office Sought		1095959.94	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures.....		77.90		
(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
Signature		M M M / D D D / Y Y Y Y Y Y 05 / 18 / 2015		

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1310 OF 3250
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M / D D / Y Y Y Y					
Full Name of Payee Eleanor McCoy			Date of Public Distribution/Dissemination 10 / 24 / 2014		
Mailing Address 4902 Catawba Dr			Amount 21.60		
City Greensboro	State NC	Zip Code 27407	Transaction ID : de63d4ce-02ad-493d-a		
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement or Obligation 10 / 24 / 2014		
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>NC</u>		
Calendar Year-To-Date Per Election for Office Sought		1095959.94	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
Full Name of Payee Stephanie L Heun			Date of Public Distribution/Dissemination 10 / 24 / 2014		
Mailing Address 8026 S Wilwood Dr Apt 101			Amount 20.00		
City Oak Creek	State WI	Zip Code 53154	Transaction ID : b59c568d-b499-4c2a-9		
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation 10 / 24 / 2014		
Name of Federal Candidate Mr. Greg Orman		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>KS</u>		
Calendar Year-To-Date Per Election for Office Sought		261541.03	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			41.60		
(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.					
Signature Ms. Emily Buchanan		[Electronically Filed]		Date 05 / 18 / 2015	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 1311 OF 3250
 FOR LINE 24 OF FORM 3X

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

Full Name of Payee Nick Berryhill		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 24 / 2014	
Mailing Address 905 Lake Drive		Amount 50.00	
City Shelby	State NC	Zip Code 28152	Transaction ID : 7344bf52-714c-4b28-b
Purpose of Expenditure Salary	Category/Type 001	Date of Disbursement or Obligation MM / DD / YYYY 10 / 24 / 2014	
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: NC	
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	

Full Name of Payee Nick Berryhill		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 24 / 2014	
Mailing Address 905 Lake Drive		Amount 8.25	
City Shelby	State NC	Zip Code 28152	Transaction ID : 7ca17663-aa83-4d29-a
Purpose of Expenditure Mileage	Category/Type 002	Date of Disbursement or Obligation MM / DD / YYYY 10 / 24 / 2014	
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: NC	
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	58.25
(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

MM / DD / YYYY
05 / 18 / 2015

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1312 OF 3250
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC		FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on / /			
Full Name of Payee Ronald E Brown		Date of Public Distribution/Dissemination / / 10 / 24 / 2014	
Mailing Address 1211 Treaty Rd		Amount 85.00	
City Delphos	State KS	Zip Code 67436	Transaction ID : 76acc05c-4dc2-4871-a Date of Disbursement or Obligation / / 10 / 24 / 2014
Purpose of Expenditure Salary		Category/ Type 001	
Name of Federal Candidate Mr. Greg Orman		Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>KS</u> ☐ Support ☒ Oppose ☐ Primary ☒ General ☐ Other (specify) ▶ _____	
Calendar Year-To-Date Per Election for Office Sought		 261541.03	

Full Name of Payee Ronald E Brown		Date of Public Distribution/Dissemination / / 10 / 24 / 2014	
Mailing Address 1211 Treaty Rd		Amount 8.10	
City Delphos	State KS	Zip Code 67436	Transaction ID : be7056a4-c277-4b51-9 Date of Disbursement or Obligation / / 10 / 24 / 2014
Purpose of Expenditure Mileage		Category/ Type 002	
Name of Federal Candidate Mr. Greg Orman		Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>KS</u> ☐ Support ☒ Oppose ☐ Primary ☒ General ☐ Other (specify) ▶ _____	
Calendar Year-To-Date Per Election for Office Sought		 261541.03	

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	 93.10
(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.

Signature

Ms. Emily Buchanan

[Electronically Filed]

Date

/ /
05 / 18 / 2015

Full Name of Payee Anthony W Stevens			Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 24 / 2014		
Mailing Address 3405 German Shepherd Trail			Amount 17.00		
City Wake Forest	State NC	Zip Code 27587	Transaction ID : 7fa451d0-4d33-49cf-a Date of Disbursement or Obligation MM / DD / YYYY 10 / 24 / 2014		
Purpose of Expenditure Salary		Category/ Type 001			
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House ☒ Senate ☐ President		
Calendar Year-To-Date Per Election for Office Sought 1095959.94		District: 00 State: NC Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ►			

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	102.00
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

05 / 18 / 2015

FEC Schedule E (Form 3X) Rev. 09/2013

Full Name of Payee Amelia Brackett		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 24 / 2014	
Mailing Address 804 Roundabout Circle		Amount 35.00	
City Searcy	State AR	Zip Code 72143	Transaction ID : a6d953f5-18b3-4f8c-a Date of Disbursement or Obligation MM / DD / YYYY 10 / 24 / 2014
Purpose of Expenditure Salary	Category/ Type	001	
Name of Federal Candidate Mr. Mark L Pryor	☐ Support ☒ Oppose	Office Sought: ☐ President ☒ Senate	District: 00 State: AR
Calendar Year-To-Date Per Election for Office Sought	292370.62	Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....	40.40
(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.

Date _____

Signature

Full Name of Payee Kaitlyn B Allen		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 24 / 2014	
Mailing Address 2121 Daniel Dr		Amount 45.90	
City	State	Zip Code	Transaction ID : 12906531-b95e-497d-a Date of Disbursement or Obligation MM / DD / YYYY 10 / 24 / 2014
Searcy	AR	72143	
Purpose of Expenditure Mileage		Category/ Type	002
Name of Federal Candidate Mr. Mark L Pryor		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: AR
Calendar Year-To-Date Per Election for Office Sought		292370.62	Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	80.90
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1316 OF 3250
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M / D D / Y Y Y Y				
Full Name of Payee Jake Mathews			Date of Public Distribution/Dissemination 10 / 24 / 2014	
Mailing Address 6418 East 12 St			Amount 20.00	
City Wichita	State KS	Zip Code 67206	Transaction ID : dcabb5c2-9657-424d-9	
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation 10 / 24 / 2014	
Name of Federal Candidate Mr. Greg Orman		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>KS</u>	
Calendar Year-To-Date Per Election for Office Sought		261541.03	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Jake Mathews			Date of Public Distribution/Dissemination 10 / 24 / 2014	
Mailing Address 6418 East 12 St			Amount 4.20	
City Wichita	State KS	Zip Code 67206	Transaction ID : bd268aee-8a7d-42c8-a	
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement or Obligation 10 / 24 / 2014	
Name of Federal Candidate Mr. Greg Orman		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>KS</u>	
Calendar Year-To-Date Per Election for Office Sought		261541.03	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			24.20	
(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.				
Signature Ms. Emily Buchanan		[Electronically Filed]		Date 05 / 18 / 2015

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1317 OF 3250
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC		FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on		M M M / D D D / Y Y Y Y Y Y	
Full Name of Payee Jennifer Cheever		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 10 / 24 / 2014	
Mailing Address 4545 S Gold		Amount 25.00	
City Wichita	State KS	Zip Code 67217	Transaction ID : e3332cce-2ef9-47b2-9
Purpose of Expenditure Salary		Category/Type 001	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 10 / 24 / 2014
Name of Federal Candidate Mr. Greg Orman		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: KS
Calendar Year-To-Date Per Election for Office Sought 261541.03		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Jennifer Cheever		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 10 / 24 / 2014	
Mailing Address 4545 S Gold		Amount 4.50	
City Wichita	State KS	Zip Code 67217	Transaction ID : d879d820-4411-49e3-9
Purpose of Expenditure Mileage		Category/Type 002	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 10 / 24 / 2014
Name of Federal Candidate Mr. Greg Orman		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: KS
Calendar Year-To-Date Per Election for Office Sought 261541.03		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶		29.50	
(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.			
Signature Ms. Emily Buchanan		Date M M M / D D D / Y Y Y Y Y Y 05 / 18 / 2015	
		[Electronically Filed]	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 1318 OF 3250
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M M / D D D / Y Y Y Y Y Y					
Full Name of Payee Michael Terry			Date of Public Distribution/Dissemination 10 / 24 / 2014		
Mailing Address 936 S Cypress			Amount 25.00		
City Wichita	State KS	Zip Code 67207	Transaction ID : e297829f-dc86-4181-a		
Purpose of Expenditure Salary		Category/Type 001	Date of Disbursement or Obligation 10 / 24 / 2014		
Name of Federal Candidate Mr. Greg Orman			Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>KS</u>		
Calendar Year-To-Date Per Election for Office Sought 261541.03			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶ _____		
Full Name of Payee Marilyn Galliardt			Date of Public Distribution/Dissemination 10 / 24 / 2014		
Mailing Address 410 Wedgewood Ct			Amount 80.00		
City Hesston	State KS	Zip Code 67062	Transaction ID : 15e130fa-3ab9-4c1f-8		
Purpose of Expenditure Salary		Category/Type 001	Date of Disbursement or Obligation 10 / 24 / 2014		
Name of Federal Candidate Mr. Greg Orman			Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>KS</u>		
Calendar Year-To-Date Per Election for Office Sought 261541.03			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶ _____		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			105.00		
(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.					
Signature <u>Ms. Emily Buchanan</u> [Electronically Filed]			Date 05 / 18 / 2015		

Full Name of Payee Marilyn Galliardt		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 24 / 2014	
Mailing Address 410 Wedgewood Ct		Amount 26.10	
City Hesston	State KS	Zip Code 67062	Transaction ID : 0d30e99b-e2c7-41ca-9
Purpose of Expenditure Mileage	Category/ Type	002	Date of Disbursement or Obligation MM / DD / YYYY 10 / 24 / 2014
Name of Federal Candidate Mr. Greg Orman	☐ Support ☒ Oppose	Office Sought: ☐ President ☒ Senate	District: 00 State: KS
Calendar Year-To-Date Per Election for Office Sought	261541.03	Disbursement For: 2014 ☐ Primary ☒ General ☐ Other (specify) ▶	

Full Name of Payee Timothy Foley		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 25 / 2014	
Mailing Address 20679 Glenbrook Terrace		Amount 10.00	
City Sterling	State VA	Zip Code 20165	Transaction ID : e19b40c6-b317-43d2-9 Date of Disbursement or Obligation MM / DD / YYYY 10 / 25 / 2014
Purpose of Expenditure Salary		Category/ Type 001	
Name of Federal Candidate Mr. Greg Orman		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: KS
Calendar Year-To-Date Per Election for Office Sought		261541.03	Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	36.10
(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.

Date _____

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1320 OF 3250
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC		FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on		M M M / D D D / Y Y Y Y Y Y	
Full Name of Payee Molly K Williams		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 10 / 23 / 2014	
Mailing Address 9419 NE Hwy 69		Amount 25.00	
City Pittsburg	State KS	Zip Code 66762	Transaction ID : 6095f68a-8b00-4e2e-a
Purpose of Expenditure Salary	Category/Type 001	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 10 / 23 / 2014	
Name of Federal Candidate Mr. Greg Orman		Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: KS	
Calendar Year-To-Date Per Election for Office Sought 261541.03		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Molly K Williams		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 10 / 23 / 2014	
Mailing Address 9419 NE Hwy 69		Amount 12.60	
City Pittsburg	State KS	Zip Code 66762	Transaction ID : a8c16d9f-c438-4015-9
Purpose of Expenditure Mileage	Category/Type 002	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 10 / 23 / 2014	
Name of Federal Candidate Mr. Greg Orman		Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: KS	
Calendar Year-To-Date Per Election for Office Sought 261541.03		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶		37.60	
(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 Signature		[Electronically Filed] Date M M M / D D D / Y Y Y Y Y Y 05 / 18 / 2015	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1321 OF 3250
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC		FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on		MM / DD / YYYY	
Full Name of Payee Ms. Tonya Boyd		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 24 / 2014	
Mailing Address 2357 Fancy Cap Rd		Amount 50.00	
City Mt. Airy	State NC	Zip Code 27030	Transaction ID : a1db00e6-f60c-4f3d-8
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation MM / DD / YYYY 10 / 24 / 2014
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: NC
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Ms. Tonya Boyd		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 24 / 2014	
Mailing Address 2357 Fancy Cap Rd		Amount 12.24	
City Mt. Airy	State NC	Zip Code 27030	Transaction ID : 39ea764a-5988-49e4-a
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement or Obligation MM / DD / YYYY 10 / 24 / 2014
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: NC
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶		62.24	
(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]	
Signature		Date MM / DD / YYYY 05 / 18 / 2015	

Full Name of Payee Michael Chinchar		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 21 / 2014	
Mailing Address 2730 Dave Ward Dr		Amount 9.00	
City Conway	State AR	Zip Code 72034	Transaction ID : c5332cb3-d51d-44be-8
Purpose of Expenditure Mileage	Category/ Type	002	Date of Disbursement or Obligation MM / DD / YYYY 10 / 21 / 2014
Name of Federal Candidate Mr. Mark L Pryor	☐ Support ☒ Oppose	Office Sought: ☐ President ☒ Senate	District: 00 State: AR
Calendar Year-To-Date Per Election for Office Sought	292370.62	Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....	79.00
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures.....	

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 1323 OF 3250
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC	FEC IDENTIFICATION NUMBER ▼ C C00530766																								
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on <table style="display:inline-table; border:1px solid black; margin:0 5px;"> <tr><td>M</td><td>M</td><td></td></tr> <tr><td></td><td></td><td></td></tr> </table> / <table style="display:inline-table; border:1px solid black; margin:0 5px;"> <tr><td>D</td><td>D</td><td></td></tr> <tr><td></td><td></td><td></td></tr> </table> / <table style="display:inline-table; border:1px solid black; margin:0 5px;"> <tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr> <tr><td></td><td></td><td></td><td></td><td></td><td></td></tr> </table>		M	M					D	D					Y	Y	Y	Y	Y	Y						
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D	D																								
Y	Y	Y	Y	Y	Y																				

Full Name of Payee Eric J Smith			Date of Public Distribution/Dissemination <table style="display:inline-table; border:1px solid black; margin:0 5px;"><tr><td>M</td><td>M</td><td></td></tr><tr><td>10</td><td></td><td></td></tr></table> / <table style="display:inline-table; border:1px solid black; margin:0 5px;"><tr><td>D</td><td>D</td><td></td></tr><tr><td>25</td><td></td><td></td></tr></table> / <table style="display:inline-table; border:1px solid black; margin:0 5px;"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td></td><td></td><td></td><td></td><td></td><td></td></tr></table> 2014			M	M		10			D	D		25			Y	Y	Y	Y	Y	Y						
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Mailing Address 4967 Dysartville			Amount <table style="display:inline-table; border:1px solid black; margin:0 5px;"><tr><td></td><td></td><td></td><td></td><td></td><td></td></tr><tr><td></td><td></td><td></td><td></td><td></td><td>80.00</td></tr></table>														80.00												
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City Morganton	State NC	Zip Code 28655	Transaction ID : 4cfc7107-db9a-4aef-9																										
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation <table style="display:inline-table; border:1px solid black; margin:0 5px;"><tr><td>M</td><td>M</td><td></td></tr><tr><td>10</td><td></td><td></td></tr></table> / <table style="display:inline-table; border:1px solid black; margin:0 5px;"><tr><td>D</td><td>D</td><td></td></tr><tr><td>25</td><td></td><td></td></tr></table> / <table style="display:inline-table; border:1px solid black; margin:0 5px;"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td></td><td></td><td></td><td></td><td></td><td></td></tr></table> 2014			M	M		10			D	D		25			Y	Y	Y	Y	Y	Y						
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Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: NC																										
Calendar Year-To-Date Per Election for Office Sought		<table style="display:inline-table; border:1px solid black; margin:0 5px;"><tr><td></td><td></td><td></td><td></td><td></td><td></td></tr><tr><td></td><td></td><td></td><td></td><td></td><td>1095959.94</td></tr></table>												1095959.94	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶														
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Full Name of Payee Jennifer E Smith			Date of Public Distribution/Dissemination <table style="display:inline-table; border:1px solid black; margin:0 5px;"><tr><td>M</td><td>M</td><td></td></tr><tr><td>10</td><td></td><td></td></tr></table> / <table style="display:inline-table; border:1px solid black; margin:0 5px;"><tr><td>D</td><td>D</td><td></td></tr><tr><td>25</td><td></td><td></td></tr></table> / <table style="display:inline-table; border:1px solid black; margin:0 5px;"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td></td><td></td><td></td><td></td><td></td><td></td></tr></table> 2014			M	M		10			D	D		25			Y	Y	Y	Y	Y	Y						
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Mailing Address 4967 Dysartville Rd			Amount <table style="display:inline-table; border:1px solid black; margin:0 5px;"><tr><td></td><td></td><td></td><td></td><td></td><td></td></tr><tr><td></td><td></td><td></td><td></td><td></td><td>80.00</td></tr></table>														80.00												
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City Morganton	State NC	Zip Code 28655	Transaction ID : 33138309-e513-4b54-a																										
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation <table style="display:inline-table; border:1px solid black; margin:0 5px;"><tr><td>M</td><td>M</td><td></td></tr><tr><td>10</td><td></td><td></td></tr></table> / <table style="display:inline-table; border:1px solid black; margin:0 5px;"><tr><td>D</td><td>D</td><td></td></tr><tr><td>25</td><td></td><td></td></tr></table> / <table style="display:inline-table; border:1px solid black; margin:0 5px;"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td></td><td></td><td></td><td></td><td></td><td></td></tr></table> 2014			M	M		10			D	D		25			Y	Y	Y	Y	Y	Y						
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Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: NC																										
Calendar Year-To-Date Per Election for Office Sought		<table style="display:inline-table; border:1px solid black; margin:0 5px;"><tr><td></td><td></td><td></td><td></td><td></td><td></td></tr><tr><td></td><td></td><td></td><td></td><td></td><td>1095959.94</td></tr></table>												1095959.94	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶														
					1095959.94																								

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	<table style="display:inline-table; border:1px solid black; margin:0 5px;"><tr><td></td><td></td><td></td><td></td><td></td><td></td></tr><tr><td></td><td></td><td></td><td></td><td></td><td>160.00</td></tr></table>												160.00
					160.00								
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	<table style="display:inline-table; border:1px solid black; margin:0 5px;"><tr><td></td><td></td><td></td><td></td><td></td><td></td></tr><tr><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>												
(c) TOTAL Independent Expenditures..... ▶	<table style="display:inline-table; border:1px solid black; margin:0 5px;"><tr><td></td><td></td><td></td><td></td><td></td><td></td></tr><tr><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>												

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

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 2015

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1324 OF 3250
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on MM / DD / YYYY					
Full Name of Payee Jennifer E Smith			Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 25 / 2014		
Mailing Address 4967 Dysartsville Rd			Amount 7.20		
City Morganton	State NC	Zip Code 28655	Transaction ID : d9811cb0-07b7-40b1-a Date of Disbursement or Obligation MM / DD / YYYY 10 / 25 / 2014		
Purpose of Expenditure Mileage		Category/ Type 002			
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: NC		
Calendar Year-To-Date Per Election for Office Sought		1095959.94	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
Full Name of Payee Jacob T Craig			Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 25 / 2014		
Mailing Address 1410 Bushville Dr			Amount 75.00		
City Lenoir	State NC	Zip Code 28645	Transaction ID : 63e1653e-2a8e-4f85-9 Date of Disbursement or Obligation MM / DD / YYYY 10 / 25 / 2014		
Purpose of Expenditure Salary		Category/ Type 001			
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: NC		
Calendar Year-To-Date Per Election for Office Sought		1095959.94	Disbursement For: ☐ Primary ☒ 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.					
Signature Ms. Emily Buchanan		[Electronically Filed]		Date MM / DD / YYYY 05 / 18 / 2015	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 1325 OF 3250
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M M / D D D / Y Y Y Y Y Y					
Full Name of Payee Jacob T Craig			Date of Public Distribution/Dissemination 10 / 25 / 2014		
Mailing Address 1410 Bushville Dr			Amount 5.40		
City Lenoir	State NC	Zip Code 28645	Transaction ID : 60ff63b5-e510-4d35-8 Date of Disbursement or Obligation 10 / 25 / 2014		
Purpose of Expenditure Mileage		Category/ Type 002			
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: NC		
Calendar Year-To-Date Per Election for Office Sought 1095959.94			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
Full Name of Payee Anthony Buchanan			Date of Public Distribution/Dissemination 10 / 25 / 2014		
Mailing Address 1090 McHone Rd			Amount 50.00		
City Spruce Pine	State NC	Zip Code 28777	Transaction ID : cd033416-0995-4b2e-b Date of Disbursement or Obligation 10 / 25 / 2014		
Purpose of Expenditure Salary		Category/ Type 001			
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: NC		
Calendar Year-To-Date Per Election for Office Sought 1095959.94			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			55.40		
(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.					
Signature Ms. Emily Buchanan		[Electronically Filed]		Date 05 / 18 / 2015	

Full Name of Payee Casey Stockton		Date of Public Distribution/Dissemination M M / D D / Y Y Y Y 10 / 25 / 2014	
Mailing Address 105 South Dale St		Amount 50.00	
City Spruce Pine	State NC	Zip Code 28777	Transaction ID : 56c33d0e-1cc6-4af5-b Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 10 / 25 / 2014
Purpose of Expenditure Salary		Category/ Type 001	
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: NC
Calendar Year-To-Date Per Election for Office Sought		1095959.94	Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ►

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	100.00
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

Ms. Emily Buchanan

[Electronically Filed]

Date 05 / 18 / 2015

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1327 OF 3250
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC		FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on		M M M / D D D / Y Y Y Y Y Y	
Full Name of Payee Tristan Hightower		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 10 / 25 / 2014	
Mailing Address 2490 W Cornerstone Pl		Amount 30.00	
City Fayetteville	State AR	Zip Code 72703	Transaction ID : 057167b8-e61e-4e7f-8
Purpose of Expenditure Salary	Category/Type 001	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 10 / 25 / 2014	
Name of Federal Candidate Mr. Mark L Pryor		Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: AR	
Calendar Year-To-Date Per Election for Office Sought 292370.62		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Tristan Hightower		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 10 / 25 / 2014	
Mailing Address 2490 W Cornerstone Pl		Amount 6.90	
City Fayetteville	State AR	Zip Code 72703	Transaction ID : f6caa8ad-e8c4-4889-8
Purpose of Expenditure Mileage	Category/Type 002	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 10 / 25 / 2014	
Name of Federal Candidate Mr. Mark L Pryor		Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: AR	
Calendar Year-To-Date Per Election for Office Sought 292370.62		Disbursement For: ☐ Primary ☒ 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.			
Signature Ms. Emily Buchanan		Date M M M / D D D / Y Y Y Y Y Y 05 / 18 / 2015	
		[Electronically Filed]	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1328 OF 3250
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC		FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on		M M M / D D D / Y Y Y Y Y Y	
Full Name of Payee Gloria L Moyer		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 10 / 25 / 2014	
Mailing Address 1505 Dills Creek Lane		Amount 20.00	
City Morehead	State NC	Zip Code 28557	Transaction ID : fbe7699f-c068-404c-a
Purpose of Expenditure Salary	Category/ Type	001	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 10 / 25 / 2014
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: NC
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Gloria L Moyer		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 10 / 25 / 2014	
Mailing Address 1505 Dills Creek Lane		Amount 4.50	
City Morehead	State NC	Zip Code 28557	Transaction ID : 47b53057-1713-4234-8
Purpose of Expenditure Mileage	Category/ Type	002	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 10 / 25 / 2014
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: NC
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶		24.50	
(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]	
Signature		Date M M M / D D D / Y Y Y Y Y Y 05 / 18 / 2015	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1329 OF 3250
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M / D D / Y Y Y Y				
Full Name of Payee Diane Smith			Date of Public Distribution/Dissemination 10 / 25 / 2014	
Mailing Address 4006 Wolkswalk Place			Amount 21.50	
City Raleigh	State NC	Zip Code 27610	Transaction ID : 05284aa7-afef-40ba-8	
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation 10 / 25 / 2014	
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>NC</u>	
Calendar Year-To-Date Per Election for Office Sought		1095959.94	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Diane Smith			Date of Public Distribution/Dissemination 10 / 25 / 2014	
Mailing Address 4006 Wolkswalk Place			Amount 0.90	
City Raleigh	State NC	Zip Code 27610	Transaction ID : da595cf8-59dc-4e12-a	
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement or Obligation 10 / 25 / 2014	
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>NC</u>	
Calendar Year-To-Date Per Election for Office Sought		1095959.94	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			22.40	
(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.				
Signature <i>Ms. Emily Buchanan</i>		[Electronically Filed]		Date 05 / 18 / 2015

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 1330 OF 3250
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M / D D / Y Y Y Y					
Full Name of Payee Randy M Gold			Date of Public Distribution/Dissemination 10 / 24 / 2014		
Mailing Address 1436 Haigs Creek Dr			Amount 5.00		
City Elgin		State SC	Zip Code 29045		Transaction ID : 24834a76-c07e-4292-8
Purpose of Expenditure Salary		Category/Type 001		Date of Disbursement or Obligation 10 / 24 / 2014	
Name of Federal Candidate Mr. Mark L Pryor			Office Sought: ☐ House District: <u>00</u> ☒ Senate State: <u>AR</u> ☐ President		
Calendar Year-To-Date Per Election for Office Sought 292370.62			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
Full Name of Payee Randy M Gold			Date of Public Distribution/Dissemination 10 / 24 / 2014		
Mailing Address 1436 Haigs Creek Dr			Amount 2.10		
City Elgin		State SC	Zip Code 29045		Transaction ID : b872c4e0-6144-481e-b
Purpose of Expenditure Mileage		Category/Type 002		Date of Disbursement or Obligation 10 / 24 / 2014	
Name of Federal Candidate Mr. Mark L Pryor			Office Sought: ☐ House District: <u>00</u> ☒ Senate State: <u>AR</u> ☐ President		
Calendar Year-To-Date Per Election for Office Sought 292370.62			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			7.10		
(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.					
Signature <u>Ms. Emily Buchanan</u> [Electronically Filed]			Date 05 / 18 / 2015		

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1331 OF 3250
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC		FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on		M M M / D D D / Y Y Y Y Y Y	
Full Name of Payee Kaleigh J Wagner		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 10 / 24 / 2014	
Mailing Address 18065 Wayne Rd		Amount 5.00	
City Odessa	State FL	Zip Code 33556	Transaction ID : c7486577-ddd1-42f7-b
Purpose of Expenditure Salary		Category/Type 001	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 10 / 24 / 2014
Name of Federal Candidate Mr. Mark L Pryor		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: AR
Calendar Year-To-Date Per Election for Office Sought 292370.62		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Gloria L Moyer		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 10 / 24 / 2014	
Mailing Address 1505 Dills Creek Lane		Amount 10.00	
City Morehead	State NC	Zip Code 28557	Transaction ID : 2d896b29-8253-4807-b
Purpose of Expenditure Salary		Category/Type 001	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 10 / 24 / 2014
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: NC
Calendar Year-To-Date Per Election for Office Sought 1095959.94		Disbursement For: ☐ Primary ☒ 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.			
Signature Ms. Emily Buchanan		Date M M M / D D D / Y Y Y Y Y Y 05 / 18 / 2015	
		[Electronically Filed]	

Full Name of Payee Cecilia B Johnson			Date of Public Distribution/Dissemination M M / D D / Y Y Y Y 10 / 25 / 2014		
Mailing Address 638 Sawyer Rd			Amount 4.50		
City Hays	State NC	Zip Code 28635	Transaction ID : 8e304e82-68bd-40c4-a Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 10 / 25 / 2014		
Purpose of Expenditure Mileage		Category/ Type 002			
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House ☒ Senate District: 00 State: NC		
Calendar Year-To-Date Per Election for Office Sought		1095959.94	Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ►		

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	15.30
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

FEC Schedule E (Form 3X) Rev. 09/2013

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1333 OF 3250
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC		FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on		M M M / D D D / Y Y Y Y Y Y	
Full Name of Payee Anthony W Stevens		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 10 / 25 / 2014	
Mailing Address 3405 German Shepherd Trail		Amount 22.00	
City Wake Forest	State NC	Zip Code 27587	Transaction ID : 010332af-8b23-4a9c-a
Purpose of Expenditure Salary		Category/Type 001	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 10 / 25 / 2014
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: NC
Calendar Year-To-Date Per Election for Office Sought 1095959.94		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Anthony W Stevens		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 10 / 25 / 2014	
Mailing Address 3405 German Shepherd Trail		Amount 4.38	
City Wake Forest	State NC	Zip Code 27587	Transaction ID : ad552f98-127e-468f-a
Purpose of Expenditure Mileage		Category/Type 002	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 10 / 25 / 2014
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: NC
Calendar Year-To-Date Per Election for Office Sought 1095959.94		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶		26.38	
(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]	
Signature		Date M M M / D D D / Y Y Y Y Y Y 05 / 18 / 2015	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

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 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC	FEC IDENTIFICATION NUMBER ▼ C C00530766
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M M / D D D / Y Y Y Y Y Y	

Full Name of Payee Matt Gleb		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 10 / 25 / 2014	
Mailing Address 3815 Robin Road		Amount 22.00	
City Ayden	State NC	Zip Code 28513	Transaction ID : cb1d5484-ffab-4a47-8 Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 10 / 25 / 2014
Purpose of Expenditure Salary		Category/ Type 001	
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>NC</u>
Calendar Year-To-Date Per Election for Office Sought		1095959.94	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶

Full Name of Payee Matt Gleb		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 10 / 25 / 2014	
Mailing Address 3815 Robin Road		Amount 7.50	
City Ayden	State NC	Zip Code 28513	Transaction ID : dbae389b-64c3-4796-9 Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 10 / 25 / 2014
Purpose of Expenditure Mileage		Category/ Type 002	
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>NC</u>
Calendar Year-To-Date Per Election for Office Sought		1095959.94	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	29.50
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	0.00
(c) TOTAL Independent Expenditures..... ▶	29.50

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

M M M / D D D / Y Y Y Y Y Y
 05 / 18 / 2015

Signature

Full Name of Payee Camille N Yearry		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 25 / 2014	
Mailing Address 2025 NE 67th St		Amount Amount 6.66	
City Gladstone	State MO	Zip Code 64118	Transaction ID : 259aa5e9-e8a7-45fb-9 Date of Disbursement or Obligation MM / DD / YYYY 10 / 25 / 2014
Purpose of Expenditure Mileage		Category/ Type 002	
Name of Federal Candidate Mr. Mark L Pryor		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: AR
Calendar Year-To-Date Per Election for Office Sought		Amount 292370.62	Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	26.66
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

05 / 18 / 2015

FEC Schedule E (Form 3X) Rev. 09/2013

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1336 OF 3250
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M / D D / Y Y Y Y				
Full Name of Payee Christine R McDonald			Date of Public Distribution/Dissemination 10 / 25 / 2014	
Mailing Address 3751 N Jeanette Ave			Amount 31.00	
City Wichita	State KS	Zip Code 67204	Transaction ID : 3adb17d2-2ed2-4464-b Date of Disbursement or Obligation 10 / 25 / 2014	
Purpose of Expenditure Salary		Category/ Type 001		
Name of Federal Candidate Mr. Greg Orman		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: KS	
Calendar Year-To-Date Per Election for Office Sought		261541.03	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Christine R McDonald			Date of Public Distribution/Dissemination 10 / 25 / 2014	
Mailing Address 3751 N Jeanette Ave			Amount 9.60	
City Wichita	State KS	Zip Code 67204	Transaction ID : 9a18d20e-51ea-4ac2-8 Date of Disbursement or Obligation 10 / 25 / 2014	
Purpose of Expenditure Mileage		Category/ Type 002		
Name of Federal Candidate Mr. Greg Orman		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: KS	
Calendar Year-To-Date Per Election for Office Sought		261541.03	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			40.60	
(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.				
Signature Ms. Emily Buchanan		[Electronically Filed]		Date 05 / 18 / 2015

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1337 OF 3250
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M M / D D D / Y Y Y Y Y Y Y Y					
Full Name of Payee Samantha S Johnson			Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y Y Y 10 / 25 / 2014		
Mailing Address 638 Sawyer Rd			Amount 11.70		
City Hays		State NC	Zip Code 28635		Transaction ID : ba7d2f59-4a86-46d7-b
Purpose of Expenditure Salary		Category/ Type 001		Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y Y Y 10 / 25 / 2014	
Name of Federal Candidate Ms. Kay Hagan			☐ Support ☒ Oppose		Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>NC</u>
Calendar Year-To-Date Per Election for Office Sought			1095959.94		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶
Full Name of Payee Jennie Butler			Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y Y Y 10 / 25 / 2014		
Mailing Address 1676 Shady Creek Rd			Amount 25.83		
City Ayden		State NC	Zip Code 28513		Transaction ID : f5a1ba7f-b164-4add-8
Purpose of Expenditure Salary		Category/ Type 001		Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y Y Y 10 / 25 / 2014	
Name of Federal Candidate Ms. Kay Hagan			☐ Support ☒ Oppose		Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>NC</u>
Calendar Year-To-Date Per Election for Office Sought			1095959.94		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			37.53		
(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.					
Signature Ms. Emily Buchanan			[Electronically Filed]		Date M M M / D D D / Y Y Y Y Y Y Y Y 05 / 18 / 2015

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1338 OF 3250
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on MM / DD / YYYY				
Full Name of Payee Jennie Butler			Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 25 / 2014	
Mailing Address 1676 Shady Creek Rd			Amount 6.30	
City Ayden	State NC	Zip Code 28513	Transaction ID : de0c42bc-2fba-483f-b Date of Disbursement or Obligation MM / DD / YYYY 10 / 25 / 2014	
Purpose of Expenditure Mileage		Category/ Type 002		
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: NC	
Calendar Year-To-Date Per Election for Office Sought		1095959.94	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Kacie Gleb			Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 25 / 2014	
Mailing Address 3815 Robin Road			Amount 25.83	
City Ayden	State NC	Zip Code 28513	Transaction ID : 252f549a-4df6-402f-b Date of Disbursement or Obligation MM / DD / YYYY 10 / 25 / 2014	
Purpose of Expenditure Salary		Category/ Type 001		
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: NC	
Calendar Year-To-Date Per Election for Office Sought		1095959.94	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			32.13	
(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.				
Signature Ms. Emily Buchanan		[Electronically Filed]		Date MM / DD / YYYY 05 / 18 / 2015

Full Name of Payee Judith A Murphy		Date of Public Distribution/Dissemination M M / D D / Y Y Y Y 10 / 25 / 2014	
Mailing Address PO Box 37		Amount 32.50	
City East Bend	State NC	Zip Code 27018	Transaction ID : 7a4d9eec-6751-41eb-9 Date of Disbursement or Obligation M M / D D / Y Y Y Y 10 / 25 / 2014
Purpose of Expenditure Salary		Category/ Type	001
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House ☒ Senate ☐ President
Calendar Year-To-Date Per Election for Office Sought 1095959.94		District: 00 State: NC Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ►	

(a) SUBTOTAL of Itemized Independent Expenditures.....	52.50
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures.....	

FEC Schedule E (Form 3X) Rev. 09/2013

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1340 OF 3250
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M / D D / Y Y Y Y Y Y					
Full Name of Payee Judith A Murphy			Date of Public Distribution/Dissemination 10 / 25 / 2014		
Mailing Address PO Box 37			Amount 9.60		
City East Bend		State NC	Zip Code 27018		Transaction ID : fcb33012-27e9-433c-a
Purpose of Expenditure Mileage		Category/ Type 002		Date of Disbursement or Obligation 10 / 25 / 2014	
Name of Federal Candidate Ms. Kay Hagan			Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: NC		
Calendar Year-To-Date Per Election for Office Sought 1095959.94			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
Full Name of Payee Claud B Murphy JR			Date of Public Distribution/Dissemination 10 / 25 / 2014		
Mailing Address PO Box 37			Amount 32.50		
City East Bend		State NC	Zip Code 27018		Transaction ID : 89cb4025-dfa9-4fa2-a
Purpose of Expenditure Salary		Category/ Type 001		Date of Disbursement or Obligation 10 / 25 / 2014	
Name of Federal Candidate Ms. Kay Hagan			Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: NC		
Calendar Year-To-Date Per Election for Office Sought 1095959.94			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			42.10		
(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.					
Signature Ms. Emily Buchanan			Date 05 / 18 / 2015		
[Electronically Filed]					

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1341 OF 3250
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M / D D / Y Y Y Y					
Full Name of Payee Haley A Zimmerman			Date of Public Distribution/Dissemination 10 / 25 / 2014		
Mailing Address 1409 Robbins Dr			Amount 70.00		
City Lenoir	State NC	Zip Code 28645	Transaction ID : dfe64eb7-c41b-4fbf-9		
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation 10 / 25 / 2014		
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: NC		
Calendar Year-To-Date Per Election for Office Sought		1095959.94	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
Full Name of Payee Haley A Zimmerman			Date of Public Distribution/Dissemination 10 / 25 / 2014		
Mailing Address 1409 Robbins Dr			Amount 25.80		
City Lenoir	State NC	Zip Code 28645	Transaction ID : 1a548a14-be9e-4187-9		
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement or Obligation 10 / 25 / 2014		
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: NC		
Calendar Year-To-Date Per Election for Office Sought		1095959.94	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			95.80		
(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.					
Signature Ms. Emily Buchanan		[Electronically Filed]		Date 05 / 18 / 2015	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1342 OF 3250
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on MM / DD / YYYY					
Full Name of Payee Joseph R Rys			Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 25 / 2014		
Mailing Address 160 #50 Pompano Dr			Amount 35.00		
City New Bern		State NC	Zip Code 28560		Transaction ID : c53e0cb7-75ba-4331-8 Date of Disbursement or Obligation MM / DD / YYYY 10 / 25 / 2014
Purpose of Expenditure Salary		Category/Type 001			
Name of Federal Candidate Ms. Kay Hagan			Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>NC</u>		
Calendar Year-To-Date Per Election for Office Sought 1095959.94			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
Full Name of Payee Joseph R Rys			Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 25 / 2014		
Mailing Address 160 #50 Pompano Dr			Amount 9.69		
City New Bern		State NC	Zip Code 28560		Transaction ID : b648efc2-92b2-4fc7-a Date of Disbursement or Obligation MM / DD / YYYY 10 / 25 / 2014
Purpose of Expenditure Mileage		Category/Type 002			
Name of Federal Candidate Ms. Kay Hagan			Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>NC</u>		
Calendar Year-To-Date Per Election for Office Sought 1095959.94			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			44.69		
(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.					
Signature <i>Ms. Emily Buchanan</i>			Date MM / DD / YYYY 05 / 18 / 2015		
			[Electronically Filed]		

Full Name of Payee Valerie K Braymer		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 25 / 2014	
Mailing Address 106 Ridge Trail		Amount 30.00	
City Boerne	State TX	Zip Code 78006	Transaction ID : 3c5fb3ac-36c7-49a7-a Date of Disbursement or Obligation MM / DD / YYYY 10 / 25 / 2014
Purpose of Expenditure Salary		Category/ Type 001	
Name of Federal Candidate Mr. Greg Orman		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: KS
Calendar Year-To-Date Per Election for Office Sought 261541.03		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	

Full Name of Payee Valerie K Braymer		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 25 / 2014	
Mailing Address 106 Ridge Trail		Amount 9.60	
City Boerne	State TX	Zip Code 78006	Transaction ID : 114664b9-c67f-45cc-8 Date of Disbursement or Obligation MM / DD / YYYY 10 / 25 / 2014
Purpose of Expenditure Mileage		Category/ Type 002	
Name of Federal Candidate Mr. Greg Orman		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: KS
Calendar Year-To-Date Per Election for Office Sought 261541.03		Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ►	

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	39.60
(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.

Date _____

Signature

Full Name of Payee Aaron R Cowart		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 25 / 2014	
Mailing Address 184 South Military Rd		Amount 30.00	
City Slidell	State LA	Zip Code 70458	Transaction ID : efd95888-adcc-4583-8
Purpose of Expenditure Salary	Category/ Type	001	Date of Disbursement or Obligation MM / DD / YYYY 10 / 25 / 2014
Name of Federal Candidate Ms. Mary L Landrieu	☐ Support ☒ Oppose	Office Sought: ☐ President ☒ Senate	District: 00 State: LA
Calendar Year-To-Date Per Election for Office Sought	554635.78	Disbursement For: 2014 ☐ Other (specify) ▶	☐ Primary ☒ General

Full Name of Payee Aaron R Cowart		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 25 / 2014	
Mailing Address 184 South Military Rd		Amount 6.90	
City Slidell	State LA	Zip Code 70458	Transaction ID : bbfdab8e-8a66-49e2-8 Date of Disbursement or Obligation MM / DD / YYYY 10 / 25 / 2014
Purpose of Expenditure Mileage		Category/ Type 002	
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: LA
Calendar Year-To-Date Per Election for Office Sought		554635.78	Disbursement For: ☐ Primary ☒ General ☐ 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.

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1345 OF 3250
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on MM / DD / YYYY					
Full Name of Payee Lisa A Funck			Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 25 / 2014		
Mailing Address 23901 W Hwy 66			Amount 70.00		
City Calumet	State OK	Zip Code 73014	Transaction ID : 1941d13b-b14e-4a7c-8		
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation MM / DD / YYYY 10 / 25 / 2014		
Name of Federal Candidate Mr. Mark L Pryor		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>AR</u>		
Calendar Year-To-Date Per Election for Office Sought		292370.62	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
Full Name of Payee Lisa A Funck			Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 25 / 2014		
Mailing Address 23901 W Hwy 66			Amount 46.50		
City Calumet	State OK	Zip Code 73014	Transaction ID : 7ccf437f-e25d-4439-9		
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement or Obligation MM / DD / YYYY 10 / 25 / 2014		
Name of Federal Candidate Mr. Mark L Pryor		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>AR</u>		
Calendar Year-To-Date Per Election for Office Sought		292370.62	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			116.50		
(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.					
Signature <i>Ms. Emily Buchanan</i>		[Electronically Filed]		Date MM / DD / YYYY 05 / 18 / 2015	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1346 OF 3250
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC		FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M M / D D D / Y Y Y Y Y Y Y Y			
Full Name of Payee Ceslie A Benner		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y Y Y 10 / 25 / 2014	
Mailing Address 2081 Knob Hill Rd		Amount 70.00	
City Azle	State TX	Zip Code 76020	Transaction ID : b99c8d6b-aeaa-4d82-8 Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y Y Y 10 / 25 / 2014
Purpose of Expenditure Salary		Category/ Type 001	
Name of Federal Candidate Mr. Mark L Pryor		Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: AR ☐ Support ☒ Oppose	
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Heather A Smith		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y Y Y 10 / 25 / 2014	
Mailing Address 995 Clairborne Rd		Amount 32.00	
City Calhoun	State LA	Zip Code 71225	Transaction ID : aa278f6b-5fe9-4e10-9 Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y Y Y 10 / 25 / 2014
Purpose of Expenditure Salary		Category/ Type 001	
Name of Federal Candidate Ms. Mary L Landrieu		Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: LA ☐ Support ☒ Oppose	
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶		102.00	
(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.			
Signature Ms. Emily Buchanan		Date M M M / D D D / Y Y Y Y Y Y Y Y 05 / 18 / 2015	
[Electronically Filed]			

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1347 OF 3250
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on MM / DD / YYYY					
Full Name of Payee Heather A Smith			Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 25 / 2014		
Mailing Address 995 Clairborne Rd			Amount 8.10		
City Calhoun	State LA	Zip Code 71225	Transaction ID : 2f246bf6-7360-47dc-8		
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement or Obligation MM / DD / YYYY 10 / 25 / 2014		
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: LA		
Calendar Year-To-Date Per Election for Office Sought		554635.78	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
Full Name of Payee Carol L Walters			Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 25 / 2014		
Mailing Address 1900 Glen West Way			Amount 70.00		
City Fort Smith	State AR	Zip Code 72916	Transaction ID : f13d9565-7c26-42b7-b		
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation MM / DD / YYYY 10 / 25 / 2014		
Name of Federal Candidate Mr. Mark L Pryor		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: AR		
Calendar Year-To-Date Per Election for Office Sought		292370.62	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			78.10		
(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.					
Signature Ms. Emily Buchanan		[Electronically Filed]		Date MM / DD / YYYY 05 / 18 / 2015	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1348 OF 3250
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M / D D / Y Y Y Y				
Full Name of Payee Carol L Walters			Date of Public Distribution/Dissemination 10 / 25 / 2014	
Mailing Address 1900 Glen West Way			Amount 6.60	
City Fort Smith	State AR	Zip Code 72916	Transaction ID : 90004814-c76e-413a-a	
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement or Obligation 10 / 25 / 2014	
Name of Federal Candidate Mr. Mark L Pryor		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>AR</u>	
Calendar Year-To-Date Per Election for Office Sought 292370.62		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
Full Name of Payee Sue G Walker			Date of Public Distribution/Dissemination 10 / 25 / 2014	
Mailing Address 3 Girard			Amount 70.00	
City Fort Smith	State AR	Zip Code 72901	Transaction ID : ccc73019-e719-4572-a	
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation 10 / 25 / 2014	
Name of Federal Candidate Mr. Mark L Pryor		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>AR</u>	
Calendar Year-To-Date Per Election for Office Sought 292370.62		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			76.60	
(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.				
Signature <i>Ms. Emily Buchanan</i>		[Electronically Filed]		Date 05 / 18 / 2015

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1349 OF 3250
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC		FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M M / D D D / Y Y Y Y Y Y			
Full Name of Payee Sue G Walker		Date of Public Distribution/Dissemination 10 / 25 / 2014	
Mailing Address 3 Girard		Amount 34.80	
City Fort Smith	State AR	Zip Code 72901	Transaction ID : 4bf0b464-dce1-4819-8 Date of Disbursement or Obligation 10 / 25 / 2014
Purpose of Expenditure Mileage		Category/ Type 002	
Name of Federal Candidate Mr. Mark L Pryor		Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>AR</u>	
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶ _____	
Full Name of Payee Edward N Walker		Date of Public Distribution/Dissemination 10 / 25 / 2014	
Mailing Address 3 Girard St		Amount 65.00	
City Ft Smith	State AR	Zip Code 72901	Transaction ID : 06efa832-ab46-4050-a Date of Disbursement or Obligation 10 / 25 / 2014
Purpose of Expenditure Salary		Category/ Type 001	
Name of Federal Candidate Mr. Mark L Pryor		Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>AR</u>	
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶ _____	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶		99.80	
(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.			
Signature <i>Ms. Emily Buchanan</i>		Date 05 / 18 / 2015	
[Electronically Filed]			

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1350 OF 3250
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC		FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on		MM / DD / YYYY	
Full Name of Payee Edward N Walker		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 25 / 2014	
Mailing Address 3 Girard St		Amount 33.60	
City Ft Smith	State AR	Zip Code 72901	Transaction ID : 283fda1c-2602-470e-b
Purpose of Expenditure Mileage	Category/Type 002	Date of Disbursement or Obligation MM / DD / YYYY 10 / 25 / 2014	
Name of Federal Candidate Mr. Mark L Pryor		☐ Support ☒ Oppose Office Sought: ☐ House ☒ Senate ☐ President ☒ Senate District: 00 State: AR	
Calendar Year-To-Date Per Election for Office Sought 292370.62		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Lorri Anderson		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 25 / 2014	
Mailing Address 7214 Duchamp Dr		Amount 65.00	
City Charlotte	State NC	Zip Code 23215	Transaction ID : a34024f2-530b-455a-a
Purpose of Expenditure Salary	Category/Type 001	Date of Disbursement or Obligation MM / DD / YYYY 10 / 25 / 2014	
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose Office Sought: ☐ House ☒ Senate ☐ President ☒ Senate District: 00 State: NC	
Calendar Year-To-Date Per Election for Office Sought 1095959.94		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶		98.60	
(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.			
Signature Ms. Emily Buchanan		Date MM / DD / YYYY 05 / 18 / 2015	
		[Electronically Filed]	

Full Name of Payee Kendyl H Browder		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 25 / 2014	
Mailing Address 4429 Lagan Circle		Amount 50.00	
City Winterville	State NC	Zip Code 28590	Transaction ID : 0bc3ce6e-39ed-4c09-a Date of Disbursement or Obligation MM / DD / YYYY 10 / 25 / 2014
Purpose of Expenditure Salary		Category/ Type 001	
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: NC
Calendar Year-To-Date Per Election for Office Sought 1095959.94		Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ▶	

[illegible]

Ms. Emily Buchanan

[Electronically Filed]

Date 05 / 18 / 2015

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 1352 OF 3250
 FOR LINE 24 OF FORM 3X

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

Full Name of Payee Linda J Fueling			Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 25 / 2014		
Mailing Address 6424 Purple Martin Ct			Amount 65.00		
City Wilmington	State NC	Zip Code 28411	Transaction ID : edccb384-ba6c-4587-b		
Purpose of Expenditure Salary		Category/Type 001	Date of Disbursement or Obligation MM / DD / YYYY 10 / 25 / 2014		
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: NC		
Calendar Year-To-Date Per Election for Office Sought 1095959.94			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		

Full Name of Payee Linda J Fueling			Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 25 / 2014		
Mailing Address 6424 Purple Martin Ct			Amount 18.60		
City Wilmington	State NC	Zip Code 28411	Transaction ID : 4924f469-31fb-4538-9		
Purpose of Expenditure Mileage		Category/Type 002	Date of Disbursement or Obligation MM / DD / YYYY 10 / 25 / 2014		
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: NC		
Calendar Year-To-Date Per Election for Office Sought 1095959.94			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	83.60
(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

MM / DD / YYYY
05 / 18 / 2015

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 1353 OF 3250
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on MM / DD / YYYY					
Full Name of Payee Mry S Everly			Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 25 / 2014		
Mailing Address 787 N 1851 Diagonal Rd			Amount 25.00		
City Lecompton	State KS	Zip Code 66050	Transaction ID : 84f00e76-34e5-4ef4-9		
Purpose of Expenditure Salary		Category/Type 001	Date of Disbursement or Obligation MM / DD / YYYY 10 / 25 / 2014		
Name of Federal Candidate Mr. Greg Orman			Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>KS</u>		
Calendar Year-To-Date Per Election for Office Sought 261541.03			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶ _____		
Full Name of Payee Mry S Everly			Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 25 / 2014		
Mailing Address 787 N 1851 Diagonal Rd			Amount 1.83		
City Lecompton	State KS	Zip Code 66050	Transaction ID : 9b901a99-dd4a-4dce-9		
Purpose of Expenditure Mileage		Category/Type 002	Date of Disbursement or Obligation MM / DD / YYYY 10 / 25 / 2014		
Name of Federal Candidate Mr. Greg Orman			Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>KS</u>		
Calendar Year-To-Date Per Election for Office Sought 261541.03			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶ _____		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			26.83		
(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.					
Signature <u>Ms. Emily Buchanan</u>			Date MM / DD / YYYY 05 / 18 / 2015		

[Electronically Filed]

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1354 OF 3250
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M / D D / Y Y Y Y					
Full Name of Payee Meagan N Rogerson			Date of Public Distribution/Dissemination 10 / 25 / 2014		
Mailing Address 3657 S Rail Road St			Amount 50.00		
City Fountain	State NC	Zip Code 27829	Transaction ID : c1c821bf-9cf6-4b6e-9		
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation 10 / 25 / 2014		
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>NC</u>		
Calendar Year-To-Date Per Election for Office Sought		1095959.94	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
Full Name of Payee Meagan N Rogerson			Date of Public Distribution/Dissemination 10 / 25 / 2014		
Mailing Address 3657 S Rail Road St			Amount 21.00		
City Fountain	State NC	Zip Code 27829	Transaction ID : 8842f758-83d5-42f6-a		
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement or Obligation 10 / 25 / 2014		
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>NC</u>		
Calendar Year-To-Date Per Election for Office Sought		1095959.94	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			71.00		
(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.					
Signature Ms. Emily Buchanan		[Electronically Filed]		Date 05 / 18 / 2015	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1355 OF 3250
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC		FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M M / D D D / Y Y Y Y Y Y Y Y			
Full Name of Payee Brittany A Frederick		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y Y Y 10 / 25 / 2014	
Mailing Address 18793 Hilltop Ln		Amount 80.00	
City Nevada	State TX	Zip Code 75173	Transaction ID : 525e9070-8a2f-4a9d-a Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y Y Y 10 / 25 / 2014
Purpose of Expenditure Salary		Category/ Type 001	
Name of Federal Candidate Mr. Mark L Pryor		Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>AR</u>	
Calendar Year-To-Date Per Election for Office Sought 292370.62		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶ _____	
Full Name of Payee Zachary Vidrine		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y Y Y 10 / 25 / 2014	
Mailing Address 202 Rue Des Cajun		Amount 30.00	
City Ville Platte	State LA	Zip Code 70586	Transaction ID : 8e75ba60-3f96-4358-b Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y Y Y 10 / 25 / 2014
Purpose of Expenditure Salary		Category/ Type 001	
Name of Federal Candidate Ms. Mary L Landrieu		Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>LA</u>	
Calendar Year-To-Date Per Election for Office Sought 554635.78		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶ _____	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶		110.00	
(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.			
Signature <i>Ms. Emily Buchanan</i>		Date M M M / D D D / Y Y Y Y Y Y Y Y 05 / 18 / 2015	
[Electronically Filed]			

Full Name of Payee Mary R Kirkland		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 25 / 2014	
Mailing Address 504 Green Meadow Dr		Amount MM / DD / YYYY 75.00	
City Boyd	State TX	Zip Code 76023	Transaction ID : 7531b04d-458d-46a8-8 Date of Disbursement or Obligation MM / DD / YYYY 10 / 25 / 2014
Purpose of Expenditure Salary		Category/ Type 001	
Name of Federal Candidate Mr. Mark L Pryor		☐ Support ☒ Oppose	Office Sought: ☐ House ☒ Senate ☐ President ☒ Senate
Calendar Year-To-Date Per Election for Office Sought MM / DD / YYYY 292370.62		Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	89.70
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

FEC Schedule E (Form 3X) Rev. 09/2013

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1357 OF 3250
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M / D D / Y Y Y Y Y Y				
Full Name of Payee Alice K Salazar			Date of Public Distribution/Dissemination 10 / 25 / 2014	
Mailing Address 605 W Houston St			Amount 80.00	
City Marshall		State TX	Zip Code 75633	
Purpose of Expenditure Salary			Category/Type 001	
Name of Federal Candidate Ms. Mary L Landrieu			Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: LA	
Calendar Year-To-Date Per Election for Office Sought			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Alice K Salazar			Date of Public Distribution/Dissemination 10 / 25 / 2014	
Mailing Address 605 W Houston St			Amount 49.20	
City Marshall		State TX	Zip Code 75633	
Purpose of Expenditure Mileage			Category/Type 002	
Name of Federal Candidate Ms. Mary L Landrieu			Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: LA	
Calendar Year-To-Date Per Election for Office Sought			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			129.20	
(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.				
Signature Ms. Emily Buchanan			Date 05 / 18 / 2015	
[Electronically Filed]				

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1358 OF 3250
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on MM / DD / YYYY				
Full Name of Payee Janet Morris			Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 25 / 2014	
Mailing Address 620 Old Barbome Rd Lot 2			Amount 60.00	
City West Monroe	State LA	Zip Code 71291	Transaction ID : 19814216-fea4-4fdc-8	
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation MM / DD / YYYY 10 / 25 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>LA</u>	
Calendar Year-To-Date Per Election for Office Sought		554635.78	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Janet Morris			Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 25 / 2014	
Mailing Address 620 Old Barbome Rd Lot 2			Amount 3.87	
City West Monroe	State LA	Zip Code 71291	Transaction ID : b67b7600-03e0-4b5f-9	
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement or Obligation MM / DD / YYYY 10 / 25 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>LA</u>	
Calendar Year-To-Date Per Election for Office Sought		554635.78	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			63.87	
(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 MM / DD / YYYY 05 / 18 / 2015	
Signature				

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1359 OF 3250
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on			MM / DD / YYYY	
Full Name of Payee Anselma A Trinidad		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 25 / 2014		
Mailing Address 7915 Curtina Ln		Amount 80.00		
City Lewisville	State NC	Zip Code 27023	Transaction ID : 5477bf8e-e65f-4b0b-b	
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation MM / DD / YYYY 10 / 25 / 2014	
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: NC	
Calendar Year-To-Date Per Election for Office Sought		1095959.94	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Gabriela P Sosa		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 25 / 2014		
Mailing Address 2530 Brook Stone Dr		Amount 80.00		
City Clemmons	State NC	Zip Code 27012	Transaction ID : 0a757f4b-431d-4945-9	
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation MM / DD / YYYY 10 / 25 / 2014	
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: NC	
Calendar Year-To-Date Per Election for Office Sought		1095959.94	Disbursement For: ☐ Primary ☒ 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
Signature		MM / DD / YYYY 05 / 18 / 2015		

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1360 OF 3250
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC		FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on		MM / DD / YYYY	

Full Name of Payee Gabriela P Sosa		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 25 / 2014	
Mailing Address 2530 Brook Stone Dr		Amount 20.40	
City Clemmons	State NC	Zip Code 27012	Transaction ID : ee2e9812-191a-462b-b
Purpose of Expenditure Mileage		Category/Type 002	Date of Disbursement or Obligation MM / DD / YYYY 10 / 25 / 2014
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: NC
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
		1095959.94	

Full Name of Payee Rhonda Moback		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 25 / 2014	
Mailing Address 2704 E Glen Oaks Dr		Amount 50.00	
City Wichita	State KS	Zip Code 67216	Transaction ID : 17585f8c-8bcb-429f-a
Purpose of Expenditure Salary		Category/Type 001	Date of Disbursement or Obligation MM / DD / YYYY 10 / 25 / 2014
Name of Federal Candidate Mr. Greg Orman		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: KS
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
		261541.03	

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	70.40
(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]

Signature

Date

MM / DD / YYYY
05 / 18 / 2015

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1361 OF 3250
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC		FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on		M M M / D D D / Y Y Y Y Y Y	
Full Name of Payee Rhonda Moback		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 10 / 25 / 2014	
Mailing Address 2704 E Glen Oaks Dr		Amount 11.70	
City Wichita	State KS	Zip Code 67216	Transaction ID : 929352e3-124b-4245-b
Purpose of Expenditure Mileage	Category/ Type 002	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 10 / 25 / 2014	
Name of Federal Candidate Mr. Greg Orman		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: KS
Calendar Year-To-Date Per Election for Office Sought 261541.03		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Heather C York-Pray		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 10 / 25 / 2014	
Mailing Address 6786 Candlewood Dr		Amount 20.00	
City Fayetteville	State NC	Zip Code 28314	Transaction ID : 54b09483-f735-4b00-b
Purpose of Expenditure Salary	Category/ Type 001	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 10 / 25 / 2014	
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: NC
Calendar Year-To-Date Per Election for Office Sought 1095959.94		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶		31.70	
(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.			
Signature Ms. Emily Buchanan		Date M M M / D D D / Y Y Y Y Y Y 05 / 18 / 2015	
		[Electronically Filed]	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1362 OF 3250
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M M / D D D / Y Y Y Y Y Y					
Full Name of Payee Heather C York-Pray			Date of Public Distribution/Dissemination 10 / 25 / 2014		
Mailing Address 6786 Candlewood Dr			Amount 2.10		
City Fayetteville		State NC	Zip Code 28314		Transaction ID : 3b4069b7-d3e9-4b7b-9
Purpose of Expenditure Mileage		Category/ Type 002		Date of Disbursement or Obligation 10 / 25 / 2014	
Name of Federal Candidate Ms. Kay Hagan			☐ Support ☒ Oppose Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: NC		
Calendar Year-To-Date Per Election for Office Sought 1095959.94			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
Full Name of Payee Thomas A Gawdun			Date of Public Distribution/Dissemination 10 / 25 / 2014		
Mailing Address 2207 SE 64th St			Amount 60.00		
City Topeka		State KS	Zip Code 66605		Transaction ID : f064dc3a-cce0-4231-8
Purpose of Expenditure Salary		Category/ Type 001		Date of Disbursement or Obligation 10 / 25 / 2014	
Name of Federal Candidate Mr. Greg Orman			☐ Support ☒ Oppose Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: KS		
Calendar Year-To-Date Per Election for Office Sought 261541.03			Disbursement For: ☐ Primary ☒ 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.					
Signature Ms. Emily Buchanan			[Electronically Filed] Date 05 / 18 / 2015		

Full Name of Payee Katie A Barros		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 25 / 2014	
Mailing Address PO Box 398		Amount 75.00	
City Neosho	State MO	Zip Code 64850	Transaction ID : 55a34457-27e3-4fe6-9 Date of Disbursement or Obligation MM / DD / YYYY 10 / 25 / 2014
Purpose of Expenditure Salary	Category/ Type	001	
Name of Federal Candidate Mr. Mark L Pryor	☐ Support ☒ Oppose	Office Sought: ☐ President ☒ Senate	District: 00 State: AR
Calendar Year-To-Date Per Election for Office Sought	292370.62	Disbursement For: 2014 ☐ Other (specify) ▶	☐ Primary ☒ General

(a) SUBTOTAL of Itemized Independent Expenditures.....	83.01
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures.....	

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SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1364 OF 3250
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M / D D / Y Y Y Y Y Y					
Full Name of Payee Katie A Barros			Date of Public Distribution/Dissemination 10 / 25 / 2014		
Mailing Address PO Box 398			Amount 42.00		
City Neosho		State MO	Zip Code 64850		Transaction ID : afed1f80-5005-43c6-9
Purpose of Expenditure Mileage		Category/ Type 002		Date of Disbursement or Obligation 10 / 25 / 2014	
Name of Federal Candidate Mr. Mark L Pryor			☐ Support ☒ Oppose		Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: AR
Calendar Year-To-Date Per Election for Office Sought			292370.62 Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
Full Name of Payee Rielly McMillion			Date of Public Distribution/Dissemination 10 / 25 / 2014		
Mailing Address 2501 Boone Trail			Amount 37.50		
City N Wilksboro		State NC	Zip Code 28659		Transaction ID : f865acc0-9bbb-44c4-a
Purpose of Expenditure Salary		Category/ Type 001		Date of Disbursement or Obligation 10 / 25 / 2014	
Name of Federal Candidate Ms. Kay Hagan			☐ Support ☒ Oppose		Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: NC
Calendar Year-To-Date Per Election for Office Sought			1095959.94 Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			79.50		
(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.					
Signature Ms. Emily Buchanan			[Electronically Filed]		Date 05 / 18 / 2015

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1365 OF 3250
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M / D D / Y Y Y Y Y Y					
Full Name of Payee Lauren N Hamel			Date of Public Distribution/Dissemination 10 / 25 / 2014		
Mailing Address PO Box 398			Amount 80.00		
City Neosho		State MO	Zip Code 64850		Transaction ID : 8502668f-62e4-475c-b Date of Disbursement or Obligation 10 / 25 / 2014
Purpose of Expenditure Salary		Category/ Type 001			
Name of Federal Candidate Mr. Mark L Pryor			☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: AR	
Calendar Year-To-Date Per Election for Office Sought 292370.62			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
Full Name of Payee Lauren N Hamel			Date of Public Distribution/Dissemination 10 / 25 / 2014		
Mailing Address PO Box 398			Amount 40.29		
City Neosho		State MO	Zip Code 64850		Transaction ID : d9a9a326-7977-48bc-9 Date of Disbursement or Obligation 10 / 25 / 2014
Purpose of Expenditure Mileage		Category/ Type 002			
Name of Federal Candidate Mr. Mark L Pryor			☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: AR	
Calendar Year-To-Date Per Election for Office Sought 292370.62			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			120.29		
(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]		
Signature			Date 05 / 18 / 2015		

Full Name of Payee Cecilia A Rebrick		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 25 / 2014	
Mailing Address 5003 Allison Lane		Amount 65.00	
City Ft. Smith	State AR	Zip Code 72901	Transaction ID : 0ed8e4c6-82f5-470e-a
Purpose of Expenditure Salary	Category/ Type	001	Date of Disbursement or Obligation MM / DD / YYYY 10 / 25 / 2014
Name of Federal Candidate Mr. Mark L Pryor		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: AR
Calendar Year-To-Date Per Election for Office Sought		292370.62	Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ▶

Full Name of Payee Cecilia A Rebrick		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 25 / 2014	
Mailing Address 5003 Allison Lane		Amount 1.50	
City Ft. Smith	State AR	Zip Code 72901	Transaction ID : 8016f818-0613-4cb7-b Date of Disbursement or Obligation MM / DD / YYYY 10 / 25 / 2014
Purpose of Expenditure Mileage	Category/ Type	002	
Name of Federal Candidate Mr. Mark L Pryor		☐ Support ☒ Oppose	Office Sought: ☐ House ☒ Senate ☐ President ☒ Senate District: 00 State: AR
Calendar Year-To-Date Per Election for Office Sought		292370.62	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	66.50
(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.

Date _____

Signature

Full Name of Payee Irene R Hoyer		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 25 / 2014	
Mailing Address 4310 N Mission Rd		Amount 6.99	
City Bel Aire	State KS	Zip Code 67226	Transaction ID : 28165f84-9769-4ca4-9 Date of Disbursement or Obligation MM / DD / YYYY 10 / 25 / 2014
Purpose of Expenditure Mileage		Category/ Type 002	
Name of Federal Candidate Mr. Greg Orman		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: KS
Calendar Year-To-Date Per Election for Office Sought		261541.03	Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ►

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	56.99
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

05 / 18 / 2015

FEC Schedule E (Form 3X) Rev. 09/2013

Full Name of Payee Mattie Harris		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 25 / 2014	
Mailing Address 3654 Tara St		Amount 50.40	
City springdale	State AR	Zip Code 72762	Transaction ID : 5f0a9d04-c8a8-4e9d-b Date of Disbursement or Obligation MM / DD / YYYY 10 / 25 / 2014
Purpose of Expenditure Mileage		Category/ Type 002	
Name of Federal Candidate Mr. Mark L Pryor		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: AR
Calendar Year-To-Date Per Election for Office Sought 292370.62		Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ►	

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	115.40
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

05 / 18 / 2015

FEC Schedule E (Form 3X) Rev. 09/2013

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1369 OF 3250
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M / D D / Y Y Y Y Y Y					
Full Name of Payee Zachary Williams			Date of Public Distribution/Dissemination 10 / 25 / 2014		
Mailing Address 9419 NE Hwy 69			Amount 30.00		
City Pittsburg		State KS	Zip Code 66762		Transaction ID : 0140028e-694d-427d-b
Purpose of Expenditure Salary		Category/ Type 001		Date of Disbursement or Obligation 10 / 25 / 2014	
Name of Federal Candidate Mr. Greg Orman			☐ Support ☒ Oppose Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>KS</u>		
Calendar Year-To-Date Per Election for Office Sought 261541.03			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶ _____		
Full Name of Payee Laura U Logie			Date of Public Distribution/Dissemination 10 / 25 / 2014		
Mailing Address 2565 Shire Circle			Amount 50.00		
City Harrisonburg		State VA	Zip Code 22801		Transaction ID : 63729d08-ff7d-4329-b
Purpose of Expenditure Salary		Category/ Type 001		Date of Disbursement or Obligation 10 / 25 / 2014	
Name of Federal Candidate Mr. Greg Orman			☐ Support ☒ Oppose Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>KS</u>		
Calendar Year-To-Date Per Election for Office Sought 261541.03			Disbursement For: ☐ Primary ☒ 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.					
Signature <i>Ms. Emily Buchanan</i>			Date 05 / 18 / 2015		
			[Electronically Filed]		

Full Name of Payee Molly K Williams		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 25 / 2014	
Mailing Address 9419 NE Hwy 69		Amount 12.84	
City Pittsburg	State KS	Zip Code 66762	Transaction ID : 0cb79ea7-aaf1-41b1-9 Date of Disbursement or Obligation MM / DD / YYYY 10 / 25 / 2014
Purpose of Expenditure Mileage	Category/ Type 002		
Name of Federal Candidate Mr. Greg Orman	☐ Support ☒ Oppose	Office Sought: ☐ President ☒ Senate	District: 00 State: KS
Calendar Year-To-Date Per Election for Office Sought	261541.03	Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	42.84
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1371 OF 3250
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC		FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on		M M M / D D D / Y Y Y Y Y Y	
Full Name of Payee Lee R Carter		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 10 / 25 / 2014	
Mailing Address 3110 Brentwood Rd		Amount 80.00	
City Raleigh	State NC	Zip Code 27604	Transaction ID : 23258f36-f1de-4d7a-8
Purpose of Expenditure Salary		Category/Type 001	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 10 / 25 / 2014
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: NC
Calendar Year-To-Date Per Election for Office Sought 1095959.94		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Amy J McMillion		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 10 / 25 / 2014	
Mailing Address 1325 S Collegiate Dr Apt 202G		Amount 50.00	
City Wilkesboro	State NC	Zip Code 28697	Transaction ID : 10c56119-85af-44e9-9
Purpose of Expenditure Salary		Category/Type 001	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 10 / 25 / 2014
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: NC
Calendar Year-To-Date Per Election for Office Sought 1095959.94		Disbursement For: ☐ Primary ☒ 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.			
Signature Ms. Emily Buchanan		Date M M M / D D D / Y Y Y Y Y Y 05 / 18 / 2015	
		[Electronically Filed]	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1372 OF 3250
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC		FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on		MM / DD / YYYY	
Full Name of Payee Lee R Carter		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 25 / 2014	
Mailing Address 3110 Brentwood Rd		Amount 12.90	
City Raleigh	State NC	Zip Code 27604	Transaction ID : f7523207-da51-4ca6-9
Purpose of Expenditure Mileage	Category/Type 002	Date of Disbursement or Obligation MM / DD / YYYY 10 / 25 / 2014	
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose ☐ President ☒ Senate	
Office Sought: District: 00 State: NC		Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ▶	
Calendar Year-To-Date Per Election for Office Sought 1095959.94		2014	
Full Name of Payee Amy J McMillion		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 25 / 2014	
Mailing Address 1325 S Collegiate Dr Apt 202G		Amount 4.80	
City Wilkesboro	State NC	Zip Code 28697	Transaction ID : f57c7517-4992-4f1b-a
Purpose of Expenditure Mileage	Category/Type 002	Date of Disbursement or Obligation MM / DD / YYYY 10 / 25 / 2014	
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose ☐ President ☒ Senate	
Office Sought: District: 00 State: NC		Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ▶	
Calendar Year-To-Date Per Election for Office Sought 1095959.94		2014	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶		17.70	
(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 Signature		[Electronically Filed] Date MM / DD / YYYY 05 / 18 / 2015	

Full Name of Payee Staci J Ingram		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 25 / 2014	
Mailing Address 2 Crest Knolls Dr Apt 16B		Amount 11.60	
City Taylorsville	State NC	Zip Code 28681	Transaction ID : a5ed8f4f-602f-4e0e-9 Date of Disbursement or Obligation MM / DD / YYYY 10 / 25 / 2014
Purpose of Expenditure Mileage		Category/ Type 002	
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House ☒ Senate ☐ President ☐ Other (specify) _____
Calendar Year-To-Date Per Election for Office Sought 1095959.94		Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ► _____	

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	81.90
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1374 OF 3250
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on MM / DD / YYYY					
Full Name of Payee Suzanna M Bradley			Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 25 / 2014		
Mailing Address 1002 W Spring St			Amount 75.00		
City Collinsville	State OK	Zip Code 74021	Transaction ID : e041208f-b79c-4c49-9		
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation MM / DD / YYYY 10 / 25 / 2014		
Name of Federal Candidate Mr. Mark L Pryor		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>AR</u>		
Calendar Year-To-Date Per Election for Office Sought		292370.62	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
Full Name of Payee Suzanna M Bradley			Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 25 / 2014		
Mailing Address 1002 W Spring St			Amount 36.00		
City Collinsville	State OK	Zip Code 74021	Transaction ID : 049112b9-4a53-404e-b		
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement or Obligation MM / DD / YYYY 10 / 25 / 2014		
Name of Federal Candidate Mr. Mark L Pryor		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>AR</u>		
Calendar Year-To-Date Per Election for Office Sought		292370.62	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			111.00		
(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.					
Signature <i>Ms. Emily Buchanan</i>		[Electronically Filed]		Date MM / DD / YYYY 05 / 18 / 2015	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1375 OF 3250
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M / D D / Y Y Y Y					
Full Name of Payee Charity A Carr			Date of Public Distribution/Dissemination 10 / 25 / 2014		
Mailing Address 13827 S E 44th St			Amount 65.00		
City Choctaw	State OK	Zip Code 73020	Transaction ID : 143a4db1-2496-452c-b		
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation 10 / 25 / 2014		
Name of Federal Candidate Mr. Mark L Pryor		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: AR		
Calendar Year-To-Date Per Election for Office Sought		292370.62	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
Full Name of Payee Lindsey N Rose			Date of Public Distribution/Dissemination 10 / 25 / 2014		
Mailing Address 615 Live Oak Dr			Amount 80.00		
City searcy	State AR	Zip Code 72143	Transaction ID : 1f8ab00d-f7e9-4f74-b		
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation 10 / 25 / 2014		
Name of Federal Candidate Mr. Mark L Pryor		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: AR		
Calendar Year-To-Date Per Election for Office Sought		292370.62	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			145.00		
(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.					
Signature Ms. Emily Buchanan		[Electronically Filed]		Date 05 / 18 / 2015	

Full Name of Payee Zachary R McCleese		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 25 / 2014	
Mailing Address 323 Rolling Pines Dr		Amount 82.80	
City Spring Lake	State NC	Zip Code 28390	Transaction ID : dff59d49-80c0-4705-9 Date of Disbursement or Obligation MM / DD / YYYY 10 / 25 / 2014
Purpose of Expenditure Mileage		Category/ Type 002	
Name of Federal Candidate Mr. Mark L Pryor		☐ Support ☒ Oppose	Office Sought: ☐ House ☒ Senate ☐ President ☐ Other (specify) _____
Calendar Year-To-Date Per Election for Office Sought		292370.62	District: 00 State: AR Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ► _____

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	162.80
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

05 / 18 / 2015

FEC Schedule E (Form 3X) Rev. 09/2013

Full Name of Payee Lindsey E Helms		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 25 / 2014	
Mailing Address 301 N Clinic Apt 3		Amount 80.00	
City	State	Zip Code	Transaction ID : 3c1631f2-ea1f-46e7-a Date of Disbursement or Obligation MM / DD / YYYY 10 / 25 / 2014
Searcy	AR	72143	
Purpose of Expenditure Salary		Category/ Type	001
Name of Federal Candidate Mr. Mark L Pryor		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: AR
Calendar Year-To-Date Per Election for Office Sought		292370.62	Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	160.00
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

05 / 18 / 2015

FEC Schedule E (Form 3X) Rev. 09/2013

Full Name of Payee Colton R Overcash			Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 25 / 2014		
Mailing Address 121 Ohara Dr			Amount 70.00		
City Salisbury	State NC	Zip Code 28147	Transaction ID : aadee44f-77a5-4c41-8		
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation MM / DD / YYYY 10 / 25 / 2014		
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House ☒ Senate ☐ President District: 00 State: NC		
Calendar Year-To-Date Per Election for Office Sought		1095959.94	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	133.30
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

FEC Schedule E (Form 3X) Rev. 09/2013

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1379 OF 3250
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on			M M M / D D D / Y Y Y Y Y Y	
Full Name of Payee Colton R Overcash		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 10 / 25 / 2014		
Mailing Address 121 Ohara Dr		Amount 120.60		
City Salisbury	State NC	Zip Code 28147	Transaction ID : a153cf5d-03ea-43f0-8	
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 10 / 25 / 2014	
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: NC	
Calendar Year-To-Date Per Election for Office Sought		1095959.94	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Sheri J Peace		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 10 / 25 / 2014		
Mailing Address 9685 Paula St		Amount 80.00		
City Keithville	State LA	Zip Code 71047	Transaction ID : 61810800-0e3e-4939-9	
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 10 / 25 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: LA	
Calendar Year-To-Date Per Election for Office Sought		554635.78	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures.....		200.60		
(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.				
Signature Ms. Emily Buchanan		[Electronically Filed]		Date M M M / D D D / Y Y Y Y Y Y 05 / 18 / 2015

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1380 OF 3250
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M / D D / Y Y Y Y				
Full Name of Payee Jessica R Resendiz			Date of Public Distribution/Dissemination 10 / 25 / 2014	
Mailing Address 9685 Paula St			Amount 80.00	
City Keithville	State LA	Zip Code 71047	Transaction ID : e5e39818-7bb9-44b0-b	
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation 10 / 25 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: LA	
Calendar Year-To-Date Per Election for Office Sought		554635.78	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Jessica R Resendiz			Date of Public Distribution/Dissemination 10 / 25 / 2014	
Mailing Address 9685 Paula St			Amount 28.50	
City Keithville	State LA	Zip Code 71047	Transaction ID : df87705e-3fc9-4d1a-a	
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement or Obligation 10 / 25 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: LA	
Calendar Year-To-Date Per Election for Office Sought		554635.78	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			108.50	
(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 05 / 18 / 2015	
Signature				

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1381 OF 3250
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC		FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on / /			
Full Name of Payee Emma K Johnson		Date of Public Distribution/Dissemination / / 10 / 25 / 2014	
Mailing Address 8 Bradbury Dr		Amount 55.00	
City Little Rock	State AR	Zip Code 72212	Transaction ID : 1e1f347b-27c0-4782-a Date of Disbursement or Obligation / / 10 / 25 / 2014
Purpose of Expenditure Salary		Category/ Type 001	
Name of Federal Candidate Mr. Mark L Pryor		Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>AR</u> ☐ Support ☒ Oppose ☐ Primary ☒ General ☐ Other (specify) ▶ _____	
Calendar Year-To-Date Per Election for Office Sought 292370.62		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶ _____	
Full Name of Payee Emma K Johnson		Date of Public Distribution/Dissemination / / 10 / 25 / 2014	
Mailing Address 8 Bradbury Dr		Amount 60.00	
City Little Rock	State AR	Zip Code 72212	Transaction ID : c62c107e-220b-4257-8 Date of Disbursement or Obligation / / 10 / 25 / 2014
Purpose of Expenditure Mileage		Category/ Type 002	
Name of Federal Candidate Mr. Mark L Pryor		Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>AR</u> ☐ Support ☒ Oppose ☐ Primary ☒ General ☐ Other (specify) ▶ _____	
Calendar Year-To-Date Per Election for Office Sought 292370.62		Disbursement For: ☐ Primary ☒ 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.			
Signature <i>Ms. Emily Buchanan</i>		Date / / 05 / 18 / 2015	
[Electronically Filed]			

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 1382 OF 3250
 FOR LINE 24 OF FORM 3X

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

Full Name of Payee Heather Ainsworth		Date of Public Distribution/Dissemination MM / DD / YYYY 10 25 2014	
Mailing Address 9685 Paula St		Amount 80.00	
City Keithville	State LA	Zip Code 71047	Transaction ID : 939d4fbe-3b86-4683-8
Purpose of Expenditure Salary	Category/Type 001		Date of Disbursement or Obligation MM / DD / YYYY 10 25 2014
Name of Federal Candidate Ms. Mary L Landrieu		Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>LA</u> ☐ Support ☒ Oppose	
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	

Full Name of Payee Heather Ainsworth		Date of Public Distribution/Dissemination MM / DD / YYYY 10 25 2014	
Mailing Address 9685 Paula St		Amount 26.40	
City Keithville	State LA	Zip Code 71047	Transaction ID : b286cade-3d46-4978-9
Purpose of Expenditure Mileage	Category/Type 002		Date of Disbursement or Obligation MM / DD / YYYY 10 25 2014
Name of Federal Candidate Ms. Mary L Landrieu		Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>LA</u> ☐ Support ☒ Oppose	
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	106.40
(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

 MM / DD / YYYY
 05 / 18 / 2015

Signature

Full Name of Payee Isabella H Akel			Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 25 / 2014		
Mailing Address 15 Redcoat Lane			Amount 60.00		
City Little Rock	State AR	Zip Code 72227	Transaction ID : 20c21a01-d7de-40e8-8		
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement or Obligation MM / DD / YYYY 10 / 25 / 2014		
Name of Federal Candidate Mr. Mark L Pryor		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: AR		
Calendar Year-To-Date Per Election for Office Sought		292370.62	Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ▶		

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	115.00
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

FEC Schedule E (Form 3X) Rev. 09/2013

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 1384 OF 3250
 FOR LINE 24 OF FORM 3X

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

Full Name of Payee Isabella H Akel		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 25 / 2014	
Mailing Address 15 Redcoat Lane		Amount 55.00	
City Little Rock	State AR	Zip Code 72227	Transaction ID : 3c840449-72fa-4c96-8
Purpose of Expenditure Salary	Category/Type 001	Date of Disbursement or Obligation MM / DD / YYYY 10 / 25 / 2014	
Name of Federal Candidate Mr. Mark L Pryor		☐ Support ☒ Oppose Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: AR	
Calendar Year-To-Date Per Election for Office Sought 292370.62		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	

Full Name of Payee Isabella H Akel		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 25 / 2014	
Mailing Address 15 Redcoat Lane		Amount 60.00	
City Little Rock	State AR	Zip Code 72227	Transaction ID : bd47f6f7-2f91-4255-b
Purpose of Expenditure Mileage	Category/Type 002	Date of Disbursement or Obligation MM / DD / YYYY 10 / 25 / 2014	
Name of Federal Candidate Mr. Mark L Pryor		☐ Support ☒ Oppose Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: AR	
Calendar Year-To-Date Per Election for Office Sought 292370.62		Disbursement For: ☐ Primary ☒ 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

MM / DD / YYYY
05 / 18 / 2015

Signature

Full Name of Payee Felicia A Jones			Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 25 / 2014		
Mailing Address 4106 Martha St			Amount 9.60		
City Shreveport	State LA	Zip Code 71109	Transaction ID : 4b6a8e0e-7c1a-4ac3-9		
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement or Obligation MM / DD / YYYY 10 / 25 / 2014		
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: LA		
Calendar Year-To-Date Per Election for Office Sought		554635.78	Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ►		

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	89.60
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1386 OF 3250
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M M / D D D / Y Y Y Y Y Y					
Full Name of Payee Shirley R Gladstone			Date of Public Distribution/Dissemination 10 / 24 / 2014		
Mailing Address 619 W 51st Street South			Amount 30.00		
City Wichita		State KS	Zip Code 67217		Transaction ID : a20e629b-3c3c-4423-b
Purpose of Expenditure Salary		Category/ Type	Date of Disbursement or Obligation 10 / 24 / 2014		
Name of Federal Candidate Mr. Greg Orman		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: KS		
Calendar Year-To-Date Per Election for Office Sought		261541.03		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Shirley R Gladstone			Date of Public Distribution/Dissemination 10 / 24 / 2014		
Mailing Address 619 W 51st Street South			Amount 5.70		
City Wichita		State KS	Zip Code 67217		Transaction ID : f68f8e59-73eb-459a-a
Purpose of Expenditure Mileage		Category/ Type	Date of Disbursement or Obligation 10 / 24 / 2014		
Name of Federal Candidate Mr. Greg Orman		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: KS		
Calendar Year-To-Date Per Election for Office Sought		261541.03		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			35.70		
(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.					
Signature Ms. Emily Buchanan		[Electronically Filed]		Date 05 / 18 / 2015	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1387 OF 3250
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M M / D D D / Y Y Y Y Y Y					
Full Name of Payee Kristina M Jinkens			Date of Public Distribution/Dissemination 10 / 25 / 2014		
Mailing Address 2138 N 1000 Rd			Amount 25.00		
City Eudora		State KS	Zip Code 66025		Transaction ID : a8c32740-e240-4370-9
Purpose of Expenditure Salary		Category/ Type 001		Date of Disbursement or Obligation 10 / 25 / 2014	
Name of Federal Candidate Mr. Greg Orman			☐ Support ☒ Oppose		Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: KS
Calendar Year-To-Date Per Election for Office Sought			261541.03 Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
Full Name of Payee Molly E Oman			Date of Public Distribution/Dissemination 10 / 25 / 2014		
Mailing Address 607 N Hughes			Amount 55.00		
City Little Rock		State AR	Zip Code 72205		Transaction ID : beceb44b-bc43-40eb-9
Purpose of Expenditure Salary		Category/ Type 001		Date of Disbursement or Obligation 10 / 25 / 2014	
Name of Federal Candidate Ms. Kay Hagan			☐ Support ☒ Oppose		Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: NC
Calendar Year-To-Date Per Election for Office Sought			1095959.94 Disbursement For: ☐ Primary ☒ 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.					
Signature Ms. Emily Buchanan			[Electronically Filed]		Date 05 / 18 / 2015

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1388 OF 3250
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC		FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on MM / DD / YYYY			
Full Name of Payee Molly E Oman		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 25 / 2014	
Mailing Address 607 N Hughes		Amount 60.00	
City Little Rock	State AR	Zip Code 72205	Transaction ID : a388c084-0fb2-4ee0-a
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement or Obligation MM / DD / YYYY 10 / 25 / 2014
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>NC</u>
Calendar Year-To-Date Per Election for Office Sought 1095959.94		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Mitch L Holmes		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 24 / 2014	
Mailing Address 211 SE 20th Ave		Amount 59.10	
City St John	State KS	Zip Code 67576	Transaction ID : df74e351-1cbf-4265-a
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement or Obligation MM / DD / YYYY 10 / 24 / 2014
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>NC</u>
Calendar Year-To-Date Per Election for Office Sought 1095959.94		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶		119.10	
(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.			
Signature <i>Ms. Emily Buchanan</i>		Date MM / DD / YYYY 05 / 18 / 2015	
		[Electronically Filed]	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

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 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M / D D / Y Y Y Y					
Full Name of Payee Benjamin L Heitman			Date of Public Distribution/Dissemination 10 / 25 / 2014		
Mailing Address 2520 Helmstetler Rd			Amount 62.20		
City Lexington		State NC	Zip Code 27295		Transaction ID : aca198e4-a718-4bf2-9
Purpose of Expenditure Salary		Category/Type 001		Date of Disbursement or Obligation 10 / 25 / 2014	
Name of Federal Candidate Ms. Kay Hagan			☐ Support ☒ Oppose Office Sought: ☐ House ☒ Senate District: <u>00</u> ☐ President State: <u>NC</u>		
Calendar Year-To-Date Per Election for Office Sought 1095959.94			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶ _____		
Full Name of Payee Benjamin L Heitman			Date of Public Distribution/Dissemination 10 / 25 / 2014		
Mailing Address 2520 Helmstetler Rd			Amount 9.30		
City Lexington		State NC	Zip Code 27295		Transaction ID : 83ee640b-207b-41dc-9
Purpose of Expenditure Mileage		Category/Type 002		Date of Disbursement or Obligation 10 / 25 / 2014	
Name of Federal Candidate Ms. Kay Hagan			☐ Support ☒ Oppose Office Sought: ☐ House ☒ Senate District: <u>00</u> ☐ President State: <u>NC</u>		
Calendar Year-To-Date Per Election for Office Sought 1095959.94			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶ _____		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			71.50		
(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.					
Signature <u>Ms. Emily Buchanan</u> [Electronically Filed]			Date 05 / 18 / 2015		

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1390 OF 3250
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC		FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on		M M M / D D D / Y Y Y Y Y Y	
Full Name of Payee Molly E Oman		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 10 / 25 / 2014	
Mailing Address 607 N Hughes		Amount 55.00	
City Little Rock	State AR	Zip Code 72205	Transaction ID : 6a5d4e6c-fa89-47ad-8
Purpose of Expenditure Salary		Category/Type 001	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 10 / 25 / 2014
Name of Federal Candidate Mr. Mark L Pryor		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: AR
Calendar Year-To-Date Per Election for Office Sought 292370.62		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Molly E Oman		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 10 / 25 / 2014	
Mailing Address 607 N Hughes		Amount 60.00	
City Little Rock	State AR	Zip Code 72205	Transaction ID : 0fd737a5-4971-43a5-9
Purpose of Expenditure Mileage		Category/Type 002	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 10 / 25 / 2014
Name of Federal Candidate Mr. Mark L Pryor		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: AR
Calendar Year-To-Date Per Election for Office Sought 292370.62		Disbursement For: ☐ Primary ☒ 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 Signature		[Electronically Filed] Date M M M / D D D / Y Y Y Y Y Y 05 / 18 / 2015	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1391 OF 3250
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on MM / DD / YYYY				
Full Name of Payee James Kindstedt			Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 25 / 2014	
Mailing Address 5510 Dogwood Dr			Amount 20.00	
City Winston Salem	State NC	Zip Code 27105	Transaction ID : 69f91771-317d-47ff-a	
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation MM / DD / YYYY 10 / 25 / 2014	
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: NC	
Calendar Year-To-Date Per Election for Office Sought		1095959.94	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee James Kindstedt			Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 25 / 2014	
Mailing Address 5510 Dogwood Dr			Amount 7.62	
City Winston Salem	State NC	Zip Code 27105	Transaction ID : 9ea09970-d0b8-470f-b	
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement or Obligation MM / DD / YYYY 10 / 25 / 2014	
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: NC	
Calendar Year-To-Date Per Election for Office Sought		1095959.94	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures.....▶			27.62	
(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.				
Signature Ms. Emily Buchanan		[Electronically Filed]		Date MM / DD / YYYY 05 / 18 / 2015

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1392 OF 3250
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M M / D D D / Y Y Y Y Y Y				
Full Name of Payee Chelsi M Cox			Date of Public Distribution/Dissemination 10 / 25 / 2014	
Mailing Address 4254 Eagle Lake Ct			Amount 10.00	
City Bel Aire	State KS	Zip Code 67220	Transaction ID : 18d9b374-0136-4a5d-8 Date of Disbursement or Obligation 10 / 25 / 2014	
Purpose of Expenditure Salary		Category/ Type 001		
Name of Federal Candidate Mr. Greg Orman		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>KS</u>	
Calendar Year-To-Date Per Election for Office Sought		261541.03	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Claudia T Cox			Date of Public Distribution/Dissemination 10 / 25 / 2014	
Mailing Address 4254 Eagle Lake Ct			Amount 10.00	
City Bel Aire	State KS	Zip Code 67220	Transaction ID : 8bdd1158-77c0-46c3-b Date of Disbursement or Obligation 10 / 25 / 2014	
Purpose of Expenditure Salary		Category/ Type 001		
Name of Federal Candidate Mr. Greg Orman		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>KS</u>	
Calendar Year-To-Date Per Election for Office Sought		261541.03	Disbursement For: ☐ Primary ☒ 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.				
Signature Ms. Emily Buchanan		[Electronically Filed]		Date 05 / 18 / 2015

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1393 OF 3250
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on MM / DD / YYYY				
Full Name of Payee Claudia T Cox			Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 25 / 2014	
Mailing Address 4254 Eagle Lake Ct			Amount 5.70	
City Bel Aire	State KS	Zip Code 67220	Transaction ID : 0bfccc91-831e-499b-a	
Purpose of Expenditure Mileage		Category/Type 002	Date of Disbursement or Obligation MM / DD / YYYY 10 / 25 / 2014	
Name of Federal Candidate Mr. Greg Orman		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: KS	
Calendar Year-To-Date Per Election for Office Sought		261541.03	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Joanna Kindstedt			Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 25 / 2014	
Mailing Address 2134 Tobaccoville Rd			Amount 20.00	
City Rural Hall	State NC	Zip Code 27045	Transaction ID : c2ec79d6-0838-42fb-a	
Purpose of Expenditure Salary		Category/Type 001	Date of Disbursement or Obligation MM / DD / YYYY 10 / 25 / 2014	
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: NC	
Calendar Year-To-Date Per Election for Office Sought		1095959.94	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures.....▶			25.70	
(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.				
Signature Ms. Emily Buchanan		[Electronically Filed]		Date MM / DD / YYYY 05 / 18 / 2015

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1394 OF 3250
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on MM / DD / YYYY					
Full Name of Payee Gary W Fuhrmann			Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 25 / 2014		
Mailing Address 9425 Jessica Drive			Amount 82.50		
City Shreveport	State LA	Zip Code 71106	Transaction ID : d916603c-db0f-40e1-b		
Purpose of Expenditure Salary		Category/Type 001	Date of Disbursement or Obligation MM / DD / YYYY 10 / 25 / 2014		
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>LA</u>		
Calendar Year-To-Date Per Election for Office Sought		554635.78	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
Full Name of Payee Gary W Fuhrmann			Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 25 / 2014		
Mailing Address 9425 Jessica Drive			Amount 20.40		
City Shreveport	State LA	Zip Code 71106	Transaction ID : 059d976f-3696-468c-9		
Purpose of Expenditure Mileage		Category/Type 002	Date of Disbursement or Obligation MM / DD / YYYY 10 / 25 / 2014		
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>LA</u>		
Calendar Year-To-Date Per Election for Office Sought		554635.78	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			102.90		
(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.					
Signature <i>Ms. Emily Buchanan</i>		[Electronically Filed]		Date MM / DD / YYYY 05 / 18 / 2015	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1395 OF 3250
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M / D D / Y Y Y Y				
Full Name of Payee Brian A Sherwood			Date of Public Distribution/Dissemination 10 / 25 / 2014	
Mailing Address 1003 W 5th St			Amount 80.00	
City Coffeyville	State KS	Zip Code 67337	Transaction ID : 9b126d6e-9a42-4a22-a	
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation 10 / 25 / 2014	
Name of Federal Candidate Mr. Greg Orman		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: KS	
Calendar Year-To-Date Per Election for Office Sought		261541.03	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Brian A Sherwood			Date of Public Distribution/Dissemination 10 / 25 / 2014	
Mailing Address 1003 W 5th St			Amount 16.50	
City Coffeyville	State KS	Zip Code 67337	Transaction ID : 5f46c60f-2c61-4a9b-9	
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement or Obligation 10 / 25 / 2014	
Name of Federal Candidate Mr. Greg Orman		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: KS	
Calendar Year-To-Date Per Election for Office Sought		261541.03	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			96.50	
(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 05 / 18 / 2015	
Signature				

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 1396 OF 3250
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M / D D / Y Y Y Y					
Full Name of Payee Patricia F Arnold			Date of Public Distribution/Dissemination 10 / 25 / 2014		
Mailing Address 1117 Clipper Dr			Amount 15.00		
City Slidell	State LA	Zip Code 70458	Transaction ID : c2cd15c8-3980-4968-a Date of Disbursement or Obligation 10 / 25 / 2014		
Purpose of Expenditure Salary		Category/ Type 001			
Name of Federal Candidate Ms. Mary L Landrieu			☐ Support Office Sought: ☐ House District: <u>00</u> ☒ Oppose ☐ President ☒ Senate State: <u>LA</u>		
Calendar Year-To-Date Per Election for Office Sought 554635.78			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶ _____		
Full Name of Payee Patricia F Arnold			Date of Public Distribution/Dissemination 10 / 25 / 2014		
Mailing Address 1117 Clipper Dr			Amount 0.81		
City Slidell	State LA	Zip Code 70458	Transaction ID : c3d490c9-bff1-4369-b Date of Disbursement or Obligation 10 / 25 / 2014		
Purpose of Expenditure Mileage		Category/ Type 002			
Name of Federal Candidate Ms. Mary L Landrieu			☐ Support Office Sought: ☐ House District: <u>00</u> ☒ Oppose ☐ President ☒ Senate State: <u>LA</u>		
Calendar Year-To-Date Per Election for Office Sought 554635.78			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶ _____		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			15.81		
(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.					
Signature Ms. Emily Buchanan		[Electronically Filed]		Date 05 / 18 / 2015	

Full Name of Payee Bethlehem R Romm		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 25 / 2014	
Mailing Address 2609 Bluestrem Dr		Amount 14.40	
City Lawrence	State KS	Zip Code 66047	Transaction ID : df4c0c84-ab70-499a-b
Purpose of Expenditure Mileage	Category/ Type	002	Date of Disbursement or Obligation MM / DD / YYYY 10 / 25 / 2014
Name of Federal Candidate Mr. Greg Orman	☐ Support ☒ Oppose	Office Sought: ☐ President ☒ Senate	District: <u>00</u> State: <u>KS</u>
Calendar Year-To-Date Per Election for Office Sought	261541.03		Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ▶ _____

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	64.40
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1398 OF 3250
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC		FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on / /			
Full Name of Payee Hope Benner		Date of Public Distribution/Dissemination / / 10 / 25 / 2014	
Mailing Address 2073 A Clover Ave		Amount 40.00	
City Springdale	State AR	Zip Code 72764	Transaction ID : 8d05961d-1cab-4f80-9 Date of Disbursement or Obligation / / 10 / 25 / 2014
Purpose of Expenditure Salary		Category/ Type 001	
Name of Federal Candidate Mr. Mark L Pryor		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>AR</u>
Calendar Year-To-Date Per Election for Office Sought 292370.62		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶ _____	
Full Name of Payee Hope Benner		Date of Public Distribution/Dissemination / / 10 / 25 / 2014	
Mailing Address 2073 A Clover Ave		Amount 6.00	
City Springdale	State AR	Zip Code 72764	Transaction ID : e01cbac9-91bb-4a0f-b Date of Disbursement or Obligation / / 10 / 25 / 2014
Purpose of Expenditure Mileage		Category/ Type 002	
Name of Federal Candidate Mr. Mark L Pryor		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>AR</u>
Calendar Year-To-Date Per Election for Office Sought 292370.62		Disbursement For: ☐ Primary ☒ 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.			
Signature <i>Ms. Emily Buchanan</i>		Date / / 05 / 18 / 2015	
[Electronically Filed]			

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1399 OF 3250
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M / D D / Y Y Y Y Y Y					
Full Name of Payee Benjamin Hernandez			Date of Public Distribution/Dissemination 10 / 25 / 2014		
Mailing Address 915 E Market Ave			Amount 75.00		
City Searcy	State AR	Zip Code 72149	Transaction ID : 46ac9a3d-1c77-4235-a		
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation 10 / 25 / 2014		
Name of Federal Candidate Mr. Mark L Pryor		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: AR		
Calendar Year-To-Date Per Election for Office Sought		292370.62	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
Full Name of Payee Benjamin Hernandez			Date of Public Distribution/Dissemination 10 / 25 / 2014		
Mailing Address 915 E Market Ave			Amount 53.40		
City Searcy	State AR	Zip Code 72149	Transaction ID : 32e1e05a-5842-4e64-b		
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement or Obligation 10 / 25 / 2014		
Name of Federal Candidate Mr. Mark L Pryor		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: AR		
Calendar Year-To-Date Per Election for Office Sought		292370.62	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			128.40		
(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.					
Signature Ms. Emily Buchanan		[Electronically Filed]		Date 05 / 18 / 2015	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1400 OF 3250
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M / D D / Y Y Y Y Y Y				
Full Name of Payee Zachary W Jackson			Date of Public Distribution/Dissemination 10 / 25 / 2014	
Mailing Address 3513 Elizabeth St			Amount 75.00	
City Choctaw	State OK	Zip Code 73020	Transaction ID : 16fbc1d3-0e29-4041-a Date of Disbursement or Obligation 10 / 25 / 2014	
Purpose of Expenditure Salary		Category/ Type 001		
Name of Federal Candidate Mr. Mark L Pryor		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: AR	
Calendar Year-To-Date Per Election for Office Sought		292370.62	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Ryan Drake			Date of Public Distribution/Dissemination 10 / 25 / 2014	
Mailing Address 29637 Park St			Amount 20.00	
City Walker	State LA	Zip Code 70785	Transaction ID : 9d88c444-6aff-4e9d-8 Date of Disbursement or Obligation 10 / 25 / 2014	
Purpose of Expenditure Salary		Category/ Type 001		
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: LA	
Calendar Year-To-Date Per Election for Office Sought		554635.78	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			95.00	
(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.				
Signature Ms. Emily Buchanan		[Electronically Filed]		Date 05 / 18 / 2015

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1401 OF 3250
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC		FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on		MM / DD / YYYY	
Full Name of Payee Ryan Drake		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 25 / 2014	
Mailing Address 29637 Park St		Amount 1.20	
City Walker	State LA	Zip Code 70785	Transaction ID : 773c71da-748d-4927-9
Purpose of Expenditure Mileage	Category/Type 002	Date of Disbursement or Obligation MM / DD / YYYY 10 / 25 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose Office Sought: ☐ House ☒ Senate District: 00 ☐ President State: LA	
Calendar Year-To-Date Per Election for Office Sought 554635.78		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee James W Blevins		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 25 / 2014	
Mailing Address 108 East Clinton St PO Box 410		Amount 32.50	
City Salemburg	State NC	Zip Code 28385	Transaction ID : 96f35507-d698-41a2-b
Purpose of Expenditure Salary	Category/Type 001	Date of Disbursement or Obligation MM / DD / YYYY 10 / 25 / 2014	
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose Office Sought: ☐ House ☒ Senate District: 00 ☐ President State: NC	
Calendar Year-To-Date Per Election for Office Sought 1095959.94		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶		33.70	
(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.			
Signature Ms. Emily Buchanan		Date MM / DD / YYYY 05 / 18 / 2015	
		[Electronically Filed]	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1402 OF 3250
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on			MM / DD / YYYY	
Full Name of Payee James W Blevins		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 25 / 2014		
Mailing Address 108 East Clinton St PO Box 410		Amount 8.82		
City Salemberg	State NC	Zip Code 28385	Transaction ID : 668b7312-64d4-45ee-a	
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement or Obligation MM / DD / YYYY 10 / 25 / 2014	
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>NC</u>	
Calendar Year-To-Date Per Election for Office Sought		1095959.94	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Lilly Green		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 25 / 2014		
Mailing Address 205 Medallion Circle		Amount 80.00		
City Shreveport	State LA	Zip Code 71119	Transaction ID : 36f1af1a-7735-4830-8	
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation MM / DD / YYYY 10 / 25 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>LA</u>	
Calendar Year-To-Date Per Election for Office Sought		554635.78	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures.....		88.82		
(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.				
Signature <i>Ms. Emily Buchanan</i>		[Electronically Filed] Date MM / DD / YYYY 05 / 18 / 2015		

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 1403 OF 3250
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M / D D / Y Y Y Y					
Full Name of Payee Lilly Green			Date of Public Distribution/Dissemination 10 / 25 / 2014		
Mailing Address 205 Medallion Circle			Amount 55.80		
City Shreveport	State LA	Zip Code 71119	Transaction ID : c13384a9-c851-450d-8 Date of Disbursement or Obligation 10 / 25 / 2014		
Purpose of Expenditure Mileage		Category/ Type 002			
Name of Federal Candidate Ms. Mary L Landrieu			☐ Support ☒ Oppose Office Sought: ☐ House ☒ Senate District: <u>00</u> ☐ President State: <u>LA</u>		
Calendar Year-To-Date Per Election for Office Sought 554635.78			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶ _____		
Full Name of Payee Caleb Craig			Date of Public Distribution/Dissemination 10 / 25 / 2014		
Mailing Address 1410 Bushville drive			Amount 80.00		
City Lenoir	State NC	Zip Code 28645	Transaction ID : 95ff2a30-f49c-4252-b Date of Disbursement or Obligation 10 / 25 / 2014		
Purpose of Expenditure Salary		Category/ Type 001			
Name of Federal Candidate Ms. Kay Hagan			☐ Support ☒ Oppose Office Sought: ☐ House ☒ Senate District: <u>00</u> ☐ President State: <u>NC</u>		
Calendar Year-To-Date Per Election for Office Sought 1095959.94			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶ _____		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			135.80		
(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.					
Signature <u>Ms. Emily Buchanan</u> [Electronically Filed]			Date 05 / 18 / 2015		

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1404 OF 3250
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M / D D / Y Y Y Y					
Full Name of Payee Dylan J Sparks			Date of Public Distribution/Dissemination 10 / 25 / 2014		
Mailing Address 915 East Market Ave			Amount 100.00		
City Searcy	State AR	Zip Code 72149	Transaction ID : 6b813a5e-ff58-49d5-8		
Purpose of Expenditure Salary		Category/Type 001	Date of Disbursement or Obligation 10 / 25 / 2014		
Name of Federal Candidate Mr. Mark L Pryor		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>AR</u>		
Calendar Year-To-Date Per Election for Office Sought		292370.62	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
Full Name of Payee Dylan J Sparks			Date of Public Distribution/Dissemination 10 / 25 / 2014		
Mailing Address 915 East Market Ave			Amount 100.80		
City Searcy	State AR	Zip Code 72149	Transaction ID : e49ef724-5737-49f3-a		
Purpose of Expenditure Mileage		Category/Type 002	Date of Disbursement or Obligation 10 / 25 / 2014		
Name of Federal Candidate Mr. Mark L Pryor		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>AR</u>		
Calendar Year-To-Date Per Election for Office Sought		292370.62	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures.....▶			200.80		
(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.					
Signature <i>Ms. Emily Buchanan</i>		[Electronically Filed]		Date 05 / 18 / 2015	

Full Name of Payee Gregory Green		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 25 / 2014	
Mailing Address 2506 Bolch Street		Amount 80.00	
City Shreveport	State LA	Zip Code 71104	Transaction ID : a3086aad-9bd7-455c-9 Date of Disbursement or Obligation MM / DD / YYYY 10 / 25 / 2014
Purpose of Expenditure Salary		Category/ Type 001	
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House ☒ Senate ☐ President ☒ Other (specify) _____
Calendar Year-To-Date Per Election for Office Sought		554635.78	Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ► _____

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	120.00
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1406 OF 3250
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M / D D / Y Y Y Y Y Y					
Full Name of Payee Gregory Green			Date of Public Distribution/Dissemination 10 / 25 / 2014		
Mailing Address 2506 Bolch Street			Amount 57.60		
City Shreveport	State LA	Zip Code 71104	Transaction ID : 4a7deee6-845b-4ae7-9		
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement or Obligation 10 / 25 / 2014		
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: LA		
Calendar Year-To-Date Per Election for Office Sought		554635.78	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
Full Name of Payee Josh R Arnold			Date of Public Distribution/Dissemination 10 / 25 / 2014		
Mailing Address 1531 N Ridgewood Dr			Amount 75.00		
City Wichita	State KS	Zip Code 67208	Transaction ID : 6a846909-139d-48a6-a		
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation 10 / 25 / 2014		
Name of Federal Candidate Mr. Greg Orman		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: KS		
Calendar Year-To-Date Per Election for Office Sought		261541.03	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			132.60		
(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.					
Signature Ms. Emily Buchanan		[Electronically Filed]		Date 05 / 18 / 2015	

Full Name of Payee Sandra C Montalbano		Date of Public Distribution/Dissemination M M / D D / Y Y Y Y 10 / 25 / 2014	
Mailing Address 4177 Lowerline St		Amount 30.00	
City Slidell	State LA	Zip Code 70461	Transaction ID : 313ed778-37d9-4685-a Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 10 / 25 / 2014
Purpose of Expenditure Salary		Category/ Type 001	
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: LA
Calendar Year-To-Date Per Election for Office Sought		554635.78	Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ►

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	42.30
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

Ms. Emily Buchanan

[Electronically Filed]

Date 05 / 18 / 2015

Signature

Full Name of Payee James R Hooper		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 25 / 2014	
Mailing Address 502 N Oak St		Amount Amount 47.50	
City Little Rock	State AR	Zip Code 72205	Transaction ID : a021d658-f9eb-4bc2-b Date of Disbursement or Obligation MM / DD / YYYY 10 / 25 / 2014
Purpose of Expenditure Salary		Category/ Type 001	
Name of Federal Candidate Mr. Mark L Pryor		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: AR
Calendar Year-To-Date Per Election for Office Sought		Amount 292370.62	Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	52.00
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 1409 OF 3250
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M / D D / Y Y Y Y					
Full Name of Payee James R Hooper			Date of Public Distribution/Dissemination 10 / 25 / 2014		
Mailing Address 502 N Oak St			Amount 10.20		
City Little Rock		State AR	Zip Code 72205		Transaction ID : ccf8b542-4203-4477-8
Purpose of Expenditure Mileage		Category/Type 002		Date of Disbursement or Obligation 10 / 25 / 2014	
Name of Federal Candidate Mr. Mark L Pryor			Office Sought: ☐ House District: <u>00</u> ☒ Senate State: <u>AR</u> ☐ President		
Calendar Year-To-Date Per Election for Office Sought 292370.62			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
Full Name of Payee Amy Rich			Date of Public Distribution/Dissemination 10 / 25 / 2014		
Mailing Address 5119 E Boston St			Amount 10.00		
City Wichita		State KS	Zip Code 67218		Transaction ID : ed264158-10cc-4e52-8
Purpose of Expenditure Salary		Category/Type 001		Date of Disbursement or Obligation 10 / 25 / 2014	
Name of Federal Candidate Mr. Greg Orman			Office Sought: ☐ House District: <u>00</u> ☒ Senate State: <u>KS</u> ☐ President		
Calendar Year-To-Date Per Election for Office Sought 261541.03			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			20.20		
(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.					
Signature <u>Ms. Emily Buchanan</u> [Electronically Filed]			Date 05 / 18 / 2015		

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1410 OF 3250
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC		FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on		MM / DD / YYYY	
Full Name of Payee Amy Rich		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 25 / 2014	
Mailing Address 5119 E Boston St		Amount 3.00	
City Wichita	State KS	Zip Code 67218	Transaction ID : cc10999f-5a5f-4a94-8
Purpose of Expenditure Mileage	Category/Type 002	Date of Disbursement or Obligation MM / DD / YYYY 10 / 25 / 2014	
Name of Federal Candidate Mr. Greg Orman		☐ Support ☒ Oppose	
Office Sought: ☐ President ☒ Senate		District: 00 State: KS	
Calendar Year-To-Date Per Election for Office Sought 261541.03		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Laura U Logie		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 25 / 2014	
Mailing Address 2565 Shire Circle		Amount 5.00	
City Harrisonburg	State VA	Zip Code 22801	Transaction ID : 54d66f33-32de-47a0-9
Purpose of Expenditure Salary	Category/Type 001	Date of Disbursement or Obligation MM / DD / YYYY 10 / 25 / 2014	
Name of Federal Candidate Mr. Greg Orman		☐ Support ☒ Oppose	
Office Sought: ☐ President ☒ Senate		District: 00 State: KS	
Calendar Year-To-Date Per Election for Office Sought 261541.03		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶		8.00	
(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.			
Signature Ms. Emily Buchanan		Date MM / DD / YYYY 05 / 18 / 2015	
		[Electronically Filed]	

Full Name of Payee Brenda L McCune		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 25 / 2014	
Mailing Address 1254 Fleming St Apt 6		Amount 61.50	
City Conway	State AR	Zip Code 72032	Transaction ID : 332ca1ff-493f-4868-b Date of Disbursement or Obligation MM / DD / YYYY 10 / 25 / 2014
Purpose of Expenditure Mileage	Category/ Type 002		
Name of Federal Candidate Mr. Mark L Pryor	☐ Support ☒ Oppose	Office Sought: ☐ President ☒ Senate	District: 00 State: AR
Calendar Year-To-Date Per Election for Office Sought	292370.62	Disbursement For: 2014 ☐ Primary ☒ General ☐ Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	151.50
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

Signature

Full Name of Payee Francis Richardson		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 25 / 2014	
Mailing Address 220 Doucet Rd		Amount 1.20	
City Lafayette	State LA	Zip Code 70503	Transaction ID : c6291deb-f99b-4bed-a Date of Disbursement or Obligation MM / DD / YYYY 10 / 25 / 2014
Purpose of Expenditure Mileage	Category/ Type 002		
Name of Federal Candidate Ms. Mary L Landrieu	☐ Support ☒ Oppose	Office Sought: ☐ President ☒ Senate	District: 00 State: LA
Calendar Year-To-Date Per Election for Office Sought	554635.78	Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	21.20
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

FEC Schedule E (Form 3X) Rev. 09/2013

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

PAGE 1413 OF 3250
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M / D D / Y Y Y Y					
Full Name of Payee Jeremy Hollar			Date of Public Distribution/Dissemination 10 / 25 / 2014		
Mailing Address 121 Meadowview Drive			Amount 20.00		
City Boone		State NC	Zip Code 28607		Transaction ID : 60e7ad9e-7cdd-4367-a
Purpose of Expenditure Salary		Category/Type 001		Date of Disbursement or Obligation 10 / 25 / 2014	
Name of Federal Candidate Ms. Kay Hagan			☐ Support ☒ Oppose Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>NC</u>		
Calendar Year-To-Date Per Election for Office Sought 1095959.94			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
Full Name of Payee Jeremy Hollar			Date of Public Distribution/Dissemination 10 / 25 / 2014		
Mailing Address 121 Meadowview Drive			Amount 46.50		
City Boone		State NC	Zip Code 28607		Transaction ID : 32c99d4b-6606-431c-a
Purpose of Expenditure Mileage		Category/Type 002		Date of Disbursement or Obligation 10 / 25 / 2014	
Name of Federal Candidate Ms. Kay Hagan			☐ Support ☒ Oppose Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>NC</u>		
Calendar Year-To-Date Per Election for Office Sought 1095959.94			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			66.50		
(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.					
Signature <u>Ms. Emily Buchanan</u> [Electronically Filed]			Date 05 / 18 / 2015		

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1414 OF 3250
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M / D D / Y Y Y Y Y Y					
Full Name of Payee Ronald W Ryckman			Date of Public Distribution/Dissemination 10 / 25 / 2014		
Mailing Address 503 N Cedar St			Amount 45.00		
City Meade	State KS	Zip Code 67864	Transaction ID : 1ecd512a-8335-49f8-b		
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation 10 / 25 / 2014		
Name of Federal Candidate Mr. Greg Orman		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: KS		
Calendar Year-To-Date Per Election for Office Sought		261541.03	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
Full Name of Payee Ronald W Ryckman			Date of Public Distribution/Dissemination 10 / 25 / 2014		
Mailing Address 503 N Cedar St			Amount 21.00		
City Meade	State KS	Zip Code 67864	Transaction ID : 8744f656-3be9-48fb-a		
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement or Obligation 10 / 25 / 2014		
Name of Federal Candidate Mr. Greg Orman		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: KS		
Calendar Year-To-Date Per Election for Office Sought		261541.03	Disbursement For: ☐ Primary ☒ 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.					
Signature Ms. Emily Buchanan		[Electronically Filed]		Date 05 / 18 / 2015	

Full Name of Payee LaVonna A Brown			Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 25 / 2014		
Mailing Address 1211 Treaty Rd			Amount 7.20		
City Delphos	State KS	Zip Code 67436	Transaction ID : 1182beae-7f8a-43ba-8 Date of Disbursement or Obligation MM / DD / YYYY 10 / 25 / 2014		
Purpose of Expenditure Mileage		Category/ Type 002			
Name of Federal Candidate Mr. Greg Orman		☐ Support ☒ Oppose	Office Sought: ☐ House ☒ Senate ☐ President ☒ Senate		
Calendar Year-To-Date Per Election for Office Sought		261541.03	District: 00 State: KS Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ►		

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	62.20
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1416 OF 3250
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on			MM / DD / YYYY	
Full Name of Payee Anthony Pearson		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 25 / 2014		
Mailing Address 112 apache Dr		Amount 35.00		
City Search	State AR	Zip Code 72149	Transaction ID : 359f0c92-6536-4b36-8	
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation MM / DD / YYYY 10 / 25 / 2014	
Name of Federal Candidate Mr. Mark L Pryor		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: AR	
Calendar Year-To-Date Per Election for Office Sought		292370.62	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Anthony Pearson		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 25 / 2014		
Mailing Address 112 apache Dr		Amount 32.10		
City Search	State AR	Zip Code 72149	Transaction ID : c7583b80-7594-4117-8	
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement or Obligation MM / DD / YYYY 10 / 25 / 2014	
Name of Federal Candidate Mr. Mark L Pryor		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: AR	
Calendar Year-To-Date Per Election for Office Sought		292370.62	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures.....		67.10		
(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.				
Signature Ms. Emily Buchanan		Date 05 / 18 / 2015		
		[Electronically Filed]		

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 1417 OF 3250
 FOR LINE 24 OF FORM 3X

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

Full Name of Payee Jeffrey Hampton		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 25 / 2014	
Mailing Address 1700 E Part Ave		Amount 35.00	
City Searcy	State AR	Zip Code 72149	Transaction ID : 7cea0fa2-654a-42a1-b
Purpose of Expenditure Salary	Category/ Type 001	Date of Disbursement or Obligation MM / DD / YYYY 10 / 25 / 2014	
Name of Federal Candidate Mr. Mark L Pryor		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: AR
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	

Full Name of Payee Jeffrey Hampton		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 25 / 2014	
Mailing Address 1700 E Part Ave		Amount 9.57	
City Searcy	State AR	Zip Code 72149	Transaction ID : cd44e3b8-2861-413c-a
Purpose of Expenditure Mileage	Category/ Type 002	Date of Disbursement or Obligation MM / DD / YYYY 10 / 25 / 2014	
Name of Federal Candidate Mr. Mark L Pryor		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: AR
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	44.57
(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

MM / DD / YYYY
05 / 18 / 2015

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1418 OF 3250
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M M / D D D / Y Y Y Y Y Y					
Full Name of Payee ERIC TABARY			Date of Public Distribution/Dissemination 10 / 25 / 2014		
Mailing Address 6101 NORA ST			Amount 70.00		
City METAIRIE		State LA	Zip Code 70003		Transaction ID : 224173fe-788b-4062-9
Purpose of Expenditure Salary		Category/ Type 001		Date of Disbursement or Obligation 10 / 25 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu			☐ Support ☒ Oppose		Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: LA
Calendar Year-To-Date Per Election for Office Sought			554635.78		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶
Full Name of Payee Talia J DeGisi			Date of Public Distribution/Dissemination 10 / 25 / 2014		
Mailing Address 9513 Beverly Dr			Amount 20.00		
City Overland Park		State KS	Zip Code 66207		Transaction ID : df9cf913-c66b-4d63-8
Purpose of Expenditure Salary		Category/ Type 001		Date of Disbursement or Obligation 10 / 25 / 2014	
Name of Federal Candidate Mr. Greg Orman			☐ Support ☒ Oppose		Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: KS
Calendar Year-To-Date Per Election for Office Sought			261541.03		Disbursement For: ☐ Primary ☒ 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.					
Signature Ms. Emily Buchanan			[Electronically Filed]		Date 05 / 18 / 2015

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1419 OF 3250
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M M / D D D / Y Y Y Y Y Y					
Full Name of Payee Talia J DeGisi			Date of Public Distribution/Dissemination 10 / 25 / 2014		
Mailing Address 9513 Beverly Dr			Amount 3.96		
City Overland Park		State KS	Zip Code 66207		Transaction ID : b57e43c5-4e9e-40cc-8
Purpose of Expenditure Mileage		Category/ Type 002		Date of Disbursement or Obligation 10 / 25 / 2014	
Name of Federal Candidate Mr. Greg Orman			☐ Support ☒ Oppose		Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>KS</u>
Calendar Year-To-Date Per Election for Office Sought 261541.03			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶ _____		
Full Name of Payee Xavier Miller			Date of Public Distribution/Dissemination 10 / 25 / 2014		
Mailing Address 407 randall Dr			Amount 70.00		
City Searcy		State AR	Zip Code 72143		Transaction ID : 7c9608bd-ca1f-44b4-9
Purpose of Expenditure Salary		Category/ Type 001		Date of Disbursement or Obligation 10 / 25 / 2014	
Name of Federal Candidate Mr. Mark L Pryor			☐ Support ☒ Oppose		Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>AR</u>
Calendar Year-To-Date Per Election for Office Sought 292370.62			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶ _____		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			73.96		
(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.					
Signature 			Date 05 / 18 / 2015		
Ms. Emily Buchanan			[Electronically Filed]		

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 1420 OF 3250
 FOR LINE 24 OF FORM 3X

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

Full Name of Payee Xavier Miller		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 25 / 2014	
Mailing Address 407 randall Dr		Amount 48.90	
City Searcy	State AR	Zip Code 72143	Transaction ID : 1f33f3f7-b587-46a3-8
Purpose of Expenditure Mileage	Category/Type 002	Date of Disbursement or Obligation MM / DD / YYYY 10 / 25 / 2014	
Name of Federal Candidate Mr. Mark L Pryor		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: AR
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	

Full Name of Payee James E Dacus		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 25 / 2014	
Mailing Address 117 Cynthia Ave		Amount 100.00	
City Farmington	State AR	Zip Code 72730	Transaction ID : ff0615f0-cb51-4d69-a
Purpose of Expenditure Salary	Category/Type 001	Date of Disbursement or Obligation MM / DD / YYYY 10 / 25 / 2014	
Name of Federal Candidate Mr. Mark L Pryor		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: AR
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	148.90
(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

MM / DD / YYYY
05 / 18 / 2015

Signature

Full Name of Payee Michael Vidrine		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 25 / 2014	
Mailing Address 1103 West Wilson Street		Amount 40.00	
City Ville Platte	State LA	Zip Code 70586	Transaction ID : 341bbf24-a28a-469f-8
Purpose of Expenditure Salary	Category/ Type	001	Date of Disbursement or Obligation MM / DD / YYYY 10 / 25 / 2014
Name of Federal Candidate Ms. Mary L Landrieu	☐ Support ☒ Oppose	Office Sought: ☐ President ☒ Senate	District: 00 State: LA
Calendar Year-To-Date Per Election for Office Sought	554635.78	Disbursement For: ☐ Primary ☒ General	☐ 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.

Date _____

Signature

Three digital displays are shown side-by-side, separated by slashes. The first display shows '05' under 'MM' labels. The second display shows '18' under 'DD' labels. The third display shows '2015' under 'YYYY' labels.

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1422 OF 3250
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M M / D D D / Y Y Y Y Y Y					
Full Name of Payee Michael Vidrine			Date of Public Distribution/Dissemination 10 / 25 / 2014		
Mailing Address 1103 West Wilson Street			Amount 21.30		
City Ville Platte	State LA	Zip Code 70586	Transaction ID : ffd87d4f-0690-4a7a-9		
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement or Obligation 10 / 25 / 2014		
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>LA</u>		
Calendar Year-To-Date Per Election for Office Sought		554635.78	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
Full Name of Payee Jacob W Joosten			Date of Public Distribution/Dissemination 10 / 25 / 2014		
Mailing Address 1906 S Pine Apt B			Amount 95.00		
City Pittsburg	State KS	Zip Code 66762	Transaction ID : 06754359-b8c4-4def-8		
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation 10 / 25 / 2014		
Name of Federal Candidate Mr. Greg Orman		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>KS</u>		
Calendar Year-To-Date Per Election for Office Sought		261541.03	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			116.30		
(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.					
Signature Ms. Emily Buchanan		[Electronically Filed]		Date 05 / 18 / 2015	

Full Name of Payee Theresa a Youngblood		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 25 / 2014	
Mailing Address 102 S Main Street Apt A2		Amount 100.00	
City Berryville	State VA	Zip Code 22611	Transaction ID : 40b39039-2afa-4d8a-9 Date of Disbursement or Obligation MM / DD / YYYY 10 / 25 / 2014
Purpose of Expenditure Salary	Category/ Type 001		
Name of Federal Candidate Mr. Greg Orman	☐ Support ☒ Oppose	Office Sought: ☐ President ☒ Senate ☐ Other (specify) ▶	District: 00 State: KS ☐ Primary ☒ General
Calendar Year-To-Date Per Election for Office Sought	261541.03		

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	124.60
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

05 / 18 / 2015

FEC Schedule E (Form 3X) Rev. 09/2013

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1424 OF 3250
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on MM / DD / YYYY				
Full Name of Payee Philip Elkins			Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 25 / 2014	
Mailing Address 227 Lincoln Dr			Amount 30.00	
City Bossier City	State LA	Zip Code 71111	Transaction ID : 66a06f76-01ce-4037-a	
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation MM / DD / YYYY 10 / 25 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>LA</u>	
Calendar Year-To-Date Per Election for Office Sought		554635.78	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Philip Elkins			Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 25 / 2014	
Mailing Address 227 Lincoln Dr			Amount 9.66	
City Bossier City	State LA	Zip Code 71111	Transaction ID : c77a0b09-ace8-4a96-9	
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement or Obligation MM / DD / YYYY 10 / 25 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>LA</u>	
Calendar Year-To-Date Per Election for Office Sought		554635.78	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			39.66	
(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.				
Signature <i>Ms. Emily Buchanan</i>		[Electronically Filed]		Date MM / DD / YYYY 05 / 18 / 2015

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1425 OF 3250
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC		FEC IDENTIFICATION NUMBER ▼ C C00530766
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M M / D D D / Y Y Y Y Y Y		

Full Name of Payee Carmen Maddrey		Date of Public Distribution/Dissemination 10 / 25 / 2014
Mailing Address 2043 Nottingham Ln		Amount 30.00
City Burlington	State NC	Zip Code 27215
Purpose of Expenditure Salary	Category/ Type 001	Transaction ID : c64c6bbf-e80b-47eb-8 Date of Disbursement or Obligation 10 / 25 / 2014
Name of Federal Candidate Ms. Kay Hagan		Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>NC</u>
Calendar Year-To-Date Per Election for Office Sought 1095959.94		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶

Full Name of Payee Carmen Maddrey		Date of Public Distribution/Dissemination 10 / 25 / 2014
Mailing Address 2043 Nottingham Ln		Amount 18.00
City Burlington	State NC	Zip Code 27215
Purpose of Expenditure Mileage	Category/ Type 002	Transaction ID : 5bce9f50-7640-4708-b Date of Disbursement or Obligation 10 / 25 / 2014
Name of Federal Candidate Ms. Kay Hagan		Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>NC</u>
Calendar Year-To-Date Per Election for Office Sought 1095959.94		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	48.00
(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]

Signature

Date

05 / 18 / 2015

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1426 OF 3250
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC		FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on / /			
Full Name of Payee Patrice Wolfe		Date of Public Distribution/Dissemination / / 10 / 25 / 2014	
Mailing Address 9909 Treasure Hill Rd		Amount 40.00	
City Little Rock	State AR	Zip Code 72205	Transaction ID : dccd6e59-9a89-446f-a Date of Disbursement or Obligation / / 10 / 25 / 2014
Purpose of Expenditure Salary		Category/ Type 001	
Name of Federal Candidate Mr. Mark L Pryor		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>AR</u>
Calendar Year-To-Date Per Election for Office Sought 292370.62		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶ _____	
Full Name of Payee Patrice Wolfe		Date of Public Distribution/Dissemination / / 10 / 25 / 2014	
Mailing Address 9909 Treasure Hill Rd		Amount 19.50	
City Little Rock	State AR	Zip Code 72205	Transaction ID : 208f7ac0-7917-42a6-a Date of Disbursement or Obligation / / 10 / 25 / 2014
Purpose of Expenditure Mileage		Category/ Type 002	
Name of Federal Candidate Mr. Mark L Pryor		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>AR</u>
Calendar Year-To-Date Per Election for Office Sought 292370.62		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶ _____	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶		 59.50	
(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.			
Signature <i>Ms. Emily Buchanan</i>		Date / / 05 / 18 / 2015	
[Electronically Filed]			

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1427 OF 3250
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M / D D / Y Y Y Y				
Full Name of Payee Todd Ellis			Date of Public Distribution/Dissemination 10 / 25 / 2014	
Mailing Address P.O. Box 712			Amount 90.00	
City Alexander	State AR	Zip Code 72002	Transaction ID : 471c6b5e-de26-47cb-9	
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation 10 / 25 / 2014	
Name of Federal Candidate Mr. Mark L Pryor		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: AR	
Calendar Year-To-Date Per Election for Office Sought		292370.62	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Todd Ellis			Date of Public Distribution/Dissemination 10 / 25 / 2014	
Mailing Address P.O. Box 712			Amount 36.90	
City Alexander	State AR	Zip Code 72002	Transaction ID : 66ef7c28-5a8b-4f0b-9	
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement or Obligation 10 / 25 / 2014	
Name of Federal Candidate Mr. Mark L Pryor		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: AR	
Calendar Year-To-Date Per Election for Office Sought		292370.62	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			126.90	
(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.				
Signature Ms. Emily Buchanan		[Electronically Filed]		Date 05 / 18 / 2015

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1428 OF 3250
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC		FEC IDENTIFICATION NUMBER ▼ C C00530766
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on		MM / DD / YYYY

Full Name of Payee Ashley n Thompson		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 25 / 2014
Mailing Address 272 Westgate Ct Apt 6		Amount 45.00
City Lexington	State NC	Zip Code 27295
Purpose of Expenditure Salary	Category/Type 001	Transaction ID : 72d2e12f-e0ac-4a63-9 Date of Disbursement or Obligation MM / DD / YYYY 10 / 25 / 2014
Name of Federal Candidate Ms. Kay Hagan		Office Sought: ☐ House District: 00 ☒ Senate State: NC
Calendar Year-To-Date Per Election for Office Sought 1095959.94		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶

Full Name of Payee Ashley n Thompson		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 25 / 2014
Mailing Address 272 Westgate Ct Apt 6		Amount 3.00
City Lexington	State NC	Zip Code 27295
Purpose of Expenditure Mileage	Category/Type 002	Transaction ID : 60b936ef-0468-4dd2-9 Date of Disbursement or Obligation MM / DD / YYYY 10 / 25 / 2014
Name of Federal Candidate Ms. Kay Hagan		Office Sought: ☐ House District: 00 ☒ Senate State: NC
Calendar Year-To-Date Per Election for Office Sought 1095959.94		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	48.00
(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

MM / DD / YYYY
05 / 18 / 2015

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 1429 OF 3250
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M M / D D D / Y Y Y Y Y Y					
Full Name of Payee Randy G Lookabill			Date of Public Distribution/Dissemination 10 / 25 / 2014		
Mailing Address 200 Carawood Lane			Amount 45.00		
City Lexington	State NC	Zip Code 27295	Transaction ID : 7763bab6-7ece-49d3-8 Date of Disbursement or Obligation 10 / 25 / 2014		
Purpose of Expenditure Salary		Category/ Type 001			
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>NC</u>		
Calendar Year-To-Date Per Election for Office Sought 1095959.94			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶ _____		
Full Name of Payee Randy G Lookabill			Date of Public Distribution/Dissemination 10 / 25 / 2014		
Mailing Address 200 Carawood Lane			Amount 16.50		
City Lexington	State NC	Zip Code 27295	Transaction ID : 7be3169e-aca8-4cd7-8 Date of Disbursement or Obligation 10 / 25 / 2014		
Purpose of Expenditure Mileage		Category/ Type 002			
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>NC</u>		
Calendar Year-To-Date Per Election for Office Sought 1095959.94			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶ _____		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			61.50		
(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.					
Signature Ms. Emily Buchanan		[Electronically Filed]		Date 05 / 18 / 2015	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 1430 OF 3250
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M / D D / Y Y Y Y					
Full Name of Payee Stuart T Haley			Date of Public Distribution/Dissemination 10 / 25 / 2014		
Mailing Address 600 W Vine Ave			Amount 90.00		
City Searcy		State AR	Zip Code 72143		Transaction ID : a06bf583-355a-4c50-a
Purpose of Expenditure Salary		Category/Type 001		Date of Disbursement or Obligation 10 / 25 / 2014	
Name of Federal Candidate Mr. Mark L Pryor			☐ Support ☒ Oppose Office Sought: ☐ House ☒ Senate District: <u>00</u> ☐ President State: <u>AR</u>		
Calendar Year-To-Date Per Election for Office Sought			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
Full Name of Payee Stuart T Haley			Date of Public Distribution/Dissemination 10 / 25 / 2014		
Mailing Address 600 W Vine Ave			Amount 52.50		
City Searcy		State AR	Zip Code 72143		Transaction ID : 9b979bd9-fc95-416f-b
Purpose of Expenditure Mileage		Category/Type 002		Date of Disbursement or Obligation 10 / 25 / 2014	
Name of Federal Candidate Mr. Mark L Pryor			☐ Support ☒ Oppose Office Sought: ☐ House ☒ Senate District: <u>00</u> ☐ President State: <u>AR</u>		
Calendar Year-To-Date Per Election for Office Sought			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			142.50		
(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.					
Signature <u>Ms. Emily Buchanan</u> [Electronically Filed]			Date 05 / 18 / 2015		

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1431 OF 3250
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M / D D / Y Y Y Y				
Full Name of Payee Aaron L Watson			Date of Public Distribution/Dissemination 10 / 25 / 2014	
Mailing Address 30217 Crook Rd			Amount 80.00	
City Cleveland	State MO	Zip Code 64734	Transaction ID : 369791a3-789d-43e9-b	
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation 10 / 25 / 2014	
Name of Federal Candidate Mr. Greg Orman		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>KS</u>	
Calendar Year-To-Date Per Election for Office Sought		261541.03	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Aaron L Watson			Date of Public Distribution/Dissemination 10 / 25 / 2014	
Mailing Address 30217 Crook Rd			Amount 15.90	
City Cleveland	State MO	Zip Code 64734	Transaction ID : c7a59ba0-c6d4-45e8-8	
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement or Obligation 10 / 25 / 2014	
Name of Federal Candidate Mr. Greg Orman		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>KS</u>	
Calendar Year-To-Date Per Election for Office Sought		261541.03	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			95.90	
(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.				
Signature Ms. Emily Buchanan		[Electronically Filed]		Date 05 / 18 / 2015

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

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 FOR LINE 24 OF FORM 3X

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

Full Name of Payee Jeanne Tribou			Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 25 / 2014		
Mailing Address 22369 Ponderosa Dr.			Amount 80.00		
City Mandeville	State LA	Zip Code 70471	Transaction ID : a5d6c14f-acb1-4518-9 Date of Disbursement or Obligation MM / DD / YYYY 10 / 25 / 2014		
Purpose of Expenditure Salary		Category/ Type 001	Name of Federal Candidate Ms. Mary L Landrieu		
Calendar Year-To-Date Per Election for Office Sought 554635.78		Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: LA Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶			

Full Name of Payee Jeanne Tribou			Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 25 / 2014		
Mailing Address 22369 Ponderosa Dr.			Amount 19.20		
City Mandeville	State LA	Zip Code 70471	Transaction ID : 7808adc2-de10-46aa-a Date of Disbursement or Obligation MM / DD / YYYY 10 / 25 / 2014		
Purpose of Expenditure Mileage		Category/ Type 002	Name of Federal Candidate Ms. Mary L Landrieu		
Calendar Year-To-Date Per Election for Office Sought 554635.78		Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: LA Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶			

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	99.20
(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

MM / DD / YYYY
05 / 18 / 2015

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1433 OF 3250
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on MM / DD / YYYY				
Full Name of Payee Avery Watson			Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 25 / 2014	
Mailing Address 30217 Crook Rd			Amount 100.00	
City Cleveland	State MO	Zip Code 64734	Transaction ID : 2491cedf-577a-4042-a	
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation MM / DD / YYYY 10 / 25 / 2014	
Name of Federal Candidate Mr. Greg Orman		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>KS</u>	
Calendar Year-To-Date Per Election for Office Sought		261541.03	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶ _____	
Full Name of Payee Avery Watson			Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 25 / 2014	
Mailing Address 30217 Crook Rd			Amount 13.20	
City Cleveland	State MO	Zip Code 64734	Transaction ID : 6195d846-0bba-4d1e-a	
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement or Obligation MM / DD / YYYY 10 / 25 / 2014	
Name of Federal Candidate Mr. Greg Orman		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>KS</u>	
Calendar Year-To-Date Per Election for Office Sought		261541.03	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶ _____	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			113.20	
(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.				
Signature <i>Ms. Emily Buchanan</i>		[Electronically Filed]		Date MM / DD / YYYY 05 / 18 / 2015

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1434 OF 3250
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC		FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on		MM / DD / YYYY	
Full Name of Payee April A Watson		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 25 / 2014	
Mailing Address 30217 Crook Rd		Amount 100.00	
City Cleveland	State MO	Zip Code 64734	Transaction ID : bae4045b-2b78-4c02-9
Purpose of Expenditure Salary	Category/ Type	001	Date of Disbursement or Obligation MM / DD / YYYY 10 / 25 / 2014
Name of Federal Candidate Mr. Greg Orman		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: KS
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee April A Watson		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 25 / 2014	
Mailing Address 30217 Crook Rd		Amount 14.40	
City Cleveland	State MO	Zip Code 64734	Transaction ID : 158a1d6f-7ad3-469d-9
Purpose of Expenditure Mileage	Category/ Type	002	Date of Disbursement or Obligation MM / DD / YYYY 10 / 25 / 2014
Name of Federal Candidate Mr. Greg Orman		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: KS
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶		114.40	
(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]	
Signature		Date MM / DD / YYYY 05 / 18 / 2015	

Full Name of Payee Hannah M Clark		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 25 / 2014	
Mailing Address 1412 Edgemoor Dr		Amount 70.00	
City El Dorado	State KS	Zip Code 67042	Transaction ID : 14d47104-a838-4d20-b Date of Disbursement or Obligation MM / DD / YYYY 10 / 25 / 2014
Purpose of Expenditure Salary	Category/ Type 001		
Name of Federal Candidate Mr. Greg Orman	☐ Support ☒ Oppose	Office Sought: ☐ President ☒ Senate ☐ Other (specify) ▶	District: 00 State: KS ☐ Primary ☒ General
Calendar Year-To-Date Per Election for Office Sought	261541.03		

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	140.00
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

FEC Schedule E (Form 3X) Rev. 09/2013

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1436 OF 3250
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on MM / DD / YYYY					
Full Name of Payee Hannah M Clark			Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 25 / 2014		
Mailing Address 1412 Edgemoor Dr			Amount 7.50		
City El Dorado	State KS	Zip Code 67042	Transaction ID : 967b2d8b-d995-486e-9		
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement or Obligation MM / DD / YYYY 10 / 25 / 2014		
Name of Federal Candidate Mr. Greg Orman		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: KS		
Calendar Year-To-Date Per Election for Office Sought		261541.03	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
Full Name of Payee Marilyn Galliardt			Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 25 / 2014		
Mailing Address 410 Wedgewood Ct			Amount 50.00		
City Hesston	State KS	Zip Code 67062	Transaction ID : 7d0ac13a-0341-43cc-8		
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation MM / DD / YYYY 10 / 25 / 2014		
Name of Federal Candidate Mr. Greg Orman		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: KS		
Calendar Year-To-Date Per Election for Office Sought		261541.03	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			57.50		
(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.					
Signature Ms. Emily Buchanan		[Electronically Filed]		Date MM / DD / YYYY 05 / 18 / 2015	

Full Name of Payee Jennifer Cheever		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 25 / 2014	
Mailing Address 4545 S Gold		Amount 55.00	
City Wichita	State KS	Zip Code 67217	Transaction ID : 60265842-b60e-4aa1-8 Date of Disbursement or Obligation MM / DD / YYYY 10 / 25 / 2014
Purpose of Expenditure Salary		Category/ Type 001	
Name of Federal Candidate Mr. Greg Orman		☐ Support ☒ Oppose	Office Sought: ☐ House ☒ Senate ☐ President ☐ Other
District: <u>00</u> State: <u>KS</u>			
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ▶ _____	
261541.03			

(a) SUBTOTAL of Itemized Independent Expenditures.....	73.00
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures.....	

05 / 18 / 2015

FEC Schedule E (Form 3X) Rev. 09/2013

Full Name of Payee Michael Terry		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 25 / 2014	
Mailing Address 936 S Cypress		Amount 55.00	
City Wichita	State KS	Zip Code 67207	Transaction ID : 56dfb985-8fff-4a9d-8 Date of Disbursement or Obligation MM / DD / YYYY 10 / 25 / 2014
Purpose of Expenditure Salary		Category/ Type 001	
Name of Federal Candidate Mr. Greg Orman		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: KS
Calendar Year-To-Date Per Election for Office Sought 261541.03		Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ►	

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	68.80
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

05 / 18 / 2015

FEC Schedule E (Form 3X) Rev. 09/2013

Full Name of Payee Shelbi L Randall		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 25 / 2014	
Mailing Address 202 East Park Ave Apt 40		Amount 70.00	
City	State	Zip Code	Transaction ID : c8987006-2e2d-4443-b Date of Disbursement or Obligation MM / DD / YYYY 10 / 25 / 2014
Searcy	AR	72143	
Purpose of Expenditure Salary		Category/ Type	001
Name of Federal Candidate Mr. Mark L Pryor		☐ Support ☒ Oppose	Office Sought: ☐ House ☒ Senate ☐ President District: 00 State: AR
Calendar Year-To-Date Per Election for Office Sought		292370.62	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶

Full Name of Payee Jonathan P Barnell		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 25 / 2014	
Mailing Address 3847 SW Atwood Terrace		Amount 41.50	
City Topeka	State KS	Zip Code 66610	Transaction ID : ee37d389-cea1-4a15-9 Date of Disbursement or Obligation MM / DD / YYYY 10 / 25 / 2014
Purpose of Expenditure Salary		Category/ Type 001	
Name of Federal Candidate Mr. Greg Orman		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: KS
Calendar Year-To-Date Per Election for Office Sought 261541.03		Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ►	

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	111.50
(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.

Date _____

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1440 OF 3250
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC		FEC IDENTIFICATION NUMBER ▼ C C00530766
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on		MM / DD / YYYY

Full Name of Payee Taylor N Randall		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 25 / 2014
Mailing Address 2002 E Park Ave Apt 40		Amount 70.00
City Searcy	State AR	Zip Code 72143
Purpose of Expenditure Salary		Category/Type 001
Name of Federal Candidate Mr. Mark L Pryor		Office Sought: ☐ House ☒ Senate ☐ President ☒ Senate State: AR
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶

Full Name of Payee Taylor N Randall		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 25 / 2014
Mailing Address 2002 E Park Ave Apt 40		Amount 29.25
City Searcy	State AR	Zip Code 72143
Purpose of Expenditure Mileage		Category/Type 002
Name of Federal Candidate Mr. Mark L Pryor		Office Sought: ☐ House ☒ Senate ☐ President ☒ Senate State: AR
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	99.25
(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

MM / DD / YYYY
05 / 18 / 2015

Signature

Full Name of Payee Clay A McCreary		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 25 / 2014	
Mailing Address 1762 Orchard Drive		Amount 20.00	
City Lenoir	State NC	Zip Code 28645	Transaction ID : 3d1c3eee-6b13-4578-9 Date of Disbursement or Obligation MM / DD / YYYY 10 / 25 / 2014
Purpose of Expenditure Salary		Category/ Type 001	
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: NC
Calendar Year-To-Date Per Election for Office Sought 1095959.94		Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ▶	

Full Name of Payee Kevin L Battle		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 25 / 2014	
Mailing Address 3300 Asher Ave		Amount 90.00	
City Little Rock	State AR	Zip Code 72204	Transaction ID : 9ed9f6a6-b115-4cae-9 Date of Disbursement or Obligation MM / DD / YYYY 10 / 25 / 2014
Purpose of Expenditure Salary		Category/ Type 001	
Name of Federal Candidate Mr. Mark L Pryor		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: AR
Calendar Year-To-Date Per Election for Office Sought 292370.62		Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	110.00
(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.

Signature

05 / 18 / 2015

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1442 OF 3250
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC		FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on		M M M / D D D / Y Y Y Y Y Y	
Full Name of Payee Kevin L Battle		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 10 / 25 / 2014	
Mailing Address 3300 Asher Ave		Amount 54.00	
City Little Rock	State AR	Zip Code 72204	Transaction ID : 87aa8555-da70-4df5-8
Purpose of Expenditure Mileage	Category/ Type 002	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 10 / 25 / 2014	
Name of Federal Candidate Mr. Mark L Pryor		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: AR
Calendar Year-To-Date Per Election for Office Sought 292370.62		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Marsha Barnell		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 10 / 25 / 2014	
Mailing Address 3847 SW Atwood Terrace		Amount 41.50	
City Topeka	State KS	Zip Code 66610	Transaction ID : 0883735d-4078-4bd2-b
Purpose of Expenditure Salary	Category/ Type 001	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 10 / 25 / 2014	
Name of Federal Candidate Mr. Greg Orman		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: KS
Calendar Year-To-Date Per Election for Office Sought 261541.03		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶		95.50	
(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.			
Signature Ms. Emily Buchanan		Date M M M / D D D / Y Y Y Y Y Y 05 / 18 / 2015	
		[Electronically Filed]	

Full Name of Payee Reagan Waites			Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 25 / 2014		
Mailing Address 9805 St Stephens Ct			Amount 20.00		
City Raleigh	State NC	Zip Code 27615	Transaction ID : f1414497-da18-4e74-a Date of Disbursement or Obligation MM / DD / YYYY 10 / 25 / 2014		
Purpose of Expenditure Salary		Category/ Type 001			
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: NC		
Calendar Year-To-Date Per Election for Office Sought		1095959.94	Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ▶		

(a) **SUBTOTAL** of Itemized Independent Expenditures..... ➤ 26.60

(b) **SUBTOTAL** of Unitemized Independent Expenditures ➤

(c) **TOTAL** Independent Expenditures..... ➤

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1444 OF 3250
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M / D D / Y Y Y Y					
Full Name of Payee Reaghan Waites			Date of Public Distribution/Dissemination 10 / 25 / 2014		
Mailing Address 9805 St Stephens Ct			Amount 2.10		
City Raleigh	State NC	Zip Code 27615	Transaction ID : b889be8c-e82a-4347-b		
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement or Obligation 10 / 25 / 2014		
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>NC</u>		
Calendar Year-To-Date Per Election for Office Sought		1095959.94	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
Full Name of Payee Carl Brent			Date of Public Distribution/Dissemination 10 / 25 / 2014		
Mailing Address 6718 Lake Willow Dr			Amount 80.00		
City New Orleans	State LA	Zip Code 70126	Transaction ID : 62d5b805-7d55-471a-8		
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation 10 / 25 / 2014		
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>LA</u>		
Calendar Year-To-Date Per Election for Office Sought		554635.78	Disbursement For: ☐ Primary ☒ 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.					
Signature Ms. Emily Buchanan		[Electronically Filed]		Date 05 / 18 / 2015	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1445 OF 3250
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on / /					
Full Name of Payee Carl Brent			Date of Public Distribution/Dissemination / / 10 / 25 / 2014		
Mailing Address 6718 Lake Willow Dr			Amount 12.30		
City New Orleans		State LA	Zip Code 70126		Transaction ID : e445ed7e-b025-49f4-9
Purpose of Expenditure Mileage		Category/ Type 002		Date of Disbursement or Obligation / / 10 / 25 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu			☐ Support ☒ Oppose Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: LA		
Calendar Year-To-Date Per Election for Office Sought 554635.78			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶ _____		
Full Name of Payee Rebecca A Shearer			Date of Public Distribution/Dissemination / / 10 / 25 / 2014		
Mailing Address 6544 Arno College Grove Rd			Amount 105.00		
City College Grove		State TN	Zip Code 37046		Transaction ID : bacea1c1-382c-44e5-8
Purpose of Expenditure Salary		Category/ Type 001		Date of Disbursement or Obligation / / 10 / 25 / 2014	
Name of Federal Candidate Mr. Mark L Pryor			☐ Support ☒ Oppose Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: AR		
Calendar Year-To-Date Per Election for Office Sought 292370.62			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶ _____		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			117.30		
(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.					
Signature <i>Ms. Emily Buchanan</i>			[Electronically Filed] Date / / 05 / 18 / 2015		

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1446 OF 3250
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M / D D / Y Y Y Y					
Full Name of Payee Rebecca A Shearer			Date of Public Distribution/Dissemination 10 / 25 / 2014		
Mailing Address 6544 Arno College Grove Rd			Amount 46.50		
City College Grove	State TN	Zip Code 37046	Transaction ID : 267e041b-385b-47b5-8		
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement or Obligation 10 / 25 / 2014		
Name of Federal Candidate Mr. Mark L Pryor		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: AR		
Calendar Year-To-Date Per Election for Office Sought		292370.62	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
Full Name of Payee Parker H Morrow			Date of Public Distribution/Dissemination 10 / 25 / 2014		
Mailing Address 506 N Horton Street			Amount 105.00		
City Searcy	State AR	Zip Code 72143	Transaction ID : 9ea7e850-fbec-44e0-a		
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation 10 / 25 / 2014		
Name of Federal Candidate Mr. Mark L Pryor		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: AR		
Calendar Year-To-Date Per Election for Office Sought		292370.62	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			151.50		
(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.					
Signature Ms. Emily Buchanan		[Electronically Filed]		Date 05 / 18 / 2015	

Full Name of Payee Amelia Brackett		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 25 / 2014	
Mailing Address 804 Roundabout Circle		Amount Amount 150.00	
City	State	Zip Code	Transaction ID : cb4fab86-4d37-4404-a Date of Disbursement or Obligation MM / DD / YYYY 10 / 25 / 2014
Searcy	AR	72143	
Purpose of Expenditure Salary		Category/ Type	001
Name of Federal Candidate Mr. Mark L Pryor		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: AR
Calendar Year-To-Date Per Election for Office Sought		Amount 292370.62	
		Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	201.90
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

05 / 18 / 2015

FEC Schedule E (Form 3X) Rev. 09/2013

Full Name of Payee Parker H Morrow		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 25 / 2014	
Mailing Address 506 N Horton Street		Amount Amount 51.90	
City	State	Zip Code	Transaction ID : bb20ce8c-b905-4e2d-8 Date of Disbursement or Obligation MM / DD / YYYY 10 / 25 / 2014
Searcy	AR	72143	
Purpose of Expenditure Mileage		Category/ Type	002
Name of Federal Candidate Mr. Mark L Pryor		☐ Support ☒ Oppose	Office Sought: ☐ House ☒ Senate ☐ President ☒ Senate
Calendar Year-To-Date Per Election for Office Sought Amount 292370.62		District: 00 State: AR Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	156.90
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

Ms. Emily Buchanan

[Electronically Filed]

Date 05 / 18 / 2015

Signature _____

Full Name of Payee Shantal C Culbreath		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 25 / 2014	
Mailing Address 4691 Hercules Lane		Amount 100.00	
City Woodbridge	State VA	Zip Code 22193	Transaction ID : 9ec31eb6-9d51-45c1-8 Date of Disbursement or Obligation MM / DD / YYYY 10 / 25 / 2014
Purpose of Expenditure Salary		Category/ Type 001	
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House ☒ Senate ☐ President ☒ Other (specify) _____
Calendar Year-To-Date Per Election for Office Sought 554635.78		District: 00 State: LA Disbursement For: ☐ Primary ☒ General	

Full Name of Payee Kaleigh J Wagner		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 25 / 2014	
Mailing Address 18065 Wayne Rd		Amount 155.00	
City Odessa	State FL	Zip Code 33556	Transaction ID : eb245617-2345-4654-b Date of Disbursement or Obligation MM / DD / YYYY 10 / 25 / 2014
Purpose of Expenditure Salary		Category/ Type 001	
Name of Federal Candidate Mr. Mark L Pryor		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: AR
Calendar Year-To-Date Per Election for Office Sought 292370.62		Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ►	

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	255.00
(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.

Date _____

Signature

05 / 18 / 2015

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1450 OF 3250
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M M / D D D / Y Y Y Y Y Y				
Full Name of Payee Randy M Gold			Date of Public Distribution/Dissemination 10 / 25 / 2014	
Mailing Address 1436 Haigs Creek Dr			Amount 155.00	
City Elgin	State SC	Zip Code 29045	Transaction ID : 83ae0be7-edf3-42ec-b	
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation 10 / 25 / 2014	
Name of Federal Candidate Mr. Mark L Pryor		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: AR	
Calendar Year-To-Date Per Election for Office Sought		292370.62	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Randy M Gold			Date of Public Distribution/Dissemination 10 / 25 / 2014	
Mailing Address 1436 Haigs Creek Dr			Amount 119.31	
City Elgin	State SC	Zip Code 29045	Transaction ID : f0feb164-0283-4097-9	
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement or Obligation 10 / 25 / 2014	
Name of Federal Candidate Mr. Mark L Pryor		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: AR	
Calendar Year-To-Date Per Election for Office Sought		292370.62	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures.....▶			274.31	
(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.				
Signature Ms. Emily Buchanan		[Electronically Filed]		Date 05 / 18 / 2015

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1451 OF 3250
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC		FEC IDENTIFICATION NUMBER ▼ C C00530766
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on		MM / DD / YYYY

Full Name of Payee Benjamin J Crosser		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 25 / 2014
Mailing Address PO Box 398		Amount 55.00
City Neosho	State AR	Zip Code 64850
Purpose of Expenditure Salary	Category/Type 001	Transaction ID : 8427b06d-e62b-479c-a Date of Disbursement or Obligation MM / DD / YYYY 10 / 25 / 2014
Name of Federal Candidate Mr. Mark L Pryor		Office Sought: ☐ House District: 00 ☒ Senate State: AR
Calendar Year-To-Date Per Election for Office Sought 292370.62		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶

Full Name of Payee Benjamin J Crosser		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 25 / 2014
Mailing Address PO Box 398		Amount 28.50
City Neosho	State AR	Zip Code 64850
Purpose of Expenditure Mileage	Category/Type 002	Transaction ID : b2bbf488-d5b1-4a9e-b Date of Disbursement or Obligation MM / DD / YYYY 10 / 25 / 2014
Name of Federal Candidate Mr. Mark L Pryor		Office Sought: ☐ House District: 00 ☒ Senate State: AR
Calendar Year-To-Date Per Election for Office Sought 292370.62		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	83.50
(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]

Signature

Date

MM / DD / YYYY
05 / 18 / 2015

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1452 OF 3250
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC		FEC IDENTIFICATION NUMBER ▼ C C00530766
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M M / D D D / Y Y Y Y Y Y		

Full Name of Payee Kaitlyn B Allen		Date of Public Distribution/Dissemination 10 / 25 / 2014	
Mailing Address 2121 Daniel Dr		Amount 150.00	
City Searcy	State AR	Zip Code 72143	Transaction ID : ba4b1221-0de5-48ce-b Date of Disbursement or Obligation 10 / 25 / 2014
Purpose of Expenditure Salary		Category/ Type 001	
Name of Federal Candidate Mr. Mark L Pryor		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>AR</u>
Calendar Year-To-Date Per Election for Office Sought 292370.62		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶ _____	

Full Name of Payee Kaitlyn B Allen		Date of Public Distribution/Dissemination 10 / 25 / 2014	
Mailing Address 2121 Daniel Dr		Amount 94.20	
City Searcy	State AR	Zip Code 72143	Transaction ID : 8069d573-f5d0-4859-b Date of Disbursement or Obligation 10 / 25 / 2014
Purpose of Expenditure Mileage		Category/ Type 002	
Name of Federal Candidate Mr. Mark L Pryor		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>AR</u>
Calendar Year-To-Date Per Election for Office Sought 292370.62		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶ _____	

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	244.20
(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]

Signature

Date

05 / 18 / 2015

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 1453 OF 3250
 FOR LINE 24 OF FORM 3X

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

Full Name of Payee Lauren E Heffington		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 25 / 2014	
Mailing Address 488 Broadwell Dr		Amount 40.00	
City Nashville	State TN	Zip Code 37220	Transaction ID : f3543da0-3fa4-40a1-9
Purpose of Expenditure Salary	Category/ Type	001	Date of Disbursement or Obligation MM / DD / YYYY 10 / 25 / 2014
Name of Federal Candidate Mr. Mark L Pryor		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: AR
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	

Full Name of Payee Lauren E Heffington		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 25 / 2014	
Mailing Address 488 Broadwell Dr		Amount 9.27	
City Nashville	State TN	Zip Code 37220	Transaction ID : c4ea4e56-10e3-4153-8
Purpose of Expenditure Mileage	Category/ Type	002	Date of Disbursement or Obligation MM / DD / YYYY 10 / 25 / 2014
Name of Federal Candidate Mr. Mark L Pryor		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: AR
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	49.27
(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

MM / DD / YYYY
05 / 18 / 2015

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1454 OF 3250
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC		FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M M / D D D / Y Y Y Y Y Y			
Full Name of Payee Natalie M Foutch		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 10 / 25 / 2014	
Mailing Address 1057 Waldron Road		Amount 140.00	
City LaVergne	State TN	Zip Code 37086	Transaction ID : 10648a47-c573-4dcf-8 Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 10 / 25 / 2014
Purpose of Expenditure Salary		Category/ Type 001	
Name of Federal Candidate Mr. Mark L Pryor		Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: AR ☐ Other (specify) _____	
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) _____	
Full Name of Payee Rachel H Young		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 10 / 25 / 2014	
Mailing Address Box #11543 915 E Market Ave		Amount 140.00	
City Searcy	State AR	Zip Code 72149	Transaction ID : fa32dc00-0a12-4d25-a Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 10 / 25 / 2014
Purpose of Expenditure Salary		Category/ Type 001	
Name of Federal Candidate Mr. Mark L Pryor		Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: AR ☐ Other (specify) _____	
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) _____	
(a) SUBTOTAL of Itemized Independent Expenditures.....		280.00	
(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.			
Signature Ms. Emily Buchanan		Date M M M / D D D / Y Y Y Y Y Y 05 / 18 / 2015	

[Electronically Filed]

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1455 OF 3250
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC		FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on		M M M / D D D / Y Y Y Y Y Y	
Full Name of Payee Rachel H Young		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 10 / 25 / 2014	
Mailing Address Box #11543 915 E Market Ave		Amount 102.18	
City Searcy	State AR	Zip Code 72149	Transaction ID : 94c1ab63-0aa8-462d-8 Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 10 / 25 / 2014
Purpose of Expenditure Mileage		Category/ Type 002	
Name of Federal Candidate Mr. Mark L Pryor		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: AR
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Heidi R Robinson Originally reported against Kay Hagan, corrected with filing		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 10 / 25 / 2014	
Mailing Address 3722 SE Evans Dr		Amount 40.00	
City Topeka	State KS	Zip Code 66609	Transaction ID : 9831c92c-e877-4747-9 Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 10 / 25 / 2014
Purpose of Expenditure Salary		Category/ Type 001	
Name of Federal Candidate Mr. Greg Orman		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: KS
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶		142.18	
(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]	
Signature		Date M M M / D D D / Y Y Y Y Y Y 05 / 18 / 2015	

Full Name of Payee Heidi R Robinson		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 25 / 2014	
Originally reported against Kay Hagan, corrected with filing		Amount 9.60	
Mailing Address 3722 SE Evans Dr		Transaction ID : 5d1dd6f-f817-4460-9	
City Topeka	State KS	Zip Code 66609	Date of Disbursement or Obligation MM / DD / YYYY 10 / 25 / 2014
Purpose of Expenditure Mileage		Category/ Type	002
Name of Federal Candidate Mr. Greg Orman		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>KS</u>
Calendar Year-To-Date Per Election for Office Sought		261541.03	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶ _____

Full Name of Payee John P Hilkert		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 25 / 2014	
Mailing Address 7 Bards Lane		Amount 57.50	
City Fletcher	State NC	Zip Code 28732	Transaction ID : 958aa98a-d4bc-433f-b
Purpose of Expenditure Salary	Category/ Type	001	Date of Disbursement or Obligation MM / DD / YYYY 10 / 25 / 2014
Name of Federal Candidate Ms. Kay Hagan	☐ Support ☒ Oppose	Office Sought: ☐ President ☒ Senate	District: 00 State: NC
Calendar Year-To-Date Per Election for Office Sought	1095959.94		Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	67.10
(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.

Date _____

Signature

05 / 18 / 2015

Full Name of Payee Earl Stewart		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 25 / 2014	
Mailing Address 9455 Snow Camp Road		Amount 60.00	
City Snowcamp	State NC	Zip Code 27349	Transaction ID : b146f849-cab4-467b-b Date of Disbursement or Obligation MM / DD / YYYY 10 / 25 / 2014
Purpose of Expenditure Salary	Category/ Type	001	
Name of Federal Candidate Ms. Kay Hagan	☐ Support ☒ Oppose	Office Sought: ☐ House ☐ President	District: 00 State: NC ☒ Senate
Calendar Year-To-Date Per Election for Office Sought 1095959.94		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	72.60
(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.

Date _____

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1458 OF 3250
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on / /					
Full Name of Payee Earl Stewart			Date of Public Distribution/Dissemination / / 10 / 25 / 2014		
Mailing Address 9455 Snow Camp Road			Amount 8.40		
City Snowcamp		State NC	Zip Code 27349		Transaction ID : f1cafeb7-644b-4948-9
Purpose of Expenditure Mileage		Category/Type 002		Date of Disbursement or Obligation / / 10 / 25 / 2014	
Name of Federal Candidate Ms. Kay Hagan			☐ Support ☒ Oppose		Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: NC
Calendar Year-To-Date Per Election for Office Sought 1095959.94			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶ _____		
Full Name of Payee Joseph R English			Date of Public Distribution/Dissemination / / 10 / 25 / 2014		
Mailing Address 915 East Market Ave Apt 4			Amount 90.00		
City Searcy		State AR	Zip Code 72143		Transaction ID : 27b74356-6d60-40e6-8
Purpose of Expenditure Salary		Category/Type 001		Date of Disbursement or Obligation / / 10 / 25 / 2014	
Name of Federal Candidate Mr. Mark L Pryor			☐ Support ☒ Oppose		Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: AR
Calendar Year-To-Date Per Election for Office Sought 292370.62			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶ _____		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶					 98.40
(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.					
Signature Ms. Emily Buchanan			[Electronically Filed]		Date / / 05 / 18 / 2015

Full Name of Payee Damaian A Wilburn		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 25 / 2014	
Originally reported against Kay Hagan, corrected with filing		Amount 30.00	
Mailing Address 15 W Spruce	City Liberal	State KS	Zip Code 67901
Purpose of Expenditure Salary	Category/ Type	Transaction ID : 0d3700ca-4039-419e-b Date of Disbursement or Obligation MM / DD / YYYY 10 / 25 / 2014	
Name of Federal Candidate Mr. Greg Orman	☐ Support ☒ Oppose	Office Sought: ☐ President ☒ Senate	District: 00 State: KS
Calendar Year-To-Date Per Election for Office Sought	261541.03		Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....	85.50
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures.....	

Ms. Emily Buchanan

[Electronically Filed]

Date 05 / 18 / 2015

Signature _____

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1460 OF 3250
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC		FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on		M M / D D / Y Y Y Y Y Y	
Full Name of Payee Damaian A Wilburn Originally reported against Kay Hagan, corrected with filing		Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 10 / 25 / 2014	
Mailing Address 15 W Spruce		Amount 1.50	
City Liberal	State KS	Zip Code 67901	Transaction ID : de3e1c13-f907-42df-a
Purpose of Expenditure Mileage	Category/ Type 002	Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 10 / 25 / 2014	
Name of Federal Candidate Mr. Greg Orman		Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: KS	
Calendar Year-To-Date Per Election for Office Sought 261541.03		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Damaian A Wilburn		Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 10 / 25 / 2014	
Mailing Address 15 W Spruce		Amount 15.00	
City Liberal	State KS	Zip Code 67901	Transaction ID : 97aac462-e1b4-41df-8
Purpose of Expenditure Salary	Category/ Type 001	Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 10 / 25 / 2014	
Name of Federal Candidate Mr. Greg Orman		Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: KS	
Calendar Year-To-Date Per Election for Office Sought 261541.03		Disbursement For: ☐ Primary ☒ 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.			
Signature Ms. Emily Buchanan		Date 05 / 18 / 2015 [Electronically Filed]	

Full Name of Payee Victor M Valdez		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 25 / 2014	
Mailing Address 1702 Central Ave		Amount Amount 40.00	
City Dodge City	State KS	Zip Code 67801	Transaction ID : 2c9b279c-9f47-4924-a Date of Disbursement or Obligation MM / DD / YYYY 10 / 25 / 2014
Purpose of Expenditure Salary	Category/ Type	001	
Name of Federal Candidate Mr. Greg Orman	☐ Support ☒ Oppose	Office Sought: ☐ President ☒ Senate	District: <u>00</u> State: <u>KS</u>
Calendar Year-To-Date Per Election for Office Sought	Amount 261541.03		Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ▶ _____

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶		40.90
(b) SUBTOTAL of Unitemized Independent Expenditures	▶		
(c) TOTAL Independent Expenditures.....	▶		

Three digital displays are shown side-by-side, separated by slashes. The first display shows '05' under 'MM' labels. The second display shows '18' under 'DD' labels. The third display shows '2015' under 'YYYY' labels.

FEC Schedule E (Form 3X) Rev. 09/2013

Full Name of Payee Tywan Scott-Kwofie		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 25 / 2014	
Mailing Address 117 East Maple St		Amount 100.00	
City Bucklin	State KS	Zip Code 67834	Transaction ID : 3a5b1aa9-152e-4670-9
Purpose of Expenditure Salary	Category/ Type	001	Date of Disbursement or Obligation MM / DD / YYYY 10 / 25 / 2014
Name of Federal Candidate Mr. Greg Orman		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: KS
Calendar Year-To-Date Per Election for Office Sought		261541.03	Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ▶

Full Name of Payee Brandon Wheeler		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 25 / 2014	
Mailing Address 10112 Piney Creek Ct		Amount 70.00	
City Charolette	State NC	Zip Code 28215	Transaction ID : 29d7e0de-26c3-43b6-9 Date of Disbursement or Obligation MM / DD / YYYY 10 / 25 / 2014
Purpose of Expenditure Salary		Category/ Type	001
Name of Federal Candidate Mr. Mark L Pryor		☐ Support ☒ Oppose	Office Sought: ☐ House ☒ Senate ☐ President ☒ Senate District: <u>00</u> State: <u>AR</u>
Calendar Year-To-Date Per Election for Office Sought		292370.62	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶ _____

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	170.00
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	<!-- Empty box -->
(c) TOTAL Independent Expenditures.....	▶	<!-- Empty box -->

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.

Date _____

Signature

Three digital displays are shown, each with a 2x4 grid of segments. The first display shows '05' in the center, with 'M' and 'M' above the top segments. The second display shows '18' in the center, with 'D' and 'D' above the top segments. The third display shows '2015' in the center, with 'Y', 'Y', 'Y', and 'Y' above the top segments.

Full Name of Payee Timothy Foley		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 25 / 2014	
Mailing Address 20679 Glenbrook Terrace		Amount 30.00	
City Sterling	State VA	Zip Code 20165	Transaction ID : d380bc9d-48b1-42ad-8 Date of Disbursement or Obligation MM / DD / YYYY 10 / 25 / 2014
Purpose of Expenditure Salary	Category/ Type	001	
Name of Federal Candidate Mr. Greg Orman	☐ Support ☒ Oppose	Office Sought: ☐ President ☒ Senate	District: 00 State: KS
Calendar Year-To-Date Per Election for Office Sought	261541.03	Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	105.00
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

05 / 18 / 2015

FEC Schedule E (Form 3X) Rev. 09/2013

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1464 OF 3250
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC		FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on		M M M / D D D / Y Y Y Y Y Y	
Full Name of Payee Andy Ramos		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 10 / 26 / 2014	
Mailing Address 907 West Trail		Amount 40.00	
City Dodge City	State KS	Zip Code 67801	Transaction ID : 415fe09e-e7b6-436d-8
Purpose of Expenditure Salary	Category/Type 001	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 10 / 26 / 2014	
Name of Federal Candidate Mr. Greg Orman		☐ Support ☒ Oppose	
Office Sought: ☐ President ☒ Senate		District: 00 State: KS	
Calendar Year-To-Date Per Election for Office Sought 261541.03		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Kathryn M Wolfe		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 10 / 25 / 2014	
Mailing Address 204 W 9th St		Amount 42.50	
City Pittsburg	State KS	Zip Code 66762	Transaction ID : da845db2-cd96-410a-a
Purpose of Expenditure Salary	Category/Type 001	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 10 / 25 / 2014	
Name of Federal Candidate Mr. Greg Orman		☐ Support ☒ Oppose	
Office Sought: ☐ President ☒ Senate		District: 00 State: KS	
Calendar Year-To-Date Per Election for Office Sought 261541.03		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶		82.50	
(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.			
Signature Ms. Emily Buchanan		Date M M M / D D D / Y Y Y Y Y Y 05 / 18 / 2015	
		[Electronically Filed]	

Full Name of Payee Kristina M Jinkens		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 24 / 2014	
Mailing Address 2138 N 1000 Rd		Amount 40.00	
City Eudora	State KS	Zip Code 66025	Transaction ID : d244e085-51ae-4da6-8 Date of Disbursement or Obligation MM / DD / YYYY 10 / 24 / 2014
Purpose of Expenditure Salary	Category/ Type 001		
Name of Federal Candidate Mr. Greg Orman	☐ Support ☒ Oppose	Office Sought: ☐ President ☒ Senate	District: 00 State: KS
Calendar Year-To-Date Per Election for Office Sought	261541.03	Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	58.90
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1466 OF 3250
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC		FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on		MM / DD / YYYY	
Full Name of Payee Gabriela P Sosa		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 24 / 2014	
Mailing Address 2530 Brook Stone Dr		Amount 80.00	
City Clemmons	State NC	Zip Code 27012	Transaction ID : 2fc09d90-5c1f-48c8-a
Purpose of Expenditure Salary	Category/ Type	001	Date of Disbursement or Obligation MM / DD / YYYY 10 / 24 / 2014
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: NC
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Billy Martin		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 26 / 2014	
Mailing Address 250 JS Brewton rd		Amount 40.00	
City goldonna	State LA	Zip Code 71031	Transaction ID : 90162391-186b-4cb0-9
Purpose of Expenditure Salary	Category/ Type	001	Date of Disbursement or Obligation MM / DD / YYYY 10 / 26 / 2014
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: LA
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: ☐ Primary ☒ 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]	
Signature		Date MM / DD / YYYY 05 / 18 / 2015	

Full Name of Payee Billy Martin		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 26 / 2014	
Mailing Address 250 JS Brewton rd		Amount 3.30	
City goldonna	State LA	Zip Code 71031	Transaction ID : de763ba7-07bb-4469-a
Purpose of Expenditure Mileage	Category/ Type	002	Date of Disbursement or Obligation MM / DD / YYYY 10 / 26 / 2014
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: LA
Calendar Year-To-Date Per Election for Office Sought		554635.78	Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ▶

Full Name of Payee Andy Ramos		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 25 / 2014	
Mailing Address 907 West Trail		Amount Amount 40.00	
City Dodge City	State KS	Zip Code 67801	Transaction ID : 17a40571-c8cd-476b-9 Date of Disbursement or Obligation MM / DD / YYYY 10 / 25 / 2014
Purpose of Expenditure Salary		Category/ Type	001
Name of Federal Candidate Mr. Greg Orman		☐ Support ☒ Oppose	Office Sought: ☐ House ☒ Senate ☐ President ☒ Senate District: 00 State: KS
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	43.30
(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.

Date _____

Signature

Three digital displays are shown side-by-side, separated by slashes. The first display shows '05' under 'MM' labels. The second display shows '18' under 'DD' labels. The third display shows '2015' under 'YYYY' labels.

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1468 OF 3250
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC		FEC IDENTIFICATION NUMBER ▼ C C00530766
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on		MM / DD / YYYY

Full Name of Payee Corban L Barnett		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 25 / 2014
Mailing Address 1001 N Prospect		Amount 100.00
City Liberal	State KS	Zip Code 67901
Purpose of Expenditure Salary	Category/Type 001	Transaction ID : 46cd3fc2-92be-43a6-8 Date of Disbursement or Obligation MM / DD / YYYY 10 / 25 / 2014
Name of Federal Candidate Mr. Greg Orman		Office Sought: ☐ House District: 00 ☒ Senate State: KS
Calendar Year-To-Date Per Election for Office Sought 261541.03		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶

Full Name of Payee Tabitha J Barnett		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 25 / 2014
Mailing Address 1001 N Prospect		Amount 100.00
City Liberal	State KS	Zip Code 67901
Purpose of Expenditure Salary	Category/Type 001	Transaction ID : 658cfbe0-a6c1-4661-a Date of Disbursement or Obligation MM / DD / YYYY 10 / 25 / 2014
Name of Federal Candidate Mr. Greg Orman		Office Sought: ☐ House District: 00 ☒ Senate State: KS
Calendar Year-To-Date Per Election for Office Sought 261541.03		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	200.00
(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]

Signature

Date

MM / DD / YYYY
05 / 18 / 2015

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1469 OF 3250
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC		FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on		M M M / D D D / Y Y Y Y Y Y	
Full Name of Payee Tabitha J Barnett		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 10 / 25 / 2014	
Mailing Address 1001 N Prospect		Amount 15.60	
City Liberal	State KS	Zip Code 67901	Transaction ID : 89041f1f-37d9-4119-a Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 10 / 25 / 2014
Purpose of Expenditure Mileage		Category/ Type 002	
Name of Federal Candidate Mr. Greg Orman		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: KS
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Edmond D Rea		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 10 / 25 / 2014	
Mailing Address 416 Vine Dr		Amount 70.00	
City Lawrence	State KS	Zip Code 66049	Transaction ID : a702e3a3-0ca8-4352-a Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 10 / 25 / 2014
Purpose of Expenditure Salary		Category/ Type 001	
Name of Federal Candidate Mr. Greg Orman		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: KS
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶		85.60	
(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.			
Signature Ms. Emily Buchanan		Date M M M / D D D / Y Y Y Y Y Y 05 / 18 / 2015	
		[Electronically Filed]	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1470 OF 3250
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC		FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on		MM / DD / YYYY	
Full Name of Payee Edmond D Rea		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 25 / 2014	
Mailing Address 416 Vine Dr		Amount 9.90	
City Lawrence	State KS	Zip Code 66049	Transaction ID : fcf4fa49-d505-41f7-9
Purpose of Expenditure Mileage		Category/Type 002	Date of Disbursement or Obligation MM / DD / YYYY 10 / 25 / 2014
Name of Federal Candidate Mr. Greg Orman		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: KS
Calendar Year-To-Date Per Election for Office Sought 261541.03		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Camille N Yearry		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 26 / 2014	
Mailing Address 2025 NE 67th St		Amount 40.00	
City Gladstone	State MO	Zip Code 64118	Transaction ID : eff7093e-5221-473b-b
Purpose of Expenditure Salary		Category/Type 001	Date of Disbursement or Obligation MM / DD / YYYY 10 / 26 / 2014
Name of Federal Candidate Mr. Mark L Pryor		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: AR
Calendar Year-To-Date Per Election for Office Sought 292370.62		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶		49.90	
(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.			
Signature Ms. Emily Buchanan		Date MM / DD / YYYY 05 / 18 / 2015	
		[Electronically Filed]	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1471 OF 3250
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC		FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on		M M M / D D D / Y Y Y Y Y Y	
Full Name of Payee Camille N Yearry		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 10 / 26 / 2014	
Mailing Address 2025 NE 67th St		Amount 30.03	
City Gladstone	State MO	Zip Code 64118	Transaction ID : 18cbdc12-378e-49c3-8
Purpose of Expenditure Mileage	Category/Type 002	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 10 / 26 / 2014	
Name of Federal Candidate Mr. Mark L Pryor		☐ Support ☒ Oppose	
Office Sought: ☐ President ☒ Senate		District: 00 State: AR	
Calendar Year-To-Date Per Election for Office Sought 292370.62		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Lorri Anderson		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 10 / 26 / 2014	
Mailing Address 7214 Duchamp Dr		Amount 80.00	
City Charlotte	State NC	Zip Code 23215	Transaction ID : 96b04c8c-b75d-4d74-8
Purpose of Expenditure Salary	Category/Type 001	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 10 / 26 / 2014	
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	
Office Sought: ☐ President ☒ Senate		District: 00 State: NC	
Calendar Year-To-Date Per Election for Office Sought 1095959.94		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶		110.03	
(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.			
Signature Ms. Emily Buchanan		Date M M M / D D D / Y Y Y Y Y Y 05 / 18 / 2015	
		[Electronically Filed]	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1472 OF 3250
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M / D D / Y Y Y Y				
Full Name of Payee Lorri Anderson			Date of Public Distribution/Dissemination 10 / 26 / 2014	
Mailing Address 7214 Duchamp Dr			Amount 12.60	
City Charlotte	State NC	Zip Code 23215	Transaction ID : 335bf14e-631c-4fa0-8	
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement or Obligation 10 / 26 / 2014	
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>NC</u>	
Calendar Year-To-Date Per Election for Office Sought		1095959.94	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Kellie DAunoy-Jones			Date of Public Distribution/Dissemination 10 / 26 / 2014	
Mailing Address 1017 Maris Stella St.			Amount 20.00	
City Slidell	State LA	Zip Code 70460	Transaction ID : 85708a26-4289-4fec-b	
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation 10 / 26 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>LA</u>	
Calendar Year-To-Date Per Election for Office Sought		554635.78	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			32.60	
(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.				
Signature Ms. Emily Buchanan		[Electronically Filed]		Date 05 / 18 / 2015

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1473 OF 3250
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC		FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M / D D / Y Y Y Y Y Y			
Full Name of Payee Kellie DAunoy-Jones		Date of Public Distribution/Dissemination 10 / 26 / 2014	
Mailing Address 1017 Maris Stella St.		Amount 6.00	
City Slidell	State LA	Zip Code 70460	Transaction ID : f62d8e0f-a301-4662-9 Date of Disbursement or Obligation 10 / 26 / 2014
Purpose of Expenditure Mileage		Category/ Type 002	
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: LA
Calendar Year-To-Date Per Election for Office Sought		554635.78	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶
Full Name of Payee Chad Stieben		Date of Public Distribution/Dissemination 10 / 26 / 2014	
Mailing Address 16864 Stillwell Rd		Amount 40.00	
City Bonner Springs	State KS	Zip Code 66012	Transaction ID : ef12128f-efcd-402b-9 Date of Disbursement or Obligation 10 / 26 / 2014
Purpose of Expenditure Salary		Category/ Type 001	
Name of Federal Candidate Mr. Greg Orman		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: KS
Calendar Year-To-Date Per Election for Office Sought		261541.03	Disbursement For: ☐ Primary ☒ 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.			
Signature Ms. Emily Buchanan		Date 05 / 18 / 2015	
[Electronically Filed]			

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1474 OF 3250
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC		FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on MM / DD / YYYY			
Full Name of Payee Chad Stieben		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 26 / 2014	
Mailing Address 16864 Stillwell Rd		Amount 12.60	
City Bonner Springs	State KS	Zip Code 66012	Transaction ID : 69f5dadd-b5df-4783-b
Purpose of Expenditure Mileage	Category/ Type	002	Date of Disbursement or Obligation MM / DD / YYYY 10 / 26 / 2014
Name of Federal Candidate Mr. Greg Orman		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>KS</u>
Calendar Year-To-Date Per Election for Office Sought		261541.03	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶
Full Name of Payee Brittany Jones		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 26 / 2014	
Mailing Address 338 Wayne Drive		Amount 6.00	
City Shreveport	State LA	Zip Code 71105	Transaction ID : 615fcd28-bfd5-435f-8
Purpose of Expenditure Salary	Category/ Type	001	Date of Disbursement or Obligation MM / DD / YYYY 10 / 26 / 2014
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>LA</u>
Calendar Year-To-Date Per Election for Office Sought		554635.78	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures.....▶		18.60	
(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.			
Signature Ms. Emily Buchanan		Date MM / DD / YYYY 05 / 18 / 2015	
		[Electronically Filed]	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1475 OF 3250
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M / D D / Y Y Y Y				
Full Name of Payee Felicia A Jones			Date of Public Distribution/Dissemination 10 / 26 / 2014	
Mailing Address 4106 Martha St			Amount 60.00	
City Shreveport	State LA	Zip Code 71109	Transaction ID : ce399bfc-e890-4ec9-b Date of Disbursement or Obligation 10 / 26 / 2014	
Purpose of Expenditure Salary		Category/ Type 001		
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>LA</u>	
Calendar Year-To-Date Per Election for Office Sought		554635.78	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Felicia A Jones			Date of Public Distribution/Dissemination 10 / 26 / 2014	
Mailing Address 4106 Martha St			Amount 8.10	
City Shreveport	State LA	Zip Code 71109	Transaction ID : a8b89afc-8455-4409-8 Date of Disbursement or Obligation 10 / 26 / 2014	
Purpose of Expenditure Mileage		Category/ Type 002		
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>LA</u>	
Calendar Year-To-Date Per Election for Office Sought		554635.78	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			68.10	
(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.				
Signature Ms. Emily Buchanan		[Electronically Filed]		Date 05 / 18 / 2015

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1476 OF 3250
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC		FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on / /			
Full Name of Payee Lee R Carter		Date of Public Distribution/Dissemination / / 10 / 26 / 2014	
Mailing Address 3110 Brentwood Rd		Amount 40.00	
City Raleigh	State NC	Zip Code 27604	Transaction ID : 5709c662-93e7-425d-a Date of Disbursement or Obligation / / 10 / 26 / 2014
Purpose of Expenditure Salary		Category/ Type 001	
Name of Federal Candidate Ms. Kay Hagan		Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>NC</u> ☐ Support ☒ Oppose	
Calendar Year-To-Date Per Election for Office Sought 1095959.94		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶ _____	
Full Name of Payee Lee R Carter		Date of Public Distribution/Dissemination / / 10 / 26 / 2014	
Mailing Address 3110 Brentwood Rd		Amount 12.30	
City Raleigh	State NC	Zip Code 27604	Transaction ID : 825e21e1-13f9-4d94-b Date of Disbursement or Obligation / / 10 / 26 / 2014
Purpose of Expenditure Mileage		Category/ Type 002	
Name of Federal Candidate Ms. Kay Hagan		Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>NC</u> ☐ Support ☒ Oppose	
Calendar Year-To-Date Per Election for Office Sought 1095959.94		Disbursement For: ☐ Primary ☒ 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.			
Signature <i>Ms. Emily Buchanan</i>		Date / / 05 / 18 / 2015	
[Electronically Filed]			

Full Name of Payee Dylan J Sparks		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 26 / 2014	
Mailing Address 915 East Market Ave		Amount 83.40	
City Searcy	State AR	Zip Code 72149	Transaction ID : af77d68f-a22f-4c7d-8
Purpose of Expenditure Mileage	Category/ Type	002	Date of Disbursement or Obligation MM / DD / YYYY 10 / 26 / 2014
Name of Federal Candidate Mr. Mark L Pryor	☐ Support ☒ Oppose	Office Sought: ☐ President ☒ Senate	District: 00 State: AR
Calendar Year-To-Date Per Election for Office Sought	292370.62	Disbursement For: ☐ Primary ☒ General	☐ Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	183.40
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 1478 OF 3250
 FOR LINE 24 OF FORM 3X

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

Full Name of Payee Alexa S Dudley			Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 26 / 2014	
Mailing Address 4367 Splitlog Rd			Amount 60.00	
City Goodman	State MO	Zip Code 64843	Transaction ID : c0807436-7d23-4d9c-a	
Purpose of Expenditure Salary		Category/Type 001	Date of Disbursement or Obligation MM / DD / YYYY 10 / 26 / 2014	
Name of Federal Candidate Mr. Mark L Pryor		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: AR	
Calendar Year-To-Date Per Election for Office Sought 292370.62			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	

Full Name of Payee Alexa S Dudley			Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 26 / 2014	
Mailing Address 4367 Splitlog Rd			Amount 26.70	
City Goodman	State MO	Zip Code 64843	Transaction ID : 246f5ebc-e5ab-4a8b-8	
Purpose of Expenditure Mileage		Category/Type 002	Date of Disbursement or Obligation MM / DD / YYYY 10 / 26 / 2014	
Name of Federal Candidate Mr. Mark L Pryor		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: AR	
Calendar Year-To-Date Per Election for Office Sought 292370.62			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	86.70
(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

MM / DD / YYYY
05 / 18 / 2015

Signature

Full Name of Payee Michael Vidrine			Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 26 / 2014		
Mailing Address 1103 West Wilson Street			Amount 26.40		
City Ville Platte	State LA	Zip Code 70586	Transaction ID : 6ae11098-61ec-42c8-a Date of Disbursement or Obligation MM / DD / YYYY 10 / 26 / 2014		
Purpose of Expenditure Mileage		Category/ Type 002			
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: LA		
Calendar Year-To-Date Per Election for Office Sought		554635.78	Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ►		

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	56.40
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1480 OF 3250
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M / D D / Y Y Y Y Y Y					
Full Name of Payee Kelly Dolan			Date of Public Distribution/Dissemination 10 / 26 / 2014		
Mailing Address 543 S 2nd St			Amount 70.00		
City Bellaire	State NC	Zip Code 77401	Transaction ID : 05620647-461c-4c34-a		
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation 10 / 26 / 2014		
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>LA</u>		
Calendar Year-To-Date Per Election for Office Sought		554635.78	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶ _____		
Full Name of Payee Kelly Dolan			Date of Public Distribution/Dissemination 10 / 26 / 2014		
Mailing Address 543 S 2nd St			Amount 8.40		
City Bellaire	State NC	Zip Code 77401	Transaction ID : 06bcfetc-625a-448a-8		
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement or Obligation 10 / 26 / 2014		
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>LA</u>		
Calendar Year-To-Date Per Election for Office Sought		554635.78	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶ _____		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			78.40		
(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.					
Signature <i>Ms. Emily Buchanan</i>		[Electronically Filed]		Date 05 / 18 / 2015	

Full Name of Payee Katelyn Stringer		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 26 / 2014	
Mailing Address 2134 Oxford Dr		Amount 0.98	
City Salina	State KS	Zip Code 67401	Transaction ID : b5c99f97-5784-4880-8
Purpose of Expenditure Mileage	Category/ Type	002	Date of Disbursement or Obligation MM / DD / YYYY 10 / 26 / 2014
Name of Federal Candidate Mr. Greg Orman	☐ Support ☒ Oppose	Office Sought: ☐ President ☒ Senate	District: 00 State: KS
Calendar Year-To-Date Per Election for Office Sought	261541.03	Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....		30.98
(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.

Date _____

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1482 OF 3250
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC		FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on		M M M / D D D / Y Y Y Y Y Y	
Full Name of Payee Francis Richardson		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 10 / 26 / 2014	
Mailing Address 220 Doucet Rd		Amount 40.00	
City Lafayette	State LA	Zip Code 70503	Transaction ID : ee64d185-a0a8-471f-9
Purpose of Expenditure Salary	Category/ Type	001	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 10 / 26 / 2014
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: LA
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Francis Richardson		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 10 / 26 / 2014	
Mailing Address 220 Doucet Rd		Amount 4.44	
City Lafayette	State LA	Zip Code 70503	Transaction ID : 692156c6-f24d-487a-9
Purpose of Expenditure Mileage	Category/ Type	002	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 10 / 26 / 2014
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: LA
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures.....		44.44	
(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]	
Signature		Date M M M / D D D / Y Y Y Y Y Y 05 / 18 / 2015	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1483 OF 3250
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M / D D / Y Y Y Y				
Full Name of Payee Zachary Vidrine			Date of Public Distribution/Dissemination 10 / 26 / 2014	
Mailing Address 202 Rue Des Cajun			Amount 50.00	
City Ville Platte	State LA	Zip Code 70586	Transaction ID : 7468d070-ab50-4700-a Date of Disbursement or Obligation 10 / 26 / 2014	
Purpose of Expenditure Salary		Category/ Type 001		
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: LA	
Calendar Year-To-Date Per Election for Office Sought		554635.78	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Zachary Vidrine			Date of Public Distribution/Dissemination 10 / 26 / 2014	
Mailing Address 202 Rue Des Cajun			Amount 29.10	
City Ville Platte	State LA	Zip Code 70586	Transaction ID : c625a3ae-acea-42ac-b Date of Disbursement or Obligation 10 / 26 / 2014	
Purpose of Expenditure Mileage		Category/ Type 002		
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: LA	
Calendar Year-To-Date Per Election for Office Sought		554635.78	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			79.10	
(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 05 / 18 / 2015	
Signature				

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 1484 OF 3250
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC		FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on		MM / DD / YYYY / / MM / DD / YYYY / /	

Full Name of Payee Kyler A Jost		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 26 / 2014	
Mailing Address 1830 College Height Rd		Amount 30.00	
City Manhattan	State KS	Zip Code 66502	Transaction ID : 2dd0b26c-ed50-44ce-8
Purpose of Expenditure Salary	Category/Type 001	Date of Disbursement or Obligation MM / DD / YYYY 10 / 26 / 2014	
Name of Federal Candidate Mr. Greg Orman		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: KS
Calendar Year-To-Date Per Election for Office Sought 261541.03		Disbursement For: 2014 ☐ Primary ☒ General ☐ Other (specify) ▶	

Full Name of Payee Kyler A Jost		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 26 / 2014	
Mailing Address 1830 College Height Rd		Amount 3.30	
City Manhattan	State KS	Zip Code 66502	Transaction ID : 10aef2e4-dea6-4505-a
Purpose of Expenditure Mileage	Category/Type 002	Date of Disbursement or Obligation MM / DD / YYYY 10 / 26 / 2014	
Name of Federal Candidate Mr. Greg Orman		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: KS
Calendar Year-To-Date Per Election for Office Sought 261541.03		Disbursement For: 2014 ☐ Primary ☒ General ☐ Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	33.30
(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

 MM / DD / YYYY
 05 / 18 / 2015

Signature

Full Name of Payee Patrice Wolfe		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 26 / 2014	
Mailing Address 9909 Treasure Hill Rd		Amount 25.00	
City Little Rock	State AR	Zip Code 72205	Transaction ID : 9911f1a7-b369-4fce-9 Date of Disbursement or Obligation MM / DD / YYYY 10 / 26 / 2014
Purpose of Expenditure Salary		Category/ Type 001	
Name of Federal Candidate Mr. Mark L Pryor		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: AR
Calendar Year-To-Date Per Election for Office Sought 292370.62		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	

Full Name of Payee Patrice Wolfe		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 26 / 2014	
Mailing Address 9909 Treasure Hill Rd		Amount Amount 10.50	
City Little Rock	State AR	Zip Code 72205	Transaction ID : 2c47221e-a620-4c5f-9 Date of Disbursement or Obligation MM / DD / YYYY 10 / 26 / 2014
Purpose of Expenditure Mileage		Category/ Type 002	
Name of Federal Candidate Mr. Mark L Pryor		☐ Support ☒ Oppose	Office Sought: ☐ House ☒ Senate ☐ President ☒ Other (specify) _____
Calendar Year-To-Date Per Election for Office Sought		Amount 292370.62	Disbursement For: ☐ Primary ☒ General ☐ Other (specify) _____

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	35.50
(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.

Date _____

Signature

Full Name of Payee Lisa Booth		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 26 / 2014	
Mailing Address 1434 South Avenue		Amount 100.00	
City Eden	State NC	Zip Code 27288	Transaction ID : ebcf7fca-1b17-446f-a Date of Disbursement or Obligation MM / DD / YYYY 10 / 26 / 2014
Purpose of Expenditure Salary		Category/ Type 001	
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: NC
Calendar Year-To-Date Per Election for Office Sought 1095959.94		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	

Full Name of Payee Lisa Booth		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 26 / 2014	
Mailing Address 1434 South Avenue		Amount 13.50	
City Eden	State NC	Zip Code 27288	Transaction ID : 4b536604-b708-4572-a Date of Disbursement or Obligation MM / DD / YYYY 10 / 26 / 2014
Purpose of Expenditure Mileage	Category/ Type	002	
Name of Federal Candidate Ms. Kay Hagan	☐ Support ☒ Oppose	Office Sought: ☐ President ☒ Senate ☐ Other (specify) ▶	District: 00 State: NC Disbursement For: ☐ Primary ☒ General 2014
Calendar Year-To-Date Per Election for Office Sought	1095959.94		

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	113.50
(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.

Date _____

Signature

05 / 18 / 2015

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1487 OF 3250
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC		FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M / D D / Y Y Y Y			
Full Name of Payee Kevin L Battle		Date of Public Distribution/Dissemination 10 / 26 / 2014	
Mailing Address 3300 Asher Ave		Amount 70.00	
City Little Rock	State AR	Zip Code 72204	Transaction ID : 4da56862-cfcd-4b65-a
Purpose of Expenditure Salary	Category/ Type	001	Date of Disbursement or Obligation 10 / 26 / 2014
Name of Federal Candidate Mr. Mark L Pryor		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>AR</u>
Calendar Year-To-Date Per Election for Office Sought		292370.62	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶
Full Name of Payee Kevin L Battle		Date of Public Distribution/Dissemination 10 / 26 / 2014	
Mailing Address 3300 Asher Ave		Amount 36.00	
City Little Rock	State AR	Zip Code 72204	Transaction ID : 95039096-58c6-440e-9
Purpose of Expenditure Mileage	Category/ Type	002	Date of Disbursement or Obligation 10 / 26 / 2014
Name of Federal Candidate Mr. Mark L Pryor		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>AR</u>
Calendar Year-To-Date Per Election for Office Sought		292370.62	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures.....		106.00	
(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.			
Signature <i>Ms. Emily Buchanan</i>		Date 05 / 18 / 2015	
		[Electronically Filed]	

Full Name of Payee Mary Catherine Toburen			Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 26 / 2014		
Mailing Address 1222 SE 44 St			Amount 7.35		
City Topeka	State KS	Zip Code 66609	Transaction ID : 2fd9a0ed-d106-4cef-b		
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement or Obligation MM / DD / YYYY 10 / 26 / 2014		
Name of Federal Candidate Mr. Greg Orman		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: KS		
Calendar Year-To-Date Per Election for Office Sought		261541.03	Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ►		

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	67.35
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1489 OF 3250
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC		FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on		M M M / D D D / Y Y Y Y Y Y	
Full Name of Payee Chelsi M Cox		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 10 / 26 / 2014	
Mailing Address 4254 Eagle Lake Ct		Amount 15.00	
City Bel Aire	State KS	Zip Code 67220	Transaction ID : 07edbf2-0883-46d1-9
Purpose of Expenditure Salary	Category/Type 001	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 10 / 26 / 2014	
Name of Federal Candidate Mr. Greg Orman		Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: KS	
Calendar Year-To-Date Per Election for Office Sought 261541.03		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Chelsi M Cox		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 10 / 26 / 2014	
Mailing Address 4254 Eagle Lake Ct		Amount 4.50	
City Bel Aire	State KS	Zip Code 67220	Transaction ID : 503d565a-cafe-43fd-b
Purpose of Expenditure Mileage	Category/Type 002	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 10 / 26 / 2014	
Name of Federal Candidate Mr. Greg Orman		Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: KS	
Calendar Year-To-Date Per Election for Office Sought 261541.03		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶		19.50	
(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.			
Signature Ms. Emily Buchanan		Date M M M / D D D / Y Y Y Y Y Y 05 / 18 / 2015	
		[Electronically Filed]	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1490 OF 3250
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M M / D D D / Y Y Y Y Y Y					
Full Name of Payee Andy Ramos			Date of Public Distribution/Dissemination 10 / 26 / 2014		
Mailing Address 907 West Trail			Amount 80.00		
City Dodge City		State KS	Zip Code 67801		Transaction ID : 0ca96c41-9baa-464e-9
Purpose of Expenditure Salary		Category/ Type 001		Date of Disbursement or Obligation 10 / 26 / 2014	
Name of Federal Candidate Mr. Greg Orman			Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>KS</u>		
Calendar Year-To-Date Per Election for Office Sought 261541.03			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶ _____		
Full Name of Payee Victor M Valdez			Date of Public Distribution/Dissemination 10 / 26 / 2014		
Mailing Address 1702 Central Ave			Amount 80.00		
City Dodge City		State KS	Zip Code 67801		Transaction ID : de395e95-c8d3-4598-b
Purpose of Expenditure Salary		Category/ Type 001		Date of Disbursement or Obligation 10 / 26 / 2014	
Name of Federal Candidate Mr. Greg Orman			Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>KS</u>		
Calendar Year-To-Date Per Election for Office Sought 261541.03			Disbursement For: ☐ Primary ☒ 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.					
Signature Ms. Emily Buchanan			Date 05 / 18 / 2015		
[Electronically Filed]					

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1491 OF 3250
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC		FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on		M M M / D D D / Y Y Y Y Y Y	
Full Name of Payee Christopher Marquess		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 10 / 26 / 2014	
Mailing Address 110 W Pecan St		Amount 50.00	
City Ville Platte	State LA	Zip Code 70586	Transaction ID : 3a2e63f5-c676-4d84-9
Purpose of Expenditure Salary	Category/Type 001	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 10 / 26 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose ☐ President ☒ Senate	
Office Sought: ☐ House ☒ Senate District: 00 State: LA		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Calendar Year-To-Date Per Election for Office Sought 554635.78			
Full Name of Payee Christopher Marquess		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 10 / 26 / 2014	
Mailing Address 110 W Pecan St		Amount 36.90	
City Ville Platte	State LA	Zip Code 70586	Transaction ID : ccf19611-81d9-43e2-a
Purpose of Expenditure Mileage	Category/Type 002	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 10 / 26 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose ☐ President ☒ Senate	
Office Sought: ☐ House ☒ Senate District: 00 State: LA		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Calendar Year-To-Date Per Election for Office Sought 554635.78			
(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.			
Signature Ms. Emily Buchanan		Date M M M / D D D / Y Y Y Y Y Y 05 / 18 / 2015	
[Electronically Filed]			

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1492 OF 3250
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M M / D D D / Y Y Y Y Y Y				
Full Name of Payee Jake Mathews			Date of Public Distribution/Dissemination 10 / 26 / 2014	
Mailing Address 6418 East 12 St			Amount 30.00	
City Wichita		State KS	Zip Code 67206	
Purpose of Expenditure Salary		Category/ Type	Transaction ID : cacd2bdc-9aad-444e-a Date of Disbursement or Obligation 10 / 26 / 2014	
Name of Federal Candidate Mr. Greg Orman		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: KS	
Calendar Year-To-Date Per Election for Office Sought 261541.03			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Jake Mathews			Date of Public Distribution/Dissemination 10 / 26 / 2014	
Mailing Address 6418 East 12 St			Amount 8.40	
City Wichita		State KS	Zip Code 67206	
Purpose of Expenditure Mileage		Category/ Type	Transaction ID : 963424a4-910d-42f7-a Date of Disbursement or Obligation 10 / 26 / 2014	
Name of Federal Candidate Mr. Greg Orman		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: KS	
Calendar Year-To-Date Per Election for Office Sought 261541.03			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			38.40	
(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.				
Signature Ms. Emily Buchanan		[Electronically Filed]		Date 05 / 18 / 2015

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1493 OF 3250
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M / D D / Y Y Y Y				
Full Name of Payee Amy Rich			Date of Public Distribution/Dissemination 10 / 26 / 2014	
Mailing Address 5119 E Boston St			Amount 15.00	
City Wichita	State KS	Zip Code 67218	Transaction ID : 552d5d83-2132-4266-9	
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation 10 / 26 / 2014	
Name of Federal Candidate Mr. Greg Orman		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: KS	
Calendar Year-To-Date Per Election for Office Sought		261541.03	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Amy Rich			Date of Public Distribution/Dissemination 10 / 26 / 2014	
Mailing Address 5119 E Boston St			Amount 6.90	
City Wichita	State KS	Zip Code 67218	Transaction ID : 5fb50118-3d6d-4886-9	
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement or Obligation 10 / 26 / 2014	
Name of Federal Candidate Mr. Greg Orman		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: KS	
Calendar Year-To-Date Per Election for Office Sought		261541.03	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			21.90	
(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.				
Signature Ms. Emily Buchanan		[Electronically Filed]		Date 05 / 18 / 2015

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1494 OF 3250
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M M / D D D / Y Y Y Y Y Y				
Full Name of Payee Christopher L Gilbert			Date of Public Distribution/Dissemination 10 / 26 / 2014	
Mailing Address 55 Lovell Johnson Rd			Amount 65.00	
City Picayune		State MS	Zip Code 39466	
Purpose of Expenditure Salary		Category/ Type	Transaction ID : ce20a7a3-5c0e-4dd5-b Date of Disbursement or Obligation 10 / 26 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>LA</u>	
Calendar Year-To-Date Per Election for Office Sought 554635.78			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Christopher L Gilbert			Date of Public Distribution/Dissemination 10 / 26 / 2014	
Mailing Address 55 Lovell Johnson Rd			Amount 27.90	
City Picayune		State MS	Zip Code 39466	
Purpose of Expenditure Mileage		Category/ Type	Transaction ID : 883ef0c6-92bd-48ec-b Date of Disbursement or Obligation 10 / 26 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>LA</u>	
Calendar Year-To-Date Per Election for Office Sought 554635.78			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			92.90	
(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.				
Signature Ms. Emily Buchanan			Date 05 / 18 / 2015	
[Electronically Filed]				

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1495 OF 3250
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M M / D D D / Y Y Y Y Y Y					
Full Name of Payee Cameryn L Rasmussen			Date of Public Distribution/Dissemination 10 / 26 / 2014		
Mailing Address 4455 N Edaemoor Ct			Amount 30.00		
City Bel Aire	State KS	Zip Code 67220	Transaction ID : eaf3c80b-0690-4d27-a		
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation 10 / 26 / 2014		
Name of Federal Candidate Mr. Greg Orman		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: KS		
Calendar Year-To-Date Per Election for Office Sought		261541.03	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
Full Name of Payee Cameryn L Rasmussen			Date of Public Distribution/Dissemination 10 / 26 / 2014		
Mailing Address 4455 N Edaemoor Ct			Amount 9.00		
City Bel Aire	State KS	Zip Code 67220	Transaction ID : 9526812f-b9a7-47e3-b		
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement or Obligation 10 / 26 / 2014		
Name of Federal Candidate Mr. Greg Orman		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: KS		
Calendar Year-To-Date Per Election for Office Sought		261541.03	Disbursement For: ☐ Primary ☒ 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.					
Signature Ms. Emily Buchanan		[Electronically Filed]		Date 05 / 18 / 2015	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

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 FOR LINE 24 OF FORM 3X

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

Full Name of Payee Ashley T Reed		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 26 / 2014	
Mailing Address 1519 E Village Estates Dr		Amount 30.00	
City Park City	State KS	Zip Code 67216	Transaction ID : b4dc1132-81f7-4493-8
Purpose of Expenditure Salary	Category/Type 001	Date of Disbursement or Obligation MM / DD / YYYY 10 / 26 / 2014	
Name of Federal Candidate Mr. Greg Orman		☐ Support ☒ Oppose Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>KS</u>	
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	

Full Name of Payee Ashley T Reed		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 26 / 2014	
Mailing Address 1519 E Village Estates Dr		Amount 9.00	
City Park City	State KS	Zip Code 67216	Transaction ID : 5ecbb10a-877d-4e52-8
Purpose of Expenditure Mileage	Category/Type 002	Date of Disbursement or Obligation MM / DD / YYYY 10 / 26 / 2014	
Name of Federal Candidate Mr. Greg Orman		☐ Support ☒ Oppose Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>KS</u>	
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: ☐ Primary ☒ 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

MM / DD / YYYY
05 / 18 / 2015

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1497 OF 3250
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC		FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on		M M M / D D D / Y Y Y Y Y Y	
Full Name of Payee Tywan Scott-Kwofie		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 10 / 26 / 2014	
Mailing Address 117 East Maple St		Amount 20.00	
City Bucklin	State KS	Zip Code 67834	Transaction ID : 539c36fd-152e-4428-8
Purpose of Expenditure Salary	Category/Type 001	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 10 / 26 / 2014	
Name of Federal Candidate Mr. Greg Orman		Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: KS	
Calendar Year-To-Date Per Election for Office Sought 261541.03		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Tywan Scott-Kwofie		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 10 / 26 / 2014	
Mailing Address 117 East Maple St		Amount 8.10	
City Bucklin	State KS	Zip Code 67834	Transaction ID : bd94210c-dbe0-447c-a
Purpose of Expenditure Mileage	Category/Type 002	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 10 / 26 / 2014	
Name of Federal Candidate Mr. Greg Orman		Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: KS	
Calendar Year-To-Date Per Election for Office Sought 261541.03		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶		28.10	
(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.			
Signature Ms. Emily Buchanan		Date M M M / D D D / Y Y Y Y Y Y 05 / 18 / 2015	
		[Electronically Filed]	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1498 OF 3250
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M M / D D D / Y Y Y Y Y Y					
Full Name of Payee Irene R Hoyer			Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 10 / 26 / 2014		
Mailing Address 4310 N Mission Rd			Amount 22.00		
City Bel Aire	State KS	Zip Code 67226	Transaction ID : 6660d53c-1a9a-4965-9 Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 10 / 26 / 2014		
Purpose of Expenditure Salary		Category/ Type 001			
Name of Federal Candidate Mr. Greg Orman		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>KS</u>		
Calendar Year-To-Date Per Election for Office Sought 261541.03			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶ _____		
Full Name of Payee Irene R Hoyer			Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 10 / 26 / 2014		
Mailing Address 4310 N Mission Rd			Amount 5.40		
City Bel Aire	State KS	Zip Code 67226	Transaction ID : 7dfece47-7046-445d-8 Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 10 / 26 / 2014		
Purpose of Expenditure Mileage		Category/ Type 002			
Name of Federal Candidate Mr. Greg Orman		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>KS</u>		
Calendar Year-To-Date Per Election for Office Sought 261541.03			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶ _____		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			27.40		
(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.					
Signature <u>Ms. Emily Buchanan</u>		[Electronically Filed]		Date M M M / D D D / Y Y Y Y Y Y 05 / 18 / 2015	

Full Name of Payee Carmen Maddrey			Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 26 / 2014		
Mailing Address 2043 Nottingham Ln			Amount 18.00		
City Burlington	State NC	Zip Code 27215	Transaction ID : d94b8652-7036-4f7e-a Date of Disbursement or Obligation MM / DD / YYYY 10 / 26 / 2014		
Purpose of Expenditure Mileage		Category/ Type 002			
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House ☒ Senate ☐ President ☐ Other (specify) _____		
Calendar Year-To-Date Per Election for Office Sought		1095959.94	Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ► _____		

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	48.00
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

Signature

Full Name of Payee Jennifer Cheever			Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 26 / 2014		
Mailing Address 4545 S Gold			Amount 11.40		
City Wichita	State KS	Zip Code 67217	Transaction ID : c18233a0-8d38-43ba-8 Date of Disbursement or Obligation MM / DD / YYYY 10 / 26 / 2014		
Purpose of Expenditure Mileage		Category/ Type 002			
Name of Federal Candidate Mr. Greg Orman		☐ Support ☒ Oppose	Office Sought: ☐ House ☒ Senate ☐ President ☐ Other (specify) _____		
Calendar Year-To-Date Per Election for Office Sought		261541.03	Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ► _____		

(a) SUBTOTAL of Itemized Independent Expenditures.....	71.40
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures.....	

05 / 18 / 2015

FEC Schedule E (Form 3X) Rev. 09/2013

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1501 OF 3250
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on MM / DD / YYYY				
Full Name of Payee Michael Terry			Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 26 / 2014	
Mailing Address 936 S Cypress			Amount 60.00	
City Wichita	State KS	Zip Code 67207	Transaction ID : d30509f7-f33c-4fbc-b	
Purpose of Expenditure Salary		Category/Type 001	Date of Disbursement or Obligation MM / DD / YYYY 10 / 26 / 2014	
Name of Federal Candidate Mr. Greg Orman		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>KS</u>	
Calendar Year-To-Date Per Election for Office Sought		261541.03	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Michael Terry			Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 26 / 2014	
Mailing Address 936 S Cypress			Amount 11.40	
City Wichita	State KS	Zip Code 67207	Transaction ID : d3d4a824-5f50-409e-9	
Purpose of Expenditure Mileage		Category/Type 002	Date of Disbursement or Obligation MM / DD / YYYY 10 / 26 / 2014	
Name of Federal Candidate Mr. Greg Orman		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>KS</u>	
Calendar Year-To-Date Per Election for Office Sought		261541.03	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures.....▶			71.40	
(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.				
Signature <i>Ms. Emily Buchanan</i>		[Electronically Filed]		Date MM / DD / YYYY 05 / 18 / 2015

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 1502 OF 3250
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M M / D D D / Y Y Y Y Y Y					
Full Name of Payee Corey S McKnight			Date of Public Distribution/Dissemination 10 / 26 / 2014		
Mailing Address 1510 Bailey St			Amount 40.00		
City West Monroe	State LA	Zip Code 71292	Transaction ID : 8b0b5c88-99fa-4779-b		
Purpose of Expenditure Salary		Category/Type 001	Date of Disbursement or Obligation 10 / 26 / 2014		
Name of Federal Candidate Ms. Mary L Landrieu			Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>LA</u>		
Calendar Year-To-Date Per Election for Office Sought 554635.78			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶ _____		
Full Name of Payee Joshua D Syrotchen			Date of Public Distribution/Dissemination 10 / 26 / 2014		
Mailing Address 915 East Market Ave			Amount 110.00		
City Searcy	State AR	Zip Code 72149	Transaction ID : dba32c8e-12aa-48ca-9		
Purpose of Expenditure Salary		Category/Type 001	Date of Disbursement or Obligation 10 / 26 / 2014		
Name of Federal Candidate Mr. Mark L Pryor			Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>AR</u>		
Calendar Year-To-Date Per Election for Office Sought 292370.62			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶ _____		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			150.00		
(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.					
Signature <u>Ms. Emily Buchanan</u> [Electronically Filed]			Date 05 / 18 / 2015		

Full Name of Payee Chris McCoy		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 26 / 2014	
Mailing Address 1025 Cayley Ct		Amount 107.50	
City High Point	State NC	Zip Code 27260	Transaction ID : b92c9377-d1ac-4717-b Date of Disbursement or Obligation MM / DD / YYYY 10 / 26 / 2014
Purpose of Expenditure Salary	Category/ Type 001		
Name of Federal Candidate Ms. Kay Hagan	☐ Support ☒ Oppose	Office Sought: ☐ President ☒ Senate	District: 00 State: NC
Calendar Year-To-Date Per Election for Office Sought	1095959.94	Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	221.50
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

05 / 18 / 2015

FEC Schedule E (Form 3X) Rev. 09/2013

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1504 OF 3250
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M / D D / Y Y Y Y Y Y					
Full Name of Payee Chris McCoy			Date of Public Distribution/Dissemination 10 / 26 / 2014		
Mailing Address 1025 Cayley Ct			Amount 25.80		
City High Point	State NC	Zip Code 27260	Transaction ID : feff3370-1a6e-48d4-8		
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement or Obligation 10 / 26 / 2014		
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: NC		
Calendar Year-To-Date Per Election for Office Sought		1095959.94	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
Full Name of Payee Billy Martin			Date of Public Distribution/Dissemination 10 / 26 / 2014		
Mailing Address 250 JS Brewton rd			Amount 40.00		
City goldonna	State LA	Zip Code 71031	Transaction ID : 8627775d-5fa4-4713-a		
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation 10 / 26 / 2014		
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: LA		
Calendar Year-To-Date Per Election for Office Sought		554635.78	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			65.80		
(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.					
Signature Ms. Emily Buchanan		[Electronically Filed]		Date 05 / 18 / 2015	

Full Name of Payee OLynda Walker		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 26 / 2014	
Mailing Address 10000 Mount Pleasant Rd		Amount 95.00	
City Midland	State NC	Zip Code 28107	Transaction ID : d65c91e5-a633-4b6f-a Date of Disbursement or Obligation MM / DD / YYYY 10 / 26 / 2014
Purpose of Expenditure Salary		Category/ Type 001	
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>NC</u>
Calendar Year-To-Date Per Election for Office Sought		1095959.94	Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ▶ _____

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	98.60
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

05 / 18 / 2015

FEC Schedule E (Form 3X) Rev. 09/2013

Full Name of Payee OLynda Walker		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 26 / 2014	
Mailing Address 10000 Mount Pleasant Rd		Amount 25.80	
City Midland	State NC	Zip Code 28107	Transaction ID : 2f14ac94-994a-49b8-8
Purpose of Expenditure Mileage	Category/ Type 002	Date of Disbursement or Obligation MM / DD / YYYY 10 / 26 / 2014	
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose Office Sought: ☐ House ☒ Senate District: 00 ☐ President State: NC	
Calendar Year-To-Date Per Election for Office Sought 1095959.94		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	

Full Name of Payee Maria A Britt		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 26 / 2014	
Mailing Address 4894 Thunder Bolt		Amount 95.00	
City Concord	State NC	Zip Code 28205	Transaction ID : a9e81cfb-9e6c-4792-b Date of Disbursement or Obligation MM / DD / YYYY 10 / 26 / 2014
Purpose of Expenditure Salary		Category/ Type 001	
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House ☒ Senate ☐ President
District: <u>00</u> State: <u>NC</u>			
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ▶ _____	
1095959.94			

(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.

Date _____

Signature

Full Name of Payee Jessica R Resendiz			Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 26 / 2014		
Mailing Address 9685 Paula St			Amount MM / DD / YYYY 26.40		
City Keithville	State LA	Zip Code 71047	Transaction ID : 40e20247-f9cd-4482-a Date of Disbursement or Obligation MM / DD / YYYY 10 / 26 / 2014		
Purpose of Expenditure Mileage		Category/ Type 002			
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House ☒ Senate ☐ President		
District: 00 State: LA					
Calendar Year-To-Date Per Election for Office Sought		MM / DD / YYYY 554635.78	Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ▶		

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	86.40
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

05 / 18 / 2015

FEC Schedule E (Form 3X) Rev. 09/2013

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1508 OF 3250
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC		FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on		M M M / D D D / Y Y Y Y Y Y	
Full Name of Payee Emma K Johnson		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 10 / 26 / 2014	
Mailing Address 8 Bradbury Dr		Amount 70.00	
City Little Rock	State AR	Zip Code 72212	Transaction ID : bc397db-81f3-4a10-a
Purpose of Expenditure Salary	Category/Type 001	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 10 / 26 / 2014	
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose Office Sought: ☐ House ☒ Senate District: 00 ☐ President State: NC	
Calendar Year-To-Date Per Election for Office Sought 1095959.94		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Emma K Johnson		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 10 / 26 / 2014	
Mailing Address 8 Bradbury Dr		Amount 45.00	
City Little Rock	State AR	Zip Code 72212	Transaction ID : a4d76792-1c95-4703-b
Purpose of Expenditure Mileage	Category/Type 002	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 10 / 26 / 2014	
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose Office Sought: ☐ House ☒ Senate District: 00 ☐ President State: NC	
Calendar Year-To-Date Per Election for Office Sought 1095959.94		Disbursement For: ☐ Primary ☒ 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.			
Signature Ms. Emily Buchanan		Date M M M / D D D / Y Y Y Y Y Y 05 / 18 / 2015	
		[Electronically Filed]	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1509 OF 3250
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M / D D / Y Y Y Y				
Full Name of Payee Lilly Green			Date of Public Distribution/Dissemination 10 / 26 / 2014	
Mailing Address 205 Medallion Circle			Amount 60.00	
City Shreveport	State LA	Zip Code 71119	Transaction ID : c5fe55ac-99ff-4d6e-8 Date of Disbursement or Obligation 10 / 26 / 2014	
Purpose of Expenditure Salary		Category/ Type 001		
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>LA</u>	
Calendar Year-To-Date Per Election for Office Sought		554635.78	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Lilly Green			Date of Public Distribution/Dissemination 10 / 26 / 2014	
Mailing Address 205 Medallion Circle			Amount 48.00	
City Shreveport	State LA	Zip Code 71119	Transaction ID : 7461af57-12e2-43be-8 Date of Disbursement or Obligation 10 / 26 / 2014	
Purpose of Expenditure Mileage		Category/ Type 002		
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>LA</u>	
Calendar Year-To-Date Per Election for Office Sought		554635.78	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures.....▶			108.00	
(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.				
Signature Ms. Emily Buchanan		[Electronically Filed]		Date 05 / 18 / 2015

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1510 OF 3250
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC		FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on / /			
Full Name of Payee Molly E Oman		Date of Public Distribution/Dissemination / / 10 / 26 / 2014	
Mailing Address 607 N Hughes		Amount 70.00	
City Little Rock	State AR	Zip Code 72205	Transaction ID : 9782f67a-c7a4-43ea-8 Date of Disbursement or Obligation / / 10 / 26 / 2014
Purpose of Expenditure Salary		Category/ Type 001	
Name of Federal Candidate Mr. Mark L Pryor		Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>AR</u> ☐ Support ☒ Oppose	
Calendar Year-To-Date Per Election for Office Sought 292370.62		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶ _____	
Full Name of Payee Molly E Oman		Date of Public Distribution/Dissemination / / 10 / 26 / 2014	
Mailing Address 607 N Hughes		Amount 45.00	
City Little Rock	State AR	Zip Code 72205	Transaction ID : 1c0a09c4-e988-4d0e-8 Date of Disbursement or Obligation / / 10 / 26 / 2014
Purpose of Expenditure Mileage		Category/ Type 002	
Name of Federal Candidate Mr. Mark L Pryor		Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>AR</u> ☐ Support ☒ Oppose	
Calendar Year-To-Date Per Election for Office Sought 292370.62		Disbursement For: ☐ Primary ☒ 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.			
Signature <i>Ms. Emily Buchanan</i>		Date / / 05 / 18 / 2015	
[Electronically Filed]			

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1511 OF 3250
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M / D D / Y Y Y Y					
Full Name of Payee Adam K Plunkett			Date of Public Distribution/Dissemination 10 / 26 / 2014		
Mailing Address 9760 N Pomona Ave			Amount 115.00		
City Kansas Cuty	State MO	Zip Code 64153	Transaction ID : 5fb675ec-1465-4276-8		
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation 10 / 26 / 2014		
Name of Federal Candidate Mr. Greg Orman		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>KS</u>		
Calendar Year-To-Date Per Election for Office Sought		261541.03	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
Full Name of Payee Adam K Plunkett			Date of Public Distribution/Dissemination 10 / 26 / 2014		
Mailing Address 9760 N Pomona Ave			Amount 68.70		
City Kansas Cuty	State MO	Zip Code 64153	Transaction ID : e6462426-0ec7-419c-b		
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement or Obligation 10 / 26 / 2014		
Name of Federal Candidate Mr. Greg Orman		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>KS</u>		
Calendar Year-To-Date Per Election for Office Sought		261541.03	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			183.70		
(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.					
Signature Ms. Emily Buchanan		[Electronically Filed]		Date 05 / 18 / 2015	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1512 OF 3250
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC		FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on		M M M / D D D / Y Y Y Y Y Y	
Full Name of Payee Gregory Green		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 10 / 26 / 2014	
Mailing Address 2506 Bolch Street		Amount 80.00	
City Shreveport	State LA	Zip Code 71104	Transaction ID : 6496f894-29ec-4762-9
Purpose of Expenditure Salary	Category/ Type	001	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 10 / 26 / 2014
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>LA</u>
Calendar Year-To-Date Per Election for Office Sought		554635.78	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶
Full Name of Payee Gregory Green		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 10 / 26 / 2014	
Mailing Address 2506 Bolch Street		Amount 32.70	
City Shreveport	State LA	Zip Code 71104	Transaction ID : e02373bf-c82d-4dcd-b
Purpose of Expenditure Mileage	Category/ Type	002	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 10 / 26 / 2014
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>LA</u>
Calendar Year-To-Date Per Election for Office Sought		554635.78	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures.....		112.70	
(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]	
Signature		Date M M M / D D D / Y Y Y Y Y Y 05 / 18 / 2015	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1513 OF 3250
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on MM / DD / YYYY				
Full Name of Payee Jennifer F Gilbert			Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 26 / 2014	
Mailing Address 180 McNeil Steep Hollow Rd			Amount 32.50	
City Carriere	State MS	Zip Code 39426	Transaction ID : d6d79e57-e0a2-4149-8 Date of Disbursement or Obligation MM / DD / YYYY 10 / 26 / 2014	
Purpose of Expenditure Salary		Category/ Type 001		
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>LA</u>	
Calendar Year-To-Date Per Election for Office Sought		554635.78	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶ _____	
Full Name of Payee Jennifer F Gilbert			Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 26 / 2014	
Mailing Address 180 McNeil Steep Hollow Rd			Amount 13.80	
City Carriere	State MS	Zip Code 39426	Transaction ID : 6016f56c-21ec-41cd-b Date of Disbursement or Obligation MM / DD / YYYY 10 / 26 / 2014	
Purpose of Expenditure Mileage		Category/ Type 002		
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>LA</u>	
Calendar Year-To-Date Per Election for Office Sought		554635.78	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶ _____	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			46.30	
(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 MM / DD / YYYY 05 / 18 / 2015	
Signature _____				

Full Name of Payee Kaitlyn B Allen		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 26 / 2014	
Mailing Address 2121 Daniel Dr		Amount 76.50	
City	State	Zip Code	Transaction ID : 708890a1-a0e5-483e-8 Date of Disbursement or Obligation MM / DD / YYYY 10 / 26 / 2014
Searcy	AR	72143	
Purpose of Expenditure Mileage		Category/ Type	002
Name of Federal Candidate Mr. Mark L Pryor		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: AR
Calendar Year-To-Date Per Election for Office Sought		292370.62	Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....	156.50
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures.....	

FEC Schedule E (Form 3X) Rev. 09/2013

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1515 OF 3250
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on			M M M / D D D / Y Y Y Y Y Y	
Full Name of Payee Rhonda Moback		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 10 / 26 / 2014		
Mailing Address 2704 E Glen Oaks Dr		Amount 22.00		
City Wichita	State KS	Zip Code 67216	Transaction ID : b25e67b1-60d2-418a-b	
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 10 / 26 / 2014	
Name of Federal Candidate Mr. Greg Orman		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>KS</u>	
Calendar Year-To-Date Per Election for Office Sought		261541.03	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Rhonda Moback		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 10 / 26 / 2014		
Mailing Address 2704 E Glen Oaks Dr		Amount 6.00		
City Wichita	State KS	Zip Code 67216	Transaction ID : dbca023e-9c96-4887-a	
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 10 / 26 / 2014	
Name of Federal Candidate Mr. Greg Orman		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>KS</u>	
Calendar Year-To-Date Per Election for Office Sought		261541.03	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures.....		28.00		
(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.				
Signature Ms. Emily Buchanan		[Electronically Filed]		Date M M M / D D D / Y Y Y Y Y Y 05 / 18 / 2015

Full Name of Payee Shelbi L Randall		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 26 / 2014	
Mailing Address 202 East Park Ave Apt 40		Amount 60.00	
City Searcy	State AR	Zip Code 72143	Transaction ID : ebc9019d-d886-4e25-9 Date of Disbursement or Obligation MM / DD / YYYY 10 / 26 / 2014
Purpose of Expenditure Salary		Category/ Type 001	
Name of Federal Candidate Mr. Mark L Pryor		☐ Support ☒ Oppose	Office Sought: ☐ House ☒ Senate ☐ President ☒ Other (specify) _____
Calendar Year-To-Date Per Election for Office Sought		292370.62	Disbursement For: ☐ Primary ☒ General ☐ Other (specify) _____

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	140.00
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

Ms. Emily Buchanan

[Electronically Filed]

Date 05 / 18 / 2015

Signature

Full Name of Payee Taylor N Randall		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 26 / 2014	
Mailing Address 2002 E Park Ave Apt 40		Amount 60.00	
City	State	Zip Code	Transaction ID : a6fbac1f-d0b7-4b47-8 Date of Disbursement or Obligation MM / DD / YYYY 10 / 26 / 2014
Searcy	AR	72143	
Purpose of Expenditure Salary		Category/ Type	001
Name of Federal Candidate Mr. Mark L Pryor		☐ Support ☒ Oppose	Office Sought: ☐ House ☒ Senate ☐ President ☐ Other (specify) _____
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) _____	

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	122.55
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

FEC Schedule E (Form 3X) Rev. 09/2013

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 1518 OF 3250
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M / D D / Y Y Y Y					
Full Name of Payee Todd Ellis			Date of Public Distribution/Dissemination 10 / 26 / 2014		
Mailing Address P.O. Box 712			Amount 55.00		
City Alexander		State AR	Zip Code 72002		Transaction ID : 9b617cbd-c3f4-46cd-9
Purpose of Expenditure Salary		Category/Type 001		Date of Disbursement or Obligation 10 / 26 / 2014	
Name of Federal Candidate Mr. Mark L Pryor			☐ Support ☒ Oppose Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: AR		
Calendar Year-To-Date Per Election for Office Sought 292370.62			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
Full Name of Payee Todd Ellis			Date of Public Distribution/Dissemination 10 / 26 / 2014		
Mailing Address P.O. Box 712			Amount 21.60		
City Alexander		State AR	Zip Code 72002		Transaction ID : 0c99f586-e635-4c22-9
Purpose of Expenditure Mileage		Category/Type 002		Date of Disbursement or Obligation 10 / 26 / 2014	
Name of Federal Candidate Mr. Mark L Pryor			☐ Support ☒ Oppose Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: AR		
Calendar Year-To-Date Per Election for Office Sought 292370.62			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			76.60		
(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.					
Signature <u>Ms. Emily Buchanan</u> [Electronically Filed]			Date 05 / 18 / 2015		

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1519 OF 3250
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M M / D D D / Y Y Y Y Y Y					
Full Name of Payee Kolbe J Peloquin			Date of Public Distribution/Dissemination 10 / 26 / 2014		
Mailing Address 623 Union Park Circle			Amount 25.00		
City Colwich		State KS	Zip Code 67030		Transaction ID : 76e37224-35de-4984-9
Purpose of Expenditure Salary		Category/ Type 001		Date of Disbursement or Obligation 10 / 26 / 2014	
Name of Federal Candidate Mr. Greg Orman			☐ Support ☒ Oppose		Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: KS
Calendar Year-To-Date Per Election for Office Sought			261541.03 Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
Full Name of Payee Kolbe J Peloquin			Date of Public Distribution/Dissemination 10 / 26 / 2014		
Mailing Address 623 Union Park Circle			Amount 2.10		
City Colwich		State KS	Zip Code 67030		Transaction ID : 806e19eb-c8b3-453b-b
Purpose of Expenditure Mileage		Category/ Type 002		Date of Disbursement or Obligation 10 / 26 / 2014	
Name of Federal Candidate Mr. Greg Orman			☐ Support ☒ Oppose		Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: KS
Calendar Year-To-Date Per Election for Office Sought			261541.03 Disbursement For: ☐ Primary ☒ 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.					
Signature Ms. Emily Buchanan			[Electronically Filed]		Date 05 / 18 / 2015

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1520 OF 3250
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M M / D D D / Y Y Y Y Y Y					
Full Name of Payee Kelli R Zimmerman			Date of Public Distribution/Dissemination 10 / 26 / 2014		
Mailing Address 248 Hungerford			Amount 40.00		
City Haysville	State KS	Zip Code 67060	Transaction ID : 4a9afc91-7a9c-425c-9 Date of Disbursement or Obligation 10 / 26 / 2014		
Purpose of Expenditure Salary		Category/ Type 001			
Name of Federal Candidate Mr. Greg Orman		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>KS</u>		
Calendar Year-To-Date Per Election for Office Sought 261541.03			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶ _____		
Full Name of Payee Kelli R Zimmerman			Date of Public Distribution/Dissemination 10 / 26 / 2014		
Mailing Address 248 Hungerford			Amount 12.90		
City Haysville	State KS	Zip Code 67060	Transaction ID : e99b1cac-0ae3-4c80-b Date of Disbursement or Obligation 10 / 26 / 2014		
Purpose of Expenditure Mileage		Category/ Type 002			
Name of Federal Candidate Mr. Greg Orman		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>KS</u>		
Calendar Year-To-Date Per Election for Office Sought 261541.03			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶ _____		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			52.90		
(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.					
Signature <i>Ms. Emily Buchanan</i>		[Electronically Filed]		Date 05 / 18 / 2015	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1521 OF 3250
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC		FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on		MM / DD / YYYY	
Full Name of Payee Konner M Zimmerman		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 26 / 2014	
Mailing Address 248 Hungerford		Amount 40.00	
City Haysville	State KS	Zip Code 67060	Transaction ID : 6b97f3d5-18a1-4d5c-b
Purpose of Expenditure Salary		Category/Type 001	Date of Disbursement or Obligation MM / DD / YYYY 10 / 26 / 2014
Name of Federal Candidate Mr. Greg Orman		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: KS
Calendar Year-To-Date Per Election for Office Sought 261541.03		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Konner M Zimmerman		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 26 / 2014	
Mailing Address 248 Hungerford		Amount 12.90	
City Haysville	State KS	Zip Code 67060	Transaction ID : b00acae7-4129-49c9-b
Purpose of Expenditure Mileage		Category/Type 002	Date of Disbursement or Obligation MM / DD / YYYY 10 / 26 / 2014
Name of Federal Candidate Mr. Greg Orman		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: KS
Calendar Year-To-Date Per Election for Office Sought 261541.03		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶		52.90	
(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.			
Signature Ms. Emily Buchanan		Date MM / DD / YYYY 05 / 18 / 2015	
		[Electronically Filed]	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1522 OF 3250
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M M / D D D / Y Y Y Y Y Y					
Full Name of Payee Joneisha Stewart			Date of Public Distribution/Dissemination 10 / 26 / 2014		
Mailing Address 2329 Runnymede Dr			Amount 70.00		
City Marrero	State LA	Zip Code 70072	Transaction ID : fe6455e8-9537-4e72-b Date of Disbursement or Obligation 10 / 26 / 2014		
Purpose of Expenditure Salary		Category/ Type 001			
Name of Federal Candidate Ms. Mary L Landrieu			Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>LA</u>		
Calendar Year-To-Date Per Election for Office Sought 554635.78			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶ _____		
Full Name of Payee Joneisha Stewart			Date of Public Distribution/Dissemination 10 / 26 / 2014		
Mailing Address 2329 Runnymede Dr			Amount 8.40		
City Marrero	State LA	Zip Code 70072	Transaction ID : 335842e7-bec4-49a8-9 Date of Disbursement or Obligation 10 / 26 / 2014		
Purpose of Expenditure Mileage		Category/ Type 002			
Name of Federal Candidate Ms. Mary L Landrieu			Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>LA</u>		
Calendar Year-To-Date Per Election for Office Sought 554635.78			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶ _____		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			78.40		
(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.					
Signature Ms. Emily Buchanan			Date 05 / 18 / 2015		
[Electronically Filed]					

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1523 OF 3250
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M M / D D D / Y Y Y Y Y Y					
Full Name of Payee ERIC TABARY			Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 10 / 26 / 2014		
Mailing Address 6101 NORA ST			Amount 70.00		
City METAIRIE		State LA	Zip Code 70003		Transaction ID : acc23e1e-3617-4a0c-a
Purpose of Expenditure Salary		Category/ Type 001		Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 10 / 26 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu			☐ Support ☒ Oppose		Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>LA</u>
Calendar Year-To-Date Per Election for Office Sought 554635.78			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶ _____		
Full Name of Payee LaVonna A Brown			Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 10 / 26 / 2014		
Mailing Address 1211 Treaty Rd			Amount 55.00		
City Delphos		State KS	Zip Code 67436		Transaction ID : e0533214-551a-403c-a
Purpose of Expenditure Salary		Category/ Type 001		Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 10 / 26 / 2014	
Name of Federal Candidate Mr. Greg Orman			☐ Support ☒ Oppose		Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>KS</u>
Calendar Year-To-Date Per Election for Office Sought 261541.03			Disbursement For: ☐ Primary ☒ 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.					
Signature Ms. Emily Buchanan			[Electronically Filed]		Date M M M / D D D / Y Y Y Y Y Y 05 / 18 / 2015

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1524 OF 3250
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC		FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on		M M M / D D D / Y Y Y Y Y Y	
Full Name of Payee LaVonna A Brown		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 10 / 26 / 2014	
Mailing Address 1211 Treaty Rd		Amount 5.70	
City Delphos	State KS	Zip Code 67436	Transaction ID : 8b004527-1e27-4920-a
Purpose of Expenditure Mileage	Category/Type 002	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 10 / 26 / 2014	
Name of Federal Candidate Mr. Greg Orman		☐ Support ☒ Oppose ☐ President ☒ Senate	
Office Sought: ☐ House ☒ Senate District: 00 State: KS		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Calendar Year-To-Date Per Election for Office Sought 261541.03			
Full Name of Payee Ronald E Brown		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 10 / 26 / 2014	
Mailing Address 1211 Treaty Rd		Amount 40.00	
City Delphos	State KS	Zip Code 67436	Transaction ID : 636066d1-5e68-419f-8
Purpose of Expenditure Salary	Category/Type 001	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 10 / 26 / 2014	
Name of Federal Candidate Mr. Greg Orman		☐ Support ☒ Oppose ☐ President ☒ Senate	
Office Sought: ☐ House ☒ Senate District: 00 State: KS		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Calendar Year-To-Date Per Election for Office Sought 261541.03			
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶		45.70	
(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.			
Signature Ms. Emily Buchanan		Date M M M / D D D / Y Y Y Y Y Y 05 / 18 / 2015	
		[Electronically Filed]	

Full Name of Payee Ronald E Brown		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 26 / 2014	
Mailing Address 1211 Treaty Rd		Amount 7.80	
City Delphos	State KS	Zip Code 67436	Transaction ID : 5dfce41-6367-43a2-9
Purpose of Expenditure Mileage	Category/ Type 002	Date of Disbursement or Obligation MM / DD / YYYY 10 / 26 / 2014	
Name of Federal Candidate Mr. Greg Orman	☐ Support ☒ Oppose	Office Sought: ☐ President ☒ Senate	District: 00 State: KS
Calendar Year-To-Date Per Election for Office Sought	261541.03	Disbursement For: 2014 ☐ Primary ☒ General ☐ Other (specify) ▶	

Full Name of Payee Colton R Overcash			Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 26 / 2014		
Mailing Address 121 Ohara Dr			Amount 50.00		
City Salisbury	State NC	Zip Code 28147	Transaction ID : ba246dd4-91c8-4a2f-a Date of Disbursement or Obligation MM / DD / YYYY 10 / 26 / 2014		
Purpose of Expenditure Salary		Category/ Type 001			
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: NC		
Calendar Year-To-Date Per Election for Office Sought		1095959.94	Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ►		

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	57.80
(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.

Date _____

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1526 OF 3250
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M / D D / Y Y Y Y				
Full Name of Payee Colton R Overcash			Date of Public Distribution/Dissemination 10 / 26 / 2014	
Mailing Address 121 Ohara Dr			Amount 96.00	
City Salisbury	State NC	Zip Code 28147	Transaction ID : 3aaebe3c-53ae-4524-a	
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement or Obligation 10 / 26 / 2014	
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: NC	
Calendar Year-To-Date Per Election for Office Sought		1095959.94	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Brandon Wheeler			Date of Public Distribution/Dissemination 10 / 26 / 2014	
Mailing Address 10112 Piney Creek Ct			Amount 90.00	
City Charolette	State NC	Zip Code 28215	Transaction ID : 5388f795-c22f-4750-b	
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation 10 / 26 / 2014	
Name of Federal Candidate Mr. Mark L Pryor		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: AR	
Calendar Year-To-Date Per Election for Office Sought		292370.62	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures.....▶			186.00	
(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.				
Signature Ms. Emily Buchanan		[Electronically Filed]		Date 05 / 18 / 2015

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1527 OF 3250
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M M / D D D / Y Y Y Y Y Y					
Full Name of Payee Brandon Wheeler			Date of Public Distribution/Dissemination 10 / 26 / 2014		
Mailing Address 10112 Piney Creek Ct			Amount 74.10		
City Charolette		State NC	Zip Code 28215	Transaction ID : 1dbb6ea6-f290-47fc-a Date of Disbursement or Obligation 10 / 26 / 2014	
Purpose of Expenditure Mileage		Category/ Type 002			
Name of Federal Candidate Mr. Mark L Pryor			Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: AR		
Calendar Year-To-Date Per Election for Office Sought 292370.62			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
Full Name of Payee Jeanne Tribou			Date of Public Distribution/Dissemination 10 / 26 / 2014		
Mailing Address 22369 Ponderosa Dr.			Amount 45.00		
City Mandeville		State LA	Zip Code 70471	Transaction ID : c8266355-8803-42a9-8 Date of Disbursement or Obligation 10 / 26 / 2014	
Purpose of Expenditure Salary		Category/ Type 001			
Name of Federal Candidate Ms. Mary L Landrieu			Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: LA		
Calendar Year-To-Date Per Election for Office Sought 554635.78			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			119.10		
(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.					
Signature Ms. Emily Buchanan			Date 05 / 18 / 2015		
[Electronically Filed]					

Full Name of Payee Darius Beverly		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 26 / 2014	
Mailing Address 157 Bishop Drive		Amount 55.00	
City Avondale	State LA	Zip Code 70094	Transaction ID : f9988354-4354-4738-a
Purpose of Expenditure Salary	Category/ Type	001	Date of Disbursement or Obligation MM / DD / YYYY 10 / 26 / 2014
Name of Federal Candidate Ms. Mary L Landrieu	☐ Support ☒ Oppose	Office Sought: ☐ President ☒ Senate	District: 00 State: LA
Calendar Year-To-Date Per Election for Office Sought	554635.78		Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	68.20
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

FEC Schedule E (Form 3X) Rev. 09/2013

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1529 OF 3250
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M / D D / Y Y Y Y				
Full Name of Payee Ms. Dinah Beverly			Date of Public Distribution/Dissemination 10 / 26 / 2014	
Mailing Address 157 Bishop Drive			Amount 55.00	
City Avondale	State LA	Zip Code 70064	Transaction ID : 19363b5f-96ff-4bd6-8	
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation 10 / 26 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: LA	
Calendar Year-To-Date Per Election for Office Sought		554635.78	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Ms. Dinah Beverly			Date of Public Distribution/Dissemination 10 / 26 / 2014	
Mailing Address 157 Bishop Drive			Amount 3.30	
City Avondale	State LA	Zip Code 70064	Transaction ID : e7cf6904-4f39-4599-b	
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement or Obligation 10 / 26 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: LA	
Calendar Year-To-Date Per Election for Office Sought		554635.78	Disbursement For: ☐ Primary ☒ 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.				
Signature Ms. Emily Buchanan		[Electronically Filed]		Date 05 / 18 / 2015

Full Name of Payee Kathryn M Wolfe		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 26 / 2014	
Mailing Address 204 W 9th St		Amount 26.70	
City Pittsburg	State KS	Zip Code 66762	Transaction ID : 8d4e6e34-b144-4924-a Date of Disbursement or Obligation MM / DD / YYYY 10 / 26 / 2014
Purpose of Expenditure Mileage	Category/ Type 002		
Name of Federal Candidate Mr. Greg Orman	☐ Support ☒ Oppose	Office Sought: ☐ President ☒ Senate ☐ Other (specify) ▶	District: 00 State: KS ☐ Primary ☒ General
Calendar Year-To-Date Per Election for Office Sought	261541.03		

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	116.70
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1531 OF 3250
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC		FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on / /			
Full Name of Payee Randy M Gold		Date of Public Distribution/Dissemination / / 10 / 26 / 2014	
Mailing Address 1436 Haigs Creek Dr		Amount 120.00	
City Elgin	State SC	Zip Code 29045	Transaction ID : 12e86e14-1dba-4bf8-b Date of Disbursement or Obligation / / 10 / 26 / 2014
Purpose of Expenditure Salary		Category/ Type 001	
Name of Federal Candidate Mr. Mark L Pryor		Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>AR</u>	
Calendar Year-To-Date Per Election for Office Sought 292370.62		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶ _____	
Full Name of Payee Randy M Gold		Date of Public Distribution/Dissemination / / 10 / 26 / 2014	
Mailing Address 1436 Haigs Creek Dr		Amount 82.02	
City Elgin	State SC	Zip Code 29045	Transaction ID : 68b73a73-aac3-498d-a Date of Disbursement or Obligation / / 10 / 26 / 2014
Purpose of Expenditure Mileage		Category/ Type 002	
Name of Federal Candidate Mr. Mark L Pryor		Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>AR</u>	
Calendar Year-To-Date Per Election for Office Sought 292370.62		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶ _____	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶		 202.02	
(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.			
Signature <i>Ms. Emily Buchanan</i>		Date / / 05 / 18 / 2015	
[Electronically Filed]			

Full Name of Payee Aleksandra B Padua		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 26 / 2014	
Mailing Address 110 Bridge gate Dr		Amount 40.00	
City Cary	State NC	Zip Code 27519	Transaction ID : f578b0ba-47c5-4fea-9 Date of Disbursement or Obligation MM / DD / YYYY 10 / 26 / 2014
Purpose of Expenditure Salary		Category/ Type 001	
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: NC
Calendar Year-To-Date Per Election for Office Sought 1095959.94		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	

Full Name of Payee Aleksandra B Padua			Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 26 / 2014		
Mailing Address 110 Bridge gate Dr			Amount 11.85		
City Cary	State NC	Zip Code 27519	Transaction ID : 35b10f07-b7b5-4a6e-b Date of Disbursement or Obligation MM / DD / YYYY 10 / 26 / 2014		
Purpose of Expenditure Mileage		Category/ Type	002		
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>NC</u>		
Calendar Year-To-Date Per Election for Office Sought		1095959.94			
		Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ► _____			

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	51.85
(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.

Date _____

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1533 OF 3250
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M M / D D D / Y Y Y Y Y Y					
Full Name of Payee Jacob W Joosten			Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 10 / 26 / 2014		
Mailing Address 1906 S Pine Apt B			Amount 85.00		
City Pittsburg	State KS	Zip Code 66762	Transaction ID : 20c558c3-d531-409b-9 Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 10 / 26 / 2014		
Purpose of Expenditure Salary		Category/ Type 001	Name of Federal Candidate Mr. Greg Orman ☐ Support ☒ Oppose Office Sought: ☐ House ☒ Senate District: 00 State: KS		
Calendar Year-To-Date Per Election for Office Sought 261541.03			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
Full Name of Payee Jacob W Joosten			Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 10 / 26 / 2014		
Mailing Address 1906 S Pine Apt B			Amount 22.80		
City Pittsburg	State KS	Zip Code 66762	Transaction ID : dff305a-9726-4c0f-b Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 10 / 26 / 2014		
Purpose of Expenditure Mileage		Category/ Type 002	Name of Federal Candidate Mr. Greg Orman ☐ Support ☒ Oppose Office Sought: ☐ House ☒ Senate District: 00 State: KS		
Calendar Year-To-Date Per Election for Office Sought 261541.03			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			107.80		
(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. Signature Ms. Emily Buchanan [Electronically Filed] Date M M M / D D D / Y Y Y Y Y Y 05 / 18 / 2015					

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1534 OF 3250
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M / D D / Y Y Y Y					
Full Name of Payee Kaleigh J Wagner			Date of Public Distribution/Dissemination 10 / 26 / 2014		
Mailing Address 18065 Wayne Rd			Amount 120.00		
City Odessa	State FL	Zip Code 33556	Transaction ID : 8b05cd34-8777-4c44-8		
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation 10 / 26 / 2014		
Name of Federal Candidate Mr. Mark L Pryor		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: AR		
Calendar Year-To-Date Per Election for Office Sought		292370.62	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
Full Name of Payee Rachel H Young			Date of Public Distribution/Dissemination 10 / 26 / 2014		
Mailing Address Box #11543 915 E Market Ave			Amount 130.00		
City Searcy	State AR	Zip Code 72149	Transaction ID : 5ee76b4e-48fb-42bb-b		
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation 10 / 26 / 2014		
Name of Federal Candidate Mr. Mark L Pryor		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: AR		
Calendar Year-To-Date Per Election for Office Sought		292370.62	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			250.00		
(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.					
Signature Ms. Emily Buchanan		[Electronically Filed]		Date 05 / 18 / 2015	

Full Name of Payee Rachel H Young		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 26 / 2014	
Mailing Address Box #11543 915 E Market Ave		Amount 112.59	
City	State	Zip Code	Transaction ID : fdb4cc50-a6f8-41bb-a Date of Disbursement or Obligation MM / DD / YYYY 10 / 26 / 2014
Searcy	AR	72149	
Purpose of Expenditure Mileage		Category/ Type	002
Name of Federal Candidate Mr. Mark L Pryor		☐ Support ☒ Oppose	Office Sought: ☐ House ☒ Senate ☐ President District: 00 State: AR
Calendar Year-To-Date Per Election for Office Sought		292370.62	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶

Full Name of Payee Hannah K Smith			Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 26 / 2014		
Mailing Address 633 Scott Dr			Amount 65.00		
City Gibsonville	State NC	Zip Code 27249	Transaction ID : 32c181e0-1784-4eae-a Date of Disbursement or Obligation MM / DD / YYYY 10 / 26 / 2014		
Purpose of Expenditure Salary		Category/ Type 001			
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: NC		
Calendar Year-To-Date Per Election for Office Sought		1095959.94	Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ▶		

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	177.59
(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.

Signature

05 / 18 / 2015

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1536 OF 3250
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC		FEC IDENTIFICATION NUMBER ▼ C C00530766
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on		MM / DD / YYYY

Full Name of Payee Hannah K Smith		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 26 / 2014
Mailing Address 633 Scott Dr		Amount 16.80
City Gibsonville	State NC	Zip Code 27249
Purpose of Expenditure Mileage	Category/Type 002	Transaction ID : 9c74a4be-2151-47de-a Date of Disbursement or Obligation MM / DD / YYYY 10 / 26 / 2014
Name of Federal Candidate Ms. Kay Hagan		Office Sought: ☐ House District: 00 ☒ Senate State: NC
Calendar Year-To-Date Per Election for Office Sought 1095959.94		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶

Full Name of Payee Kaylan N Swanson		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 26 / 2014
Mailing Address 633 Scott Dr		Amount 65.00
City Gibsonville	State NC	Zip Code 27249
Purpose of Expenditure Salary	Category/Type 001	Transaction ID : d3884224-81cb-4acb-b Date of Disbursement or Obligation MM / DD / YYYY 10 / 26 / 2014
Name of Federal Candidate Ms. Kay Hagan		Office Sought: ☐ House District: 00 ☒ Senate State: NC
Calendar Year-To-Date Per Election for Office Sought 1095959.94		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	81.80
(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]

Signature

Date

MM / DD / YYYY
05 / 18 / 2015

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1537 OF 3250
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC		FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on		MM / DD / YYYY	
Full Name of Payee Joseph R English		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 26 / 2014	
Mailing Address 915 East Market Ave Apt 4		Amount 60.00	
City Searcy	State AR	Zip Code 72143	Transaction ID : 5f085b42-0332-41b6-a
Purpose of Expenditure Salary		Category/Type 001	Date of Disbursement or Obligation MM / DD / YYYY 10 / 26 / 2014
Name of Federal Candidate Mr. Mark L Pryor		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: AR
Calendar Year-To-Date Per Election for Office Sought 292370.62		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Joseph R English		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 26 / 2014	
Mailing Address 915 East Market Ave Apt 4		Amount 60.00	
City Searcy	State AR	Zip Code 72143	Transaction ID : b46a76ae-4d8e-401f-a
Purpose of Expenditure Mileage		Category/Type 002	Date of Disbursement or Obligation MM / DD / YYYY 10 / 26 / 2014
Name of Federal Candidate Mr. Mark L Pryor		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: AR
Calendar Year-To-Date Per Election for Office Sought 292370.62		Disbursement For: ☐ Primary ☒ 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]	
Signature		Date MM / DD / YYYY 05 / 18 / 2015	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1538 OF 3250
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M / D D / Y Y Y Y Y Y				
Full Name of Payee Rebecca A Shearer			Date of Public Distribution/Dissemination 10 / 26 / 2014	
Mailing Address 6544 Arno College Grove Rd			Amount 85.00	
City College Grove		State TN	Zip Code 37046	
Purpose of Expenditure Salary		Category/ Type 001		Transaction ID : 3e73f8f7-9926-4cda-a Date of Disbursement or Obligation 10 / 26 / 2014
Name of Federal Candidate Mr. Mark L Pryor			Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>AR</u>	
Calendar Year-To-Date Per Election for Office Sought 292370.62			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Rebecca A Shearer			Date of Public Distribution/Dissemination 10 / 26 / 2014	
Mailing Address 6544 Arno College Grove Rd			Amount 34.80	
City College Grove		State TN	Zip Code 37046	
Purpose of Expenditure Mileage		Category/ Type 002		Transaction ID : ef6dbb67-81ab-4368-b Date of Disbursement or Obligation 10 / 26 / 2014
Name of Federal Candidate Mr. Mark L Pryor			Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>AR</u>	
Calendar Year-To-Date Per Election for Office Sought 292370.62			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			119.80	
(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.				
Signature <i>Ms. Emily Buchanan</i>			Date 05 / 18 / 2015 [Electronically Filed]	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 1539 OF 3250
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M / D D / Y Y Y Y					
Full Name of Payee Parker H Morrow			Date of Public Distribution/Dissemination 10 / 26 / 2014		
Mailing Address 506 N Horton Street			Amount 85.00		
City Searcy	State AR	Zip Code 72143	Transaction ID : 88560092-a31e-4cb5-a Date of Disbursement or Obligation 10 / 26 / 2014		
Purpose of Expenditure Salary		Category/ Type 001			
Name of Federal Candidate Mr. Mark L Pryor			Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: AR ☐ Support ☒ Oppose		
Calendar Year-To-Date Per Election for Office Sought 292370.62			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
Full Name of Payee Parker H Morrow			Date of Public Distribution/Dissemination 10 / 26 / 2014		
Mailing Address 506 N Horton Street			Amount 40.80		
City Searcy	State AR	Zip Code 72143	Transaction ID : 06ca3b52-c671-4bad-a Date of Disbursement or Obligation 10 / 26 / 2014		
Purpose of Expenditure Mileage		Category/ Type 002			
Name of Federal Candidate Mr. Mark L Pryor			Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: AR ☐ Support ☒ Oppose		
Calendar Year-To-Date Per Election for Office Sought 292370.62			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			125.80		
(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.					
Signature <u>Ms. Emily Buchanan</u> [Electronically Filed]			Date 05 / 18 / 2015		

Full Name of Payee Marsha Barnell		Date of Public Distribution/Dissemination M M / D D / Y Y Y Y 10 / 26 / 2014	
Mailing Address 3847 SW Atwood Terrace		Amount 5.40	
City Topeka	State KS	Zip Code 66610	Transaction ID : 31e4a15c-660a-4076-b Date of Disbursement or Obligation M M / D D / Y Y Y Y 10 / 26 / 2014
Purpose of Expenditure Mileage		Category/ Type 002	
Name of Federal Candidate Mr. Greg Orman		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: KS
Calendar Year-To-Date Per Election for Office Sought		261541.03	Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ►

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	16.90
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1541 OF 3250
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC		FEC IDENTIFICATION NUMBER ▼ C C00530766
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on		MM / DD / YYYY

Full Name of Payee Jonathan P Barnell		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 26 / 2014	
Mailing Address 3847 SW Atwood Terrace		Amount 11.50	
City Topeka	State KS	Zip Code 66610	Transaction ID : 674e6109-893d-40fa-8
Purpose of Expenditure Salary		Category/Type 001	Date of Disbursement or Obligation MM / DD / YYYY 10 / 26 / 2014
Name of Federal Candidate Mr. Greg Orman		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: KS
Calendar Year-To-Date Per Election for Office Sought 261541.03		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	

Full Name of Payee Natalie M Foutch		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 26 / 2014	
Mailing Address 1057 Waldron Road		Amount 130.00	
City LaVergne	State TN	Zip Code 37086	Transaction ID : 2b0415a8-ba0d-40b8-b
Purpose of Expenditure Salary		Category/Type 001	Date of Disbursement or Obligation MM / DD / YYYY 10 / 26 / 2014
Name of Federal Candidate Mr. Mark L Pryor		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: AR
Calendar Year-To-Date Per Election for Office Sought 292370.62		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	141.50
(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]

Signature

Date

MM / DD / YYYY
05 / 18 / 2015

Full Name of Payee Heather N Montgomery			Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 26 / 2014		
Mailing Address 106 Wyncrest Ct			Amount 53.70		
City Hendersonville	State TN	Zip Code 37075	Transaction ID : d6b8b651-bf31-4d70-b		
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement or Obligation MM / DD / YYYY 10 / 26 / 2014		
Name of Federal Candidate Mr. Mark L Pryor		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: AR		
Calendar Year-To-Date Per Election for Office Sought		292370.62	Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ►		

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	153.70
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

Signature

Full Name of Payee Katelynn Arnett		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 26 / 2014	
Mailing Address 311 Outlook Ct		Amount 115.00	
City St Peters	State MO	Zip Code 63376	Transaction ID : f6613f09-af08-4b9a-9 Date of Disbursement or Obligation MM / DD / YYYY 10 / 26 / 2014
Purpose of Expenditure Salary		Category/ Type 001	
Name of Federal Candidate Mr. Greg Orman		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: KS
Calendar Year-To-Date Per Election for Office Sought		261541.03	Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ►

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	215.00
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

Ms. Emily Buchanan

[Electronically Filed]

Date 05 / 18 / 2015

Signature _____

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1544 OF 3250
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on MM / DD / YYYY					
Full Name of Payee Katelynn Arnett			Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 26 / 2014		
Mailing Address 311 Outlook Ct			Amount 68.70		
City St Peters	State MO	Zip Code 63376	Transaction ID : 4ec39d3c-8c2f-4605-9		
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement or Obligation MM / DD / YYYY 10 / 26 / 2014		
Name of Federal Candidate Mr. Greg Orman		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>KS</u>		
Calendar Year-To-Date Per Election for Office Sought		261541.03	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶ _____		
Full Name of Payee Vonniqua Jackson			Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 26 / 2014		
Mailing Address 111 Westchester Blvd Apt D4			Amount 50.00		
City Slidell	State LA	Zip Code 70458	Transaction ID : 63182421-6468-4ef4-9		
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation MM / DD / YYYY 10 / 26 / 2014		
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>LA</u>		
Calendar Year-To-Date Per Election for Office Sought		554635.78	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶ _____		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			118.70		
(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.					
Signature <i>Ms. Emily Buchanan</i>		[Electronically Filed]		Date MM / DD / YYYY 05 / 18 / 2015	

Full Name of Payee Brenda L McCune		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 26 / 2014	
Mailing Address 1254 Fleming St Apt 6		Amount 17.10	
City Conway	State AR	Zip Code 72032	Transaction ID : 2fed0e67-c5c7-4aff-b Date of Disbursement or Obligation MM / DD / YYYY 10 / 26 / 2014
Purpose of Expenditure Mileage	Category/ Type 002		
Name of Federal Candidate Mr. Mark L Pryor	☐ Support ☒ Oppose	Office Sought: ☐ President ☒ Senate ☐ Other (specify) ▶	District: 00 State: AR ☐ Primary ☒ General
Calendar Year-To-Date Per Election for Office Sought	292370.62		

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	67.10
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1546 OF 3250
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M / D D / Y Y Y Y				
Full Name of Payee Isabella H Akel			Date of Public Distribution/Dissemination 10 / 27 / 2014	
Mailing Address 15 Redcoat Lane			Amount 70.00	
City Little Rock	State AR	Zip Code 72227	Transaction ID : 67f49704-90ca-4e9c-a Date of Disbursement or Obligation 10 / 27 / 2014	
Purpose of Expenditure Salary		Category/ Type 001		
Name of Federal Candidate Mr. Mark L Pryor		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: AR	
Calendar Year-To-Date Per Election for Office Sought		292370.62	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Isabella H Akel			Date of Public Distribution/Dissemination 10 / 27 / 2014	
Mailing Address 15 Redcoat Lane			Amount 45.00	
City Little Rock	State AR	Zip Code 72227	Transaction ID : 21d0f12d-4c4a-4c48-b Date of Disbursement or Obligation 10 / 27 / 2014	
Purpose of Expenditure Mileage		Category/ Type 002		
Name of Federal Candidate Mr. Mark L Pryor		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: AR	
Calendar Year-To-Date Per Election for Office Sought		292370.62	Disbursement For: ☐ Primary ☒ 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.				
Signature Ms. Emily Buchanan		[Electronically Filed]		Date 05 / 18 / 2015

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1547 OF 3250
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC		FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on		M M M / D D D / Y Y Y Y Y Y	
Full Name of Payee Kaylan N Swanson		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 10 / 25 / 2014	
Mailing Address 633 Scott Dr		Amount 60.00	
City Gibsonville	State NC	Zip Code 27249	Transaction ID : 6563fe5f-a891-4120-9
Purpose of Expenditure Salary	Category/Type 001	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 10 / 25 / 2014	
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	
Office Sought: ☐ President ☒ Senate		District: 00 State: NC	
Calendar Year-To-Date Per Election for Office Sought 1095959.94		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Jordyn Kilbury		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 10 / 24 / 2014	
Mailing Address 5416 S Santa Fe Street		Amount 50.00	
City Wichita	State KS	Zip Code 67216	Transaction ID : c343fe44-411e-4b62-a
Purpose of Expenditure Salary	Category/Type 001	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 10 / 24 / 2014	
Name of Federal Candidate Mr. Greg Orman		☐ Support ☒ Oppose	
Office Sought: ☐ President ☒ Senate		District: 00 State: KS	
Calendar Year-To-Date Per Election for Office Sought 261541.03		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶		110.00	
(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.			
Signature Ms. Emily Buchanan		Date M M M / D D D / Y Y Y Y Y Y 05 / 18 / 2015	
		[Electronically Filed]	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1548 OF 3250
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on MM / DD / YYYY					
Full Name of Payee Jordyn Kilbury			Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 24 / 2014		
Mailing Address 5416 S Santa Fe Street			Amount 8.40		
City Wichita	State KS	Zip Code 67216	Transaction ID : e2b7f64a-c4f3-4fce-9		
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement or Obligation MM / DD / YYYY 10 / 24 / 2014		
Name of Federal Candidate Mr. Greg Orman		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: KS		
Calendar Year-To-Date Per Election for Office Sought		261541.03	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
Full Name of Payee Anthony Pearson			Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 26 / 2014		
Mailing Address 112 apache Dr			Amount 50.00		
City Search	State AR	Zip Code 72149	Transaction ID : 3c521e88-6b98-4b95-b		
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation MM / DD / YYYY 10 / 26 / 2014		
Name of Federal Candidate Mr. Mark L Pryor		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: AR		
Calendar Year-To-Date Per Election for Office Sought		292370.62	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			58.40		
(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.					
Signature Ms. Emily Buchanan		[Electronically Filed]		Date MM / DD / YYYY 05 / 18 / 2015	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1549 OF 3250
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC		FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on		M M M / D D D / Y Y Y Y Y Y	
Full Name of Payee Anthony Pearson		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 10 / 26 / 2014	
Mailing Address 112 apache Dr		Amount 30.00	
City Search	State AR	Zip Code 72149	Transaction ID : 766aef5d-b8a0-4071-8
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 10 / 26 / 2014
Name of Federal Candidate Mr. Mark L Pryor		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: AR
Calendar Year-To-Date Per Election for Office Sought 292370.62		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Hannah K Smith		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 10 / 25 / 2014	
Mailing Address 633 Scott Dr		Amount 60.00	
City Gibsonville	State NC	Zip Code 27249	Transaction ID : 4b043486-0d59-47cd-8
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 10 / 25 / 2014
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: NC
Calendar Year-To-Date Per Election for Office Sought 1095959.94		Disbursement For: ☐ Primary ☒ 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]	
Signature		Date M M M / D D D / Y Y Y Y Y Y 05 / 18 / 2015	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1550 OF 3250
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M M / D D D / Y Y Y Y Y Y					
Full Name of Payee Hannah K Smith			Date of Public Distribution/Dissemination 10 / 25 / 2014		
Mailing Address 633 Scott Dr			Amount 9.00		
City Gibsonville		State NC	Zip Code 27249		Transaction ID : 3ba49631-0376-4af7-b
Purpose of Expenditure Mileage		Category/ Type 002		Date of Disbursement or Obligation 10 / 25 / 2014	
Name of Federal Candidate Ms. Kay Hagan			☐ Support ☒ Oppose		Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: NC
Calendar Year-To-Date Per Election for Office Sought			1095959.94		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶
Full Name of Payee Joseph Dockers			Date of Public Distribution/Dissemination 10 / 25 / 2014		
Mailing Address !000 Fairway Dr			Amount 45.00		
City chesapeake		State VA	Zip Code 23320		Transaction ID : 055afb2c-d41c-465b-b
Purpose of Expenditure Salary		Category/ Type 001		Date of Disbursement or Obligation 10 / 25 / 2014	
Name of Federal Candidate Mr. Greg Orman			☐ Support ☒ Oppose		Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: KS
Calendar Year-To-Date Per Election for Office Sought			261541.03		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶					54.00
(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.					
Signature Ms. Emily Buchanan			[Electronically Filed]		Date 05 / 18 / 2015

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

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 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M M D D D Y Y Y Y Y Y					
Full Name of Payee Sharon t Craig			Date of Public Distribution/Dissemination 10 27 2014		
Mailing Address 1410 Bushville Dr			Amount 40.00		
City Lenoir	State NC	Zip Code 28645	Transaction ID : 0942b727-4411-4180-b Date of Disbursement or Obligation 10 27 2014		
Purpose of Expenditure Salary		Category/ Type 001			
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: NC		
Calendar Year-To-Date Per Election for Office Sought 1095959.94			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		

Full Name of Payee Sharon t Craig			Date of Public Distribution/Dissemination 10 27 2014		
Mailing Address 1410 Bushville Dr			Amount 15.00		
City Lenoir	State NC	Zip Code 28645	Transaction ID : 848b0827-3efb-4d61-9 Date of Disbursement or Obligation 10 27 2014		
Purpose of Expenditure Mileage		Category/ Type 002			
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: NC		
Calendar Year-To-Date Per Election for Office Sought 1095959.94			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	55.00
(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

Signature _____

[Electronically Filed]

Date

05

18

2015

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1552 OF 3250
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on MM / DD / YYYY				
Full Name of Payee James Kindstedt			Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 27 / 2014	
Mailing Address 5510 Dogwood Dr			Amount 31.80	
City Winston Salem	State NC	Zip Code 27105	Transaction ID : b23d1dd7-1880-439c-9	
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation MM / DD / YYYY 10 / 27 / 2014	
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>NC</u>	
Calendar Year-To-Date Per Election for Office Sought		1095959.94	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee James Kindstedt			Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 27 / 2014	
Mailing Address 5510 Dogwood Dr			Amount 10.50	
City Winston Salem	State NC	Zip Code 27105	Transaction ID : da4288ac-1921-4643-b	
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement or Obligation MM / DD / YYYY 10 / 27 / 2014	
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>NC</u>	
Calendar Year-To-Date Per Election for Office Sought		1095959.94	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures.....▶			42.30	
(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 MM / DD / YYYY 05 / 18 / 2015	
Signature				

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1553 OF 3250
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M / D D / Y Y Y Y Y Y				
Full Name of Payee Joanna Kindstedt			Date of Public Distribution/Dissemination 10 / 27 / 2014	
Mailing Address 2134 Tobaccoville Rd			Amount 31.80	
City Rural Hall	State NC	Zip Code 27045	Transaction ID : 5968cf8e-eca7-45d5-8	
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation 10 / 27 / 2014	
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: NC	
Calendar Year-To-Date Per Election for Office Sought		1095959.94	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Ashlee G Anderson			Date of Public Distribution/Dissemination 10 / 27 / 2014	
Mailing Address 2226 Enloe St			Amount 25.00	
City Fayetteville	State NC	Zip Code 28306	Transaction ID : 22a51d92-6a5e-4c6b-9	
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation 10 / 27 / 2014	
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: NC	
Calendar Year-To-Date Per Election for Office Sought		1095959.94	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			56.80	
(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 05 / 18 / 2015	
Signature				

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1554 OF 3250
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M M / D D D / Y Y Y Y Y Y				
Full Name of Payee Ashlee G Anderson			Date of Public Distribution/Dissemination 10 / 27 / 2014	
Mailing Address 2226 Enloe St			Amount 6.60	
City Fayetteville	State NC	Zip Code 28306	Transaction ID : 783dfec8-e633-44f9-b	
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement or Obligation 10 / 27 / 2014	
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>NC</u>	
Calendar Year-To-Date Per Election for Office Sought		1095959.94	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Toni A Persinger-Buckler			Date of Public Distribution/Dissemination 10 / 27 / 2014	
Mailing Address 5330 Nestleway Dr			Amount 32.50	
City Clemmons	State NC	Zip Code 27012	Transaction ID : 6058da67-52fc-4020-9	
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation 10 / 27 / 2014	
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>NC</u>	
Calendar Year-To-Date Per Election for Office Sought		1095959.94	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			39.10	
(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.				
Signature Ms. Emily Buchanan		[Electronically Filed]		Date 05 / 18 / 2015

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1555 OF 3250
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M M / D D D / Y Y Y Y Y Y					
Full Name of Payee Toni A Persinger-Buckler			Date of Public Distribution/Dissemination 10 / 27 / 2014		
Mailing Address 5330 Nestleway Dr			Amount 4.05		
City Clemmons		State NC	Zip Code 27012		Transaction ID : c1cc599e-7c72-4a1a-8
Purpose of Expenditure Mileage		Category/ Type 002		Date of Disbursement or Obligation 10 / 27 / 2014	
Name of Federal Candidate Ms. Kay Hagan			☐ Support ☒ Oppose Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: NC		
Calendar Year-To-Date Per Election for Office Sought 1095959.94			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
Full Name of Payee Jacob Bernas			Date of Public Distribution/Dissemination 10 / 27 / 2014		
Mailing Address 458 S Glendale			Amount 30.00		
City Wichita		State KS	Zip Code 67218		Transaction ID : 51c0be4a-7522-44ab-a
Purpose of Expenditure Salary		Category/ Type 001		Date of Disbursement or Obligation 10 / 27 / 2014	
Name of Federal Candidate Mr. Greg Orman			☐ Support ☒ Oppose Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: KS		
Calendar Year-To-Date Per Election for Office Sought 261541.03			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			34.05		
(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.					
Signature Ms. Emily Buchanan			Date 05 / 18 / 2015		
[Electronically Filed]					

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

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 FOR LINE 24 OF FORM 3X

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

Full Name of Payee Jacob Bernas		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 27 / 2014	
Mailing Address 458 S Glendale		Amount 9.00	
City State Zip Code Wichita KS 67218	Transaction ID : 2a6e3a7a-d9d8-4cf8-b Date of Disbursement or Obligation MM / DD / YYYY 10 / 27 / 2014		
Purpose of Expenditure Mileage	Category/Type 002		
Name of Federal Candidate Mr. Greg Orman		Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: KS	
Calendar Year-To-Date Per Election for Office Sought 261541.03		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	

Full Name of Payee Dianna R Williams		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 27 / 2014	
Mailing Address 1510 W Pawnee Apt 2103		Amount 25.00	
City State Zip Code Wichita KS 67213	Transaction ID : f52b0ec8-6d02-4b27-8 Date of Disbursement or Obligation MM / DD / YYYY 10 / 27 / 2014		
Purpose of Expenditure Salary	Category/Type 001		
Name of Federal Candidate Mr. Greg Orman		Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: KS	
Calendar Year-To-Date Per Election for Office Sought 261541.03		Disbursement For: ☐ Primary ☒ 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

MM / DD / YYYY
05 / 18 / 2015

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1557 OF 3250
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC		FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on		M M M / D D D / Y Y Y Y Y Y	
Full Name of Payee Dianna R Williams		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 10 / 27 / 2014	
Mailing Address 1510 W Pawnee Apt 2103		Amount 8.10	
City Wichita	State KS	Zip Code 67213	Transaction ID : e6b122c1-3b9c-4120-9
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 10 / 27 / 2014
Name of Federal Candidate Mr. Greg Orman		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: KS
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Lance Reichenberger		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 10 / 27 / 2014	
Mailing Address 1426 N Glendale		Amount 30.00	
City Wichita	State KS	Zip Code 67208	Transaction ID : 361f9244-381e-4744-8
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 10 / 27 / 2014
Name of Federal Candidate Mr. Greg Orman		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: KS
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶		38.10	
(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.			
Signature Ms. Emily Buchanan		Date M M M / D D D / Y Y Y Y Y Y 05 / 18 / 2015	
		[Electronically Filed]	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1558 OF 3250
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC		FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on MM / DD / YYYY			
Full Name of Payee Christine R McDonald		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 27 / 2014	
Mailing Address 3751 N Jeanette Ave		Amount 35.00	
City Wichita	State KS	Zip Code 67204	Transaction ID : 2da37a40-b020-438d-b
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation MM / DD / YYYY 10 / 27 / 2014
Name of Federal Candidate Mr. Greg Orman		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>KS</u>
Calendar Year-To-Date Per Election for Office Sought 261541.03		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Christine R McDonald		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 27 / 2014	
Mailing Address 3751 N Jeanette Ave		Amount 11.10	
City Wichita	State KS	Zip Code 67204	Transaction ID : da18ff14-0b1f-4b9d-b
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement or Obligation MM / DD / YYYY 10 / 27 / 2014
Name of Federal Candidate Mr. Greg Orman		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>KS</u>
Calendar Year-To-Date Per Election for Office Sought 261541.03		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶		46.10	
(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.			
Signature <i>Ms. Emily Buchanan</i>		Date MM / DD / YYYY 05 / 18 / 2015	
		[Electronically Filed]	

Full Name of Payee Marilyn Galliardt		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 27 / 2014	
Mailing Address 410 Wedgewood Ct		Amount 18.00	
City Hesston	State KS	Zip Code 67062	Transaction ID : 9b10ab2f-7799-4417-8
Purpose of Expenditure Mileage	Category/ Type	002	Date of Disbursement or Obligation MM / DD / YYYY 10 / 27 / 2014
Name of Federal Candidate Mr. Greg Orman	☐ Support ☒ Oppose	Office Sought: ☐ House ☐ President	District: 00 State: KS ☒ Senate
Calendar Year-To-Date Per Election for Office Sought	261541.03		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	98.00
(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.

Date _____

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 1560 OF 3250
 FOR LINE 24 OF FORM 3X

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

Full Name of Payee Lorri Anderson		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 27 / 2014	
Mailing Address 7214 Duchamp Dr		Amount 60.00	
City Charlotte	State NC	Zip Code 23215	Transaction ID : 40fe567e-4772-43d5-b
Purpose of Expenditure Salary	Category/Type 001	Date of Disbursement or Obligation MM / DD / YYYY 10 / 27 / 2014	
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: NC	
Calendar Year-To-Date Per Election for Office Sought 1095959.94		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	

Full Name of Payee Lorri Anderson		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 27 / 2014	
Mailing Address 7214 Duchamp Dr		Amount 1.50	
City Charlotte	State NC	Zip Code 23215	Transaction ID : 5c312e34-92d8-471a-a
Purpose of Expenditure Mileage	Category/Type 002	Date of Disbursement or Obligation MM / DD / YYYY 10 / 27 / 2014	
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: NC	
Calendar Year-To-Date Per Election for Office Sought 1095959.94		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	61.50
(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

MM / DD / YYYY
05 / 18 / 2015

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 1561 OF 3250
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M / D D / Y Y Y Y					
Full Name of Payee Alice K Salazar			Date of Public Distribution/Dissemination 10 / 27 / 2014		
Mailing Address 605 W Houston St			Amount 80.00		
City Marshall		State TX	Zip Code 75633		Transaction ID : e7aa062d-d7d9-421c-9
Purpose of Expenditure Salary		Category/Type 001		Date of Disbursement or Obligation 10 / 27 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu			☐ Support Office Sought: ☐ House District: <u>00</u> ☒ Oppose ☐ President ☒ Senate State: <u>LA</u>		
Calendar Year-To-Date Per Election for Office Sought			554635.78 Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
Full Name of Payee Alice K Salazar			Date of Public Distribution/Dissemination 10 / 27 / 2014		
Mailing Address 605 W Houston St			Amount 48.90		
City Marshall		State TX	Zip Code 75633		Transaction ID : 4fc32680-7bfd-4bd6-9
Purpose of Expenditure Mileage		Category/Type 002		Date of Disbursement or Obligation 10 / 27 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu			☐ Support Office Sought: ☐ House District: <u>00</u> ☒ Oppose ☐ President ☒ Senate State: <u>LA</u>		
Calendar Year-To-Date Per Election for Office Sought			554635.78 Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			128.90		
(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 05 / 18 / 2015		

Full Name of Payee William M Criswell		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 27 / 2014	
Mailing Address 115 Burns Mitchell Drive		Amount 65.00	
City Belmont	State NC	Zip Code 28012	Transaction ID : e3aa3c01-b1b2-4bd8-8 Date of Disbursement or Obligation MM / DD / YYYY 10 / 27 / 2014
Purpose of Expenditure Salary	Category/ Type 001		
Name of Federal Candidate Ms. Kay Hagan	☐ Support ☒ Oppose	Office Sought: ☐ President ☒ Senate	District: 00 State: NC
Calendar Year-To-Date Per Election for Office Sought	1095959.94	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	

Full Name of Payee William M Criswell		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 27 / 2014	
Mailing Address 115 Burns Mitchell Drive		Amount 10.50	
City Belmont	State NC	Zip Code 28012	Transaction ID : e2e220f7-dce6-4a01-b Date of Disbursement or Obligation MM / DD / YYYY 10 / 27 / 2014
Purpose of Expenditure Mileage	Category/ Type	002	
Name of Federal Candidate Ms. Kay Hagan	☐ Support ☒ Oppose	Office Sought: ☐ President ☒ Senate	House District: 00 State: NC
Calendar Year-To-Date Per Election for Office Sought	1095959.94		Disbursement For: 2014 ☐ Primary ☒ General ☐ Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	75.50
(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.

Date / /

Signature

Full Name of Payee John K Necaïse III			Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 27 / 2014		
Mailing Address 1905 Franklin Ave			Amount 11.79		
City New Orleans	State LA	Zip Code 70117	Transaction ID : 775b9cdc-12ec-4f2d-9		
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement or Obligation MM / DD / YYYY 10 / 27 / 2014		
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: LA		
Calendar Year-To-Date Per Election for Office Sought		554635.78	Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ▶		

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	61.79
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

FEC Schedule E (Form 3X) Rev. 09/2013

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 1564 OF 3250
 FOR LINE 24 OF FORM 3X

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

Full Name of Payee Leona Martin			Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 27 / 2014		
Mailing Address 9901 Floyd St			Amount 30.00		
City Overland Park	State KS	Zip Code 66212	Transaction ID : 5064eb33-1254-45bf-a Date of Disbursement or Obligation MM / DD / YYYY 10 / 27 / 2014		
Purpose of Expenditure Salary		Category/ Type 001	Name of Federal Candidate Mr. Greg Orman		
Calendar Year-To-Date Per Election for Office Sought 261541.03		Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: KS Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶			

Full Name of Payee Leona Martin			Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 27 / 2014		
Mailing Address 9901 Floyd St			Amount 7.80		
City Overland Park	State KS	Zip Code 66212	Transaction ID : 24dd63d3-627e-4ffb-9 Date of Disbursement or Obligation MM / DD / YYYY 10 / 27 / 2014		
Purpose of Expenditure Mileage		Category/ Type 002	Name of Federal Candidate Mr. Greg Orman		
Calendar Year-To-Date Per Election for Office Sought 261541.03		Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: KS Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶			

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	37.80
(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

MM / DD / YYYY
05 / 18 / 2015

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1565 OF 3250
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC		FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on / /			
Full Name of Payee Lisa Booth		Date of Public Distribution/Dissemination / / 10 / 27 / 2014	
Mailing Address 1434 South Avenue		Amount 100.00	
City Eden	State NC	Zip Code 27288	Transaction ID : c33cf0bb-484d-4225-8 Date of Disbursement or Obligation / / 10 / 27 / 2014
Purpose of Expenditure Salary		Category/ Type 001	
Name of Federal Candidate Ms. Kay Hagan		Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>NC</u>	
Calendar Year-To-Date Per Election for Office Sought 1095959.94		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶ _____	
Full Name of Payee Lisa Booth		Date of Public Distribution/Dissemination / / 10 / 27 / 2014	
Mailing Address 1434 South Avenue		Amount 16.80	
City Eden	State NC	Zip Code 27288	Transaction ID : ba293172-3c7c-4c88-b Date of Disbursement or Obligation / / 10 / 27 / 2014
Purpose of Expenditure Mileage		Category/ Type 002	
Name of Federal Candidate Ms. Kay Hagan		Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>NC</u>	
Calendar Year-To-Date Per Election for Office Sought 1095959.94		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶ _____	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶		 116.80	
(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.			
Signature <i>Ms. Emily Buchanan</i>		Date / / 05 / 18 / 2015	
[Electronically Filed]			

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1567 OF 3250
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC		FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on		MM / DD / YYYY	
Full Name of Payee Corey S McKnight		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 27 / 2014	
Mailing Address 1510 Bailey St		Amount 40.00	
City West Monroe	State LA	Zip Code 71292	Transaction ID : 10c83b52-f651-40c5-b
Purpose of Expenditure Salary		Category/Type 001	Date of Disbursement or Obligation MM / DD / YYYY 10 / 27 / 2014
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: LA
Calendar Year-To-Date Per Election for Office Sought 554635.78		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Melissa D Turner		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 27 / 2014	
Mailing Address 9653 Nations Dr		Amount 27.50	
City Springdale	State AR	Zip Code 72762	Transaction ID : c3b458c2-fe43-4f80-9
Purpose of Expenditure Salary		Category/Type 001	Date of Disbursement or Obligation MM / DD / YYYY 10 / 27 / 2014
Name of Federal Candidate Mr. Mark L Pryor		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: AR
Calendar Year-To-Date Per Election for Office Sought 292370.62		Disbursement For: ☐ Primary ☒ 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.			
Signature Ms. Emily Buchanan		Date MM / DD / YYYY 05 / 18 / 2015	
		[Electronically Filed]	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1568 OF 3250
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC		FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on		MM / DD / YYYY	
Full Name of Payee Edmond D Rea		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 27 / 2014	
Mailing Address 416 Vine Dr		Amount 70.00	
City Lawrence	State KS	Zip Code 66049	Transaction ID : c07a73c1-11ba-422b-a
Purpose of Expenditure Salary		Category/Type 001	Date of Disbursement or Obligation MM / DD / YYYY 10 / 27 / 2014
Name of Federal Candidate Mr. Greg Orman		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: KS
Calendar Year-To-Date Per Election for Office Sought 261541.03		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Edmond D Rea		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 27 / 2014	
Mailing Address 416 Vine Dr		Amount 15.00	
City Lawrence	State KS	Zip Code 66049	Transaction ID : aa298ed2-dbdb-4921-b
Purpose of Expenditure Mileage		Category/Type 002	Date of Disbursement or Obligation MM / DD / YYYY 10 / 27 / 2014
Name of Federal Candidate Mr. Greg Orman		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: KS
Calendar Year-To-Date Per Election for Office Sought 261541.03		Disbursement For: ☐ Primary ☒ 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.			
Signature Ms. Emily Buchanan		Date MM / DD / YYYY 05 / 18 / 2015	
		[Electronically Filed]	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1569 OF 3250
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC		FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on		M M M / D D D / Y Y Y Y Y Y	
Full Name of Payee Kayla T Royce		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 10 / 27 / 2014	
Mailing Address 500 Lakeview Dr		Amount 27.50	
City Huntsville	State AR	Zip Code 72740	Transaction ID : 928d77c2-9492-4f77-a
Purpose of Expenditure Salary		Category/Type 001	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 10 / 27 / 2014
Name of Federal Candidate Mr. Mark L Pryor		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: AR
Calendar Year-To-Date Per Election for Office Sought 292370.62		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Luke S Buren		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 10 / 27 / 2014	
Mailing Address 415 E Carroll		Amount 27.50	
City Macomb	State IL	Zip Code 61455	Transaction ID : dcc2d143-ce27-4904-a
Purpose of Expenditure Salary		Category/Type 001	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 10 / 27 / 2014
Name of Federal Candidate Mr. Mark L Pryor		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: AR
Calendar Year-To-Date Per Election for Office Sought 292370.62		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶		55.00	
(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.			
Signature Ms. Emily Buchanan		Date M M M / D D D / Y Y Y Y Y Y 05 / 18 / 2015	
		[Electronically Filed]	

Full Name of Payee Luke S Buren		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 27 / 2014	
Mailing Address 415 E Carroll		Amount 8.82	
City Macomb	State IL	Zip Code 61455	Transaction ID : c25bef27-bdb6-4166-9
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement or Obligation MM / DD / YYYY 10 / 27 / 2014
Name of Federal Candidate Mr. Mark L Pryor		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: AR
Calendar Year-To-Date Per Election for Office Sought 292370.62		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	

Full Name of Payee Edward N Walker		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 27 / 2014	
Mailing Address 3 Girard St		Amount 50.00	
City Ft Smith	State AR	Zip Code 72901	Transaction ID : ba7c44f9-8888-4a00-9 Date of Disbursement or Obligation MM / DD / YYYY 10 / 27 / 2014
Purpose of Expenditure Salary		Category/ Type 001	
Name of Federal Candidate Mr. Mark L Pryor		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: AR
Calendar Year-To-Date Per Election for Office Sought 292370.62		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	58.82
(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.

Date _____

Signature

05 / 18 / 2015

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1571 OF 3250
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC		FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on		M M M / D D D / Y Y Y Y Y Y	
Full Name of Payee Edward N Walker		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 10 / 27 / 2014	
Mailing Address 3 Girard St		Amount 19.20	
City Ft Smith	State AR	Zip Code 72901	Transaction ID : 3c34d9c3-c874-498e-9
Purpose of Expenditure Mileage		Category/Type 002	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 10 / 27 / 2014
Name of Federal Candidate Mr. Mark L Pryor		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: AR
Calendar Year-To-Date Per Election for Office Sought 292370.62		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Jackson S Tuttle		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 10 / 27 / 2014	
Mailing Address 404 Chancery Park Ct		Amount 40.00	
City Kernersville	State NC	Zip Code 27284	Transaction ID : e4bc4f4f-5af4-4d44-b
Purpose of Expenditure Salary		Category/Type 001	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 10 / 27 / 2014
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: NC
Calendar Year-To-Date Per Election for Office Sought 1095959.94		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶		59.20	
(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.			
Signature Ms. Emily Buchanan		[Electronically Filed] Date M M M / D D D / Y Y Y Y Y Y 05 / 18 / 2015	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1572 OF 3250
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M / D D / Y Y Y Y Y Y				
Full Name of Payee Jackson S Tuttle			Date of Public Distribution/Dissemination 10 / 27 / 2014	
Mailing Address 404 Chancery Park Ct			Amount 6.00	
City Kernersville	State NC	Zip Code 27284	Transaction ID : 92bfdd7d-5b57-441d-8	
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement or Obligation 10 / 27 / 2014	
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: NC	
Calendar Year-To-Date Per Election for Office Sought		1095959.94	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Sue G Walker			Date of Public Distribution/Dissemination 10 / 27 / 2014	
Mailing Address 3 Girard			Amount 60.00	
City Fort Smith	State AR	Zip Code 72901	Transaction ID : a4124212-a68e-4a90-8	
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation 10 / 27 / 2014	
Name of Federal Candidate Mr. Mark L Pryor		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: AR	
Calendar Year-To-Date Per Election for Office Sought		292370.62	Disbursement For: ☐ Primary ☒ 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.				
Signature Ms. Emily Buchanan		[Electronically Filed]		Date 05 / 18 / 2015

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 1573 OF 3250
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M / D D / Y Y Y Y					
Full Name of Payee Sue G Walker			Date of Public Distribution/Dissemination 10 / 27 / 2014		
Mailing Address 3 Girard			Amount 26.40		
City Fort Smith		State AR	Zip Code 72901		Transaction ID : 85f36024-08de-4863-a
Purpose of Expenditure Mileage		Category/ Type 002		Date of Disbursement or Obligation 10 / 27 / 2014	
Name of Federal Candidate Mr. Mark L Pryor			☐ Support ☒ Oppose Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: AR		
Calendar Year-To-Date Per Election for Office Sought 292370.62			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
Full Name of Payee Stephanie E Hardy			Date of Public Distribution/Dissemination 10 / 27 / 2014		
Mailing Address 3039 Four Way Rd			Amount 30.00		
City Snow Hill		State NC	Zip Code 28580		Transaction ID : 3d18a331-fd2b-41c1-a
Purpose of Expenditure Salary		Category/ Type 001		Date of Disbursement or Obligation 10 / 27 / 2014	
Name of Federal Candidate Ms. Kay Hagan			☐ Support ☒ Oppose Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: NC		
Calendar Year-To-Date Per Election for Office Sought 1095959.94			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			56.40		
(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.					
Signature <u>Ms. Emily Buchanan</u> [Electronically Filed]			Date 05 / 18 / 2015		

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1574 OF 3250
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC		FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on		M M M / D D D / Y Y Y Y Y Y	
Full Name of Payee Stephanie E Hardy		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 10 / 27 / 2014	
Mailing Address 3039 Four Way Rd		Amount 30.00	
City Snow Hill	State NC	Zip Code 28580	Transaction ID : 5a0da0fc-9da4-449b-b
Purpose of Expenditure Salary		Category/Type 001	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 10 / 27 / 2014
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: NC
Calendar Year-To-Date Per Election for Office Sought 1095959.94		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Gary W Fuhrmann		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 10 / 27 / 2014	
Mailing Address 9425 Jessica Drive		Amount 50.00	
City Shreveport	State LA	Zip Code 71106	Transaction ID : 05da9f54-ad98-40c8-9
Purpose of Expenditure Salary		Category/Type 001	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 10 / 27 / 2014
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: LA
Calendar Year-To-Date Per Election for Office Sought 554635.78		Disbursement For: ☐ Primary ☒ 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]	
Signature		Date M M M / D D D / Y Y Y Y Y Y 05 / 18 / 2015	

Full Name of Payee Tristan Hightower		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 27 / 2014	
Mailing Address 2490 W Cornerstone Pl		Amount 30.00	
City Fayetteville	State AR	Zip Code 72703	Transaction ID : f7c4963f-f41f-455e-8 Date of Disbursement or Obligation MM / DD / YYYY 10 / 27 / 2014
Purpose of Expenditure Salary	Category/ Type 001		
Name of Federal Candidate Mr. Mark L Pryor	☐ Support ☒ Oppose	Office Sought: ☐ President ☒ Senate	District: 00 State: AR
Calendar Year-To-Date Per Election for Office Sought	292370.62	Disbursement For: 2014 ☐ Primary ☒ General ☐ Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	45.60
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

05 / 18 / 2015

FEC Schedule E (Form 3X) Rev. 09/2013

Full Name of Payee Eva M Johnston		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 27 / 2014	
Mailing Address 2517 N 47th St		Amount 60.00	
City Milwaukee	State WI	Zip Code 53210	Transaction ID : 9ac6e234-0c36-4194-a Date of Disbursement or Obligation MM / DD / YYYY 10 / 27 / 2014
Purpose of Expenditure Salary		Category/ Type 001	
Name of Federal Candidate Mr. Greg Orman		☐ Support ☒ Oppose	Office Sought: ☐ House ☒ Senate ☐ President ☐ Other (specify) _____
Calendar Year-To-Date Per Election for Office Sought		261541.03	Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ► _____

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	69.00
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1577 OF 3250
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M M / D D D / Y Y Y Y Y Y					
Full Name of Payee Laura U Logie			Date of Public Distribution/Dissemination 10 / 27 / 2014		
Mailing Address 2565 Shire Circle			Amount 55.00		
City Harrisonburg		State VA	Zip Code 22801		Transaction ID : a5024ada-7ce8-4055-9
Purpose of Expenditure Salary		Category/ Type 001		Date of Disbursement or Obligation 10 / 27 / 2014	
Name of Federal Candidate Mr. Greg Orman			☐ Support ☒ Oppose		Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>KS</u>
Calendar Year-To-Date Per Election for Office Sought 261541.03			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶ _____		
Full Name of Payee Kenny Wallis			Date of Public Distribution/Dissemination 10 / 27 / 2014		
Mailing Address 6412 Osage Dr			Amount 90.00		
City North Little rock		State AR	Zip Code 72116		Transaction ID : e12feea7-9e4f-46d7-b
Purpose of Expenditure Salary		Category/ Type 001		Date of Disbursement or Obligation 10 / 27 / 2014	
Name of Federal Candidate Mr. Mark L Pryor			☐ Support ☒ Oppose		Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>AR</u>
Calendar Year-To-Date Per Election for Office Sought 292370.62			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶ _____		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			145.00		
(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.					
Signature <i>Ms. Emily Buchanan</i>			Date 05 / 18 / 2015		
[Electronically Filed]					

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1578 OF 3250
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC		FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on		MM / DD / YYYY	
Full Name of Payee Kenny Wallis		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 27 / 2014	
Mailing Address 6412 Osage Dr		Amount 13.86	
City North Little rock	State AR	Zip Code 72116	Transaction ID : bf09c5ad-367f-4e3d-b
Purpose of Expenditure Mileage	Category/Type 002	Date of Disbursement or Obligation MM / DD / YYYY 10 / 27 / 2014	
Name of Federal Candidate Mr. Mark L Pryor		Office Sought: ☐ House District: 00 ☒ Senate State: AR	
Calendar Year-To-Date Per Election for Office Sought 292370.62		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Lee R Carter		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 27 / 2014	
Mailing Address 3110 Brentwood Rd		Amount 75.00	
City Raleigh	State NC	Zip Code 27604	Transaction ID : 07e2858c-6461-4d22-8
Purpose of Expenditure Salary	Category/Type 001	Date of Disbursement or Obligation MM / DD / YYYY 10 / 27 / 2014	
Name of Federal Candidate Ms. Kay Hagan		Office Sought: ☐ House District: 00 ☒ Senate State: NC	
Calendar Year-To-Date Per Election for Office Sought 1095959.94		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures.....▶		88.86	
(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.			
Signature Ms. Emily Buchanan		Date MM / DD / YYYY 05 / 18 / 2015	
		[Electronically Filed]	

Full Name of Payee Anselma A Trinidad		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 27 / 2014	
Mailing Address 7915 Curtina Ln		Amount 80.00	
City Lewisville	State NC	Zip Code 27023	Transaction ID : f7d59c6b-ce7d-4cb4-8
Purpose of Expenditure Salary	Category/ Type	001	Date of Disbursement or Obligation MM / DD / YYYY 10 / 27 / 2014
Name of Federal Candidate Ms. Kay Hagan	☐ Support ☒ Oppose	Office Sought: ☐ President ☒ Senate	District: 00 State: NC
Calendar Year-To-Date Per Election for Office Sought	1095959.94		Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	86.90
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

FEC Schedule E (Form 3X) Rev. 09/2013

Full Name of Payee Kendyl H Browder		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 27 / 2014	
Mailing Address 4429 Lagan Circle		Amount 2.70	
City Winterville	State NC	Zip Code 28590	Transaction ID : 49285908-ebaf-47cd-a Date of Disbursement or Obligation MM / DD / YYYY 10 / 27 / 2014
Purpose of Expenditure Mileage	Category/ Type 002		
Name of Federal Candidate Ms. Kay Hagan	☐ Support ☒ Oppose	Office Sought: ☐ President ☒ Senate	District: 00 State: NC
Calendar Year-To-Date Per Election for Office Sought	1095959.94	Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....	12.70
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures.....	

FEC Schedule E (Form 3X) Rev. 09/2013

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1581 OF 3250
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M / D D / Y Y Y Y				
Full Name of Payee Sandra H Wagner			Date of Public Distribution/Dissemination 10 / 27 / 2014	
Mailing Address 5828 Rena Road			Amount 65.00	
City Hamptonville	State NC	Zip Code 27020	Transaction ID : df2a582d-27f0-4595-9	
Purpose of Expenditure Salary		Category/Type 001	Date of Disbursement or Obligation 10 / 27 / 2014	
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: NC	
Calendar Year-To-Date Per Election for Office Sought		1095959.94	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Janet Morris			Date of Public Distribution/Dissemination 10 / 27 / 2014	
Mailing Address 620 Old Barbome Rd Lot 2			Amount 25.00	
City West Monroe	State LA	Zip Code 71291	Transaction ID : 5d1e8dd2-2318-441f-a	
Purpose of Expenditure Salary		Category/Type 001	Date of Disbursement or Obligation 10 / 27 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: LA	
Calendar Year-To-Date Per Election for Office Sought		554635.78	Disbursement For: ☐ Primary ☒ 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 05 / 18 / 2015	
Signature				

Full Name of Payee Antoinette Franklin		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 27 / 2014	
Mailing Address 8822 Apple St		Amount 60.00	
City New Orleans	State LA	Zip Code 70188	Transaction ID : 5df104bc-8aa9-4788-b Date of Disbursement or Obligation MM / DD / YYYY 10 / 27 / 2014
Purpose of Expenditure Salary	Category/ Type	001	
Name of Federal Candidate Ms. Mary L Landrieu	☐ Support ☒ Oppose	Office Sought: ☐ President ☒ Senate	District: 00 State: LA
Calendar Year-To-Date Per Election for Office Sought 554635.78		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	

Full Name of Payee Antoinette Franklin		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 27 / 2014	
Mailing Address 8822 Apple St		Amount 13.50	
City New Orleans	State LA	Zip Code 70188	Transaction ID : b88d7225-c858-4ecc-b Date of Disbursement or Obligation MM / DD / YYYY 10 / 27 / 2014
Purpose of Expenditure Mileage	Category/ Type	002	
Name of Federal Candidate Ms. Mary L Landrieu	☐ Support ☒ Oppose	Office Sought: ☐ President ☒ Senate	House District: 00 State: LA
Calendar Year-To-Date Per Election for Office Sought	554635.78	Disbursement For: 2014 ☐ Primary ☒ General ☐ Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	73.50
(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.

Date _____

Signature

Full Name of Payee Tammy Williams		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 27 / 2014	
Mailing Address 924 N. Prieur St		Amount 13.50	
City New Orleans	State LA	Zip Code 70116	Transaction ID : a5881b32-70e7-4dfe-a Date of Disbursement or Obligation MM / DD / YYYY 10 / 27 / 2014
Purpose of Expenditure Mileage	Category/ Type 002		
Name of Federal Candidate Ms. Mary L Landrieu	☐ Support ☒ Oppose	Office Sought: ☐ President ☒ Senate	District: 00 State: LA
Calendar Year-To-Date Per Election for Office Sought	554635.78	Disbursement For: 2014 ☐ Other (specify) ▶	
		☐ Primary ☒ General	

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	73.50
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

Ms. Emily Buchanan

[Electronically Filed]

Date 05 / 18 / 2015

Signature _____

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1584 OF 3250
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC		FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on		M M M / D D D / Y Y Y Y Y Y	
Full Name of Payee Diane Smith		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 10 / 27 / 2014	
Mailing Address 4006 Wolkswalk Place		Amount 11.50	
City Raleigh	State NC	Zip Code 27610	Transaction ID : 8b2a67fa-88da-4218-8
Purpose of Expenditure Salary	Category/ Type 001	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 10 / 27 / 2014	
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	
Office Sought: ☐ President ☒ Senate		District: 00 State: NC	
Calendar Year-To-Date Per Election for Office Sought 1095959.94		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Diane Smith		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 10 / 27 / 2014	
Mailing Address 4006 Wolkswalk Place		Amount 6.00	
City Raleigh	State NC	Zip Code 27610	Transaction ID : 22def4fa-e847-4e0f-b
Purpose of Expenditure Mileage	Category/ Type 002	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 10 / 27 / 2014	
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	
Office Sought: ☐ President ☒ Senate		District: 00 State: NC	
Calendar Year-To-Date Per Election for Office Sought 1095959.94		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶		17.50	
(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.			
Signature <i>Ms. Emily Buchanan</i>		Date M M M / D D D / Y Y Y Y Y Y 05 / 18 / 2015	
		[Electronically Filed]	

Full Name of Payee Krystal A Wilson		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 27 / 2014	
Mailing Address 448 Judson Dr		Amount 1.50	
City Wake Forest	State NC	Zip Code 27587	Transaction ID : dea79e7f-fe60-47bf-a Date of Disbursement or Obligation MM / DD / YYYY 10 / 27 / 2014
Purpose of Expenditure Mileage	Category/ Type 002		
Name of Federal Candidate Ms. Kay Hagan	☐ Support ☒ Oppose	Office Sought: ☐ President ☒ Senate	District: 00 State: NC
Calendar Year-To-Date Per Election for Office Sought	1095959.94	Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	39.00
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

Ms. Emily Buchanan

[Electronically Filed]

Date 05 / 18 / 2015

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1586 OF 3250
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on / /					
Full Name of Payee Michael A Toomey			Date of Public Distribution/Dissemination / /		
Mailing Address 4120 Bon Aire Dr Apt 6307			Amount 50.00		
City Monroe	State LA	Zip Code 71212	Transaction ID : 30233f16-9bd6-4ec5-a Date of Disbursement or Obligation / /		
Purpose of Expenditure Salary		Category/ Type 001			
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: LA		
Calendar Year-To-Date Per Election for Office Sought 554635.78			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶ _____		
Full Name of Payee Michael A Toomey			Date of Public Distribution/Dissemination / /		
Mailing Address 4120 Bon Aire Dr Apt 6307			Amount 4.80		
City Monroe	State LA	Zip Code 71212	Transaction ID : 96dfc482-2ce7-4eda-a Date of Disbursement or Obligation / /		
Purpose of Expenditure Mileage		Category/ Type 002			
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: LA		
Calendar Year-To-Date Per Election for Office Sought 554635.78			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶ _____		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			54.80		
(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.					
Signature Ms. Emily Buchanan		[Electronically Filed]		Date / /	

Full Name of Payee Brandy Starns		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 27 / 2014	
Mailing Address 300 Evangeline St		Amount 60.00	
City Monroe	State LA	Zip Code 71201	Transaction ID : 31189ca6-11de-42bc-9 Date of Disbursement or Obligation MM / DD / YYYY 10 / 27 / 2014
Purpose of Expenditure Salary		Category/ Type 001	
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: LA
Calendar Year-To-Date Per Election for Office Sought 554635.78		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	

Full Name of Payee Brandy Starns		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 27 / 2014	
Mailing Address 300 Evangeline St		Amount 6.90	
City Monroe	State LA	Zip Code 71201	Transaction ID : 76615bd7-a516-4cc2-b
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement or Obligation MM / DD / YYYY 10 / 27 / 2014
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: LA
Calendar Year-To-Date Per Election for Office Sought 554635.78		Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	66.90
(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.

Signature

05 / 18 / 2015

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1588 OF 3250
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC		FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on		MM / DD / YYYY	
Full Name of Payee Brittany A Frederick		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 27 / 2014	
Mailing Address 18793 Hilltop Ln		Amount 40.00	
City Nevada	State TX	Zip Code 75173	Transaction ID : 3a7f0184-1a98-4283-b
Purpose of Expenditure Salary	Category/Type 001	Date of Disbursement or Obligation MM / DD / YYYY 10 / 27 / 2014	
Name of Federal Candidate Mr. Mark L Pryor		☐ Support ☒ Oppose	
Office Sought: ☐ President ☒ Senate		District: 00 State: AR	
Calendar Year-To-Date Per Election for Office Sought 292370.62		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee James E Dacus		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 27 / 2014	
Mailing Address 117 Cynthia Ave		Amount 35.00	
City Farmington	State AR	Zip Code 72730	Transaction ID : a9f2dfd8-9240-4fed-8
Purpose of Expenditure Salary	Category/Type 001	Date of Disbursement or Obligation MM / DD / YYYY 10 / 27 / 2014	
Name of Federal Candidate Mr. Mark L Pryor		☐ Support ☒ Oppose	
Office Sought: ☐ President ☒ Senate		District: 00 State: AR	
Calendar Year-To-Date Per Election for Office Sought 292370.62		Disbursement For: ☐ Primary ☒ 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]	
Signature		Date MM / DD / YYYY 05 / 18 / 2015	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1589 OF 3250
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC		FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M / D D / Y Y Y Y			
Full Name of Payee James E Dacus		Date of Public Distribution/Dissemination 10 / 27 / 2014	
Mailing Address 117 Cynthia Ave		Amount 3.00	
City Farmington	State AR	Zip Code 72730	Transaction ID : d2b93f88-a27c-45e5-8
Purpose of Expenditure Mileage	Category/ Type	002	Date of Disbursement or Obligation 10 / 27 / 2014
Name of Federal Candidate Mr. Mark L Pryor		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: AR
Calendar Year-To-Date Per Election for Office Sought		292370.62	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶
Full Name of Payee Lisa A Funck		Date of Public Distribution/Dissemination 10 / 27 / 2014	
Mailing Address 23901 W Hwy 66		Amount 50.00	
City Calumet	State OK	Zip Code 73014	Transaction ID : 0c85685c-8c54-482c-9
Purpose of Expenditure Salary	Category/ Type	001	Date of Disbursement or Obligation 10 / 27 / 2014
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: NC
Calendar Year-To-Date Per Election for Office Sought		1095959.94	Disbursement For: ☐ Primary ☒ 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.			
Signature Ms. Emily Buchanan		Date 05 / 18 / 2015	
		[Electronically Filed]	

Full Name of Payee Nicholas O Wilcox		Date of Public Distribution/Dissemination M M / D D / Y Y Y Y 10 / 27 / 2014	
Mailing Address 1981 Cherokee St		Amount 45.00	
City Baton Rouge	State LA	Zip Code 70806	Transaction ID : e1682aa5-46ef-4bf3-a Date of Disbursement or Obligation M M / D D / Y Y Y Y 10 / 27 / 2014
Purpose of Expenditure Salary		Category/ Type	001
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House ☒ Senate ☐ President ☒ Other (specify) _____
Calendar Year-To-Date Per Election for Office Sought		554635.78	Disbursement For: ☐ Primary ☒ General ☐ Other (specify) _____

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	95.00
(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.

Date _____

Signature

Full Name of Payee Aaron R Cowart		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 27 / 2014	
Mailing Address 184 South Military Rd		Amount 40.00	
City Slidell	State LA	Zip Code 70458	Transaction ID : b8d60539-8c6b-4bb1-b Date of Disbursement or Obligation MM / DD / YYYY 10 / 27 / 2014
Purpose of Expenditure Salary		Category/ Type 001	
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: LA
Calendar Year-To-Date Per Election for Office Sought 554635.78		Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....	79.00
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures.....	

05 / 18 / 2015

FEC Schedule E (Form 3X) Rev. 09/2013

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1593 OF 3250
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC		FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on		M M M / D D D / Y Y Y Y Y Y	
Full Name of Payee Aaron R Cowart		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 10 / 27 / 2014	
Mailing Address 184 South Military Rd		Amount 4.50	
City Slidell	State LA	Zip Code 70458	Transaction ID : 8b56e966-3106-45ea-8
Purpose of Expenditure Mileage	Category/Type 002	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 10 / 27 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support Office Sought: ☐ House District: 00 ☒ Oppose ☐ President ☒ Senate State: LA	
Calendar Year-To-Date Per Election for Office Sought 554635.78		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Meagan N Rogerson		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 10 / 27 / 2014	
Mailing Address 3657 S Rail Road St		Amount 30.00	
City Fountain	State NC	Zip Code 27829	Transaction ID : 63c0bee0-9033-4e61-a
Purpose of Expenditure Salary	Category/Type 001	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 10 / 27 / 2014	
Name of Federal Candidate Ms. Kay Hagan		☐ Support Office Sought: ☐ House District: 00 ☒ Oppose ☐ President ☒ Senate State: NC	
Calendar Year-To-Date Per Election for Office Sought 1095959.94		Disbursement For: ☐ Primary ☒ 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.			
Signature Ms. Emily Buchanan		Date M M M / D D D / Y Y Y Y Y Y 05 / 18 / 2015	
		[Electronically Filed]	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1594 OF 3250
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M M / D D D / Y Y Y Y Y Y					
Full Name of Payee Meagan N Rogerson			Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 10 / 27 / 2014		
Mailing Address 3657 S Rail Road St			Amount 13.50		
City Fountain		State NC	Zip Code 27829		Transaction ID : 6f05d73b-b25a-4498-a
Purpose of Expenditure Mileage		Category/ Type 002		Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 10 / 27 / 2014	
Name of Federal Candidate Ms. Kay Hagan			☐ Support ☒ Oppose		Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: NC
Calendar Year-To-Date Per Election for Office Sought			1095959.94 Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
Full Name of Payee Dylan J Sparks			Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 10 / 27 / 2014		
Mailing Address 915 East Market Ave			Amount 100.00		
City Searcy		State AR	Zip Code 72149		Transaction ID : a723eec0-a867-482c-9
Purpose of Expenditure Salary		Category/ Type 001		Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 10 / 27 / 2014	
Name of Federal Candidate Mr. Mark L Pryor			☐ Support ☒ Oppose		Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: AR
Calendar Year-To-Date Per Election for Office Sought			292370.62 Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			113.50		
(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.					
Signature Ms. Emily Buchanan			[Electronically Filed]		Date M M M / D D D / Y Y Y Y Y Y 05 / 18 / 2015

Full Name of Payee Zachary R McCleese		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 27 / 2014	
Mailing Address 323 Rolling Pines Dr		Amount 70.00	
City Spring Lake	State NC	Zip Code 28390	Transaction ID : 8353b61f-e200-4fc2-8 Date of Disbursement or Obligation MM / DD / YYYY 10 / 27 / 2014
Purpose of Expenditure Salary		Category/ Type 001	
Name of Federal Candidate Mr. Mark L Pryor		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: AR
Calendar Year-To-Date Per Election for Office Sought		292370.62	Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....	179.80
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures.....	

FEC Schedule E (Form 3X) Rev. 09/2013

Full Name of Payee Zachary R McCleese			Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 27 / 2014		
Mailing Address 323 Rolling Pines Dr			Amount 61.20		
City Spring Lake	State NC	Zip Code 28390	Transaction ID : dbdbfcec-160b-4d48-b Date of Disbursement or Obligation MM / DD / YYYY 10 / 27 / 2014		
Purpose of Expenditure Mileage		Category/ Type 002			
Name of Federal Candidate Mr. Mark L Pryor		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: AR		
Calendar Year-To-Date Per Election for Office Sought		292370.62	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		

Full Name of Payee Cecilia A Rebrick		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 27 / 2014	
Mailing Address 5003 Allison Lane		Amount Amount 50.00	
City Ft. Smith	State AR	Zip Code 72901	Transaction ID : 2c5fa8aa-4b11-4509-8 Date of Disbursement or Obligation MM / DD / YYYY 10 / 27 / 2014
Purpose of Expenditure Salary		Category/ Type 001	
Name of Federal Candidate Mr. Mark L Pryor		☐ Support ☒ Oppose	Office Sought: ☐ House ☒ Senate ☐ President ☐ Other (specify) _____
Calendar Year-To-Date Per Election for Office Sought		Amount 292370.62	Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ► _____

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	111.20
(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.

Date _____

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1597 OF 3250
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M M / D D D / Y Y Y Y Y Y					
Full Name of Payee Cecilla A Rebrick			Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 10 / 27 / 2014		
Mailing Address 5003 Allison Lane			Amount 1.50		
City Ft. Smith		State AR	Zip Code 72901		Transaction ID : f8bff483-1a8d-4e8c-a
Purpose of Expenditure Mileage		Category/Type 002		Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 10 / 27 / 2014	
Name of Federal Candidate Mr. Mark L Pryor			Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: AR		
Calendar Year-To-Date Per Election for Office Sought			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
Full Name of Payee Kevin L Battle			Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 10 / 27 / 2014		
Mailing Address 3300 Asher Ave			Amount 80.00		
City Little Rock		State AR	Zip Code 72204		Transaction ID : 574722c1-7b5e-4785-b
Purpose of Expenditure Salary		Category/Type 001		Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 10 / 27 / 2014	
Name of Federal Candidate Mr. Mark L Pryor			Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: AR		
Calendar Year-To-Date Per Election for Office Sought			Disbursement For: ☐ Primary ☒ 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.					
Signature Ms. Emily Buchanan			Date M M M / D D D / Y Y Y Y Y Y 05 / 18 / 2015		
			[Electronically Filed]		

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1598 OF 3250
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC		FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on		M M M / D D D / Y Y Y Y Y Y	
Full Name of Payee Kevin L Battle		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 10 / 27 / 2014	
Mailing Address 3300 Asher Ave		Amount 40.50	
City Little Rock	State AR	Zip Code 72204	Transaction ID : 66603e73-7e3e-4183-b
Purpose of Expenditure Mileage		Category/Type 002	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 10 / 27 / 2014
Name of Federal Candidate Mr. Mark L Pryor		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: AR
Calendar Year-To-Date Per Election for Office Sought 292370.62		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Christopher Marquess		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 10 / 27 / 2014	
Mailing Address 110 W Pecan St		Amount 50.00	
City Ville Platte	State LA	Zip Code 70586	Transaction ID : 93912bcb-ee5f-44c8-8
Purpose of Expenditure Salary		Category/Type 001	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 10 / 27 / 2014
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: LA
Calendar Year-To-Date Per Election for Office Sought 554635.78		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures.....▶		90.50	
(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]	
Signature		Date M M M / D D D / Y Y Y Y Y Y 05 / 18 / 2015	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1599 OF 3250
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M / D D / Y Y Y Y				
Full Name of Payee Christopher Marquess			Date of Public Distribution/Dissemination 10 / 27 / 2014	
Mailing Address 110 W Pecan St			Amount 35.40	
City Ville Platte	State LA	Zip Code 70586	Transaction ID : 649511b0-b69f-4284-a Date of Disbursement or Obligation 10 / 27 / 2014	
Purpose of Expenditure Mileage		Category/ Type 002		
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: LA	
Calendar Year-To-Date Per Election for Office Sought		554635.78	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Sheri J Peace			Date of Public Distribution/Dissemination 10 / 27 / 2014	
Mailing Address 9685 Paula St			Amount 95.00	
City Keithville	State LA	Zip Code 71047	Transaction ID : 313d4a9b-bab1-408a-b Date of Disbursement or Obligation 10 / 27 / 2014	
Purpose of Expenditure Salary		Category/ Type 001		
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: LA	
Calendar Year-To-Date Per Election for Office Sought		554635.78	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			130.40	
(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 05 / 18 / 2015	
Signature				

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1600 OF 3250
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on MM / DD / YYYY				
Full Name of Payee Karen Congema			Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 27 / 2014	
Mailing Address 813 Worthington Way			Amount 37.50	
City Wilmington	State NC	Zip Code 28411	Transaction ID : 24badd9a-d273-4ad5-9	
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation MM / DD / YYYY 10 / 27 / 2014	
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>NC</u>	
Calendar Year-To-Date Per Election for Office Sought		1095959.94	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Karen Congema			Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 27 / 2014	
Mailing Address 813 Worthington Way			Amount 7.29	
City Wilmington	State NC	Zip Code 28411	Transaction ID : 2ce1ae1d-2291-4012-8	
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement or Obligation MM / DD / YYYY 10 / 27 / 2014	
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>NC</u>	
Calendar Year-To-Date Per Election for Office Sought		1095959.94	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			44.79	
(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 MM / DD / YYYY 05 / 18 / 2015	
Signature				

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1601 OF 3250
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M M / D D D / Y Y Y Y Y Y					
Full Name of Payee Christopher L Gilbert			Date of Public Distribution/Dissemination 10 / 27 / 2014		
Mailing Address 55 Lovell Johnson Rd			Amount 75.00		
City Picayune		State MS	Zip Code 39466		Transaction ID : bad8ae2a-c8b5-4551-9
Purpose of Expenditure Salary		Category/ Type 001		Date of Disbursement or Obligation 10 / 27 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu			Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>LA</u>		
Calendar Year-To-Date Per Election for Office Sought 554635.78			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶ _____		
Full Name of Payee Christopher L Gilbert			Date of Public Distribution/Dissemination 10 / 27 / 2014		
Mailing Address 55 Lovell Johnson Rd			Amount 35.40		
City Picayune		State MS	Zip Code 39466		Transaction ID : 5b8cdf6e-243f-4585-b
Purpose of Expenditure Mileage		Category/ Type 002		Date of Disbursement or Obligation 10 / 27 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu			Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>LA</u>		
Calendar Year-To-Date Per Election for Office Sought 554635.78			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶ _____		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			110.40		
(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.					
Signature Ms. Emily Buchanan			Date 05 / 18 / 2015		
[Electronically Filed]					

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1602 OF 3250
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC		FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on		MM / DD / YYYY	
Full Name of Payee Mary Catherine Toburen		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 27 / 2014	
Mailing Address 1222 SE 44 St		Amount 50.00	
City Topeka	State KS	Zip Code 66609	Transaction ID : 8083dfd3-e5d4-4a41-b
Purpose of Expenditure Salary	Category/Type 001	Date of Disbursement or Obligation MM / DD / YYYY 10 / 27 / 2014	
Name of Federal Candidate Mr. Greg Orman		Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: KS	
Calendar Year-To-Date Per Election for Office Sought 261541.03		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Mary Catherine Toburen		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 27 / 2014	
Mailing Address 1222 SE 44 St		Amount 3.84	
City Topeka	State KS	Zip Code 66609	Transaction ID : 45034c5d-4c8a-4fb0-8
Purpose of Expenditure Mileage	Category/Type 002	Date of Disbursement or Obligation MM / DD / YYYY 10 / 27 / 2014	
Name of Federal Candidate Mr. Greg Orman		Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: KS	
Calendar Year-To-Date Per Election for Office Sought 261541.03		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶		53.84	
(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.			
Signature Ms. Emily Buchanan		Date MM / DD / YYYY 05 / 18 / 2015	
		[Electronically Filed]	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1603 OF 3250
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC		FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on		MM / DD / YYYY	
Full Name of Payee Danielle E Grindstaff		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 27 / 2014	
Mailing Address 147 Possum Trot Rd		Amount 50.00	
City Bakersville	State NC	Zip Code 28705	Transaction ID : 78577b56-55f8-4244-9
Purpose of Expenditure Salary	Category/ Type	001	Date of Disbursement or Obligation MM / DD / YYYY 10 / 27 / 2014
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: NC
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Danielle E Grindstaff		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 27 / 2014	
Mailing Address 147 Possum Trot Rd		Amount 9.60	
City Bakersville	State NC	Zip Code 28705	Transaction ID : efb7f330-7e61-421f-b
Purpose of Expenditure Mileage	Category/ Type	002	Date of Disbursement or Obligation MM / DD / YYYY 10 / 27 / 2014
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: NC
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures.....		59.60	
(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]	
Signature		Date MM / DD / YYYY 05 / 18 / 2015	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1604 OF 3250
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M / D D / Y Y Y Y				
Full Name of Payee Heather Ainsworth			Date of Public Distribution/Dissemination 10 / 27 / 2014	
Mailing Address 9685 Paula St			Amount 95.00	
City Keithville	State LA	Zip Code 71047	Transaction ID : 7231d8b3-deb6-4bbc-8	
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation 10 / 27 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: LA	
Calendar Year-To-Date Per Election for Office Sought		554635.78	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Heather Ainsworth			Date of Public Distribution/Dissemination 10 / 27 / 2014	
Mailing Address 9685 Paula St			Amount 36.00	
City Keithville	State LA	Zip Code 71047	Transaction ID : e2ece0eb-5558-425f-a	
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement or Obligation 10 / 27 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: LA	
Calendar Year-To-Date Per Election for Office Sought		554635.78	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			131.00	
(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 05 / 18 / 2015	
Signature				

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1605 OF 3250
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC	FEC IDENTIFICATION NUMBER ▼ C C00530766
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M / D D / Y Y Y Y Y Y	

Full Name of Payee Heather N Montgomery			Date of Public Distribution/Dissemination 10 / 27 / 2014	
Mailing Address 106 Wyncrest Ct			Amount 11.50	
City Hendersonville	State TN	Zip Code 37075	Transaction ID : 019dbca1-d73a-4742-a	
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation 10 / 27 / 2014	
Name of Federal Candidate Mr. Mark L Pryor		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: AR	
Calendar Year-To-Date Per Election for Office Sought		292370.62	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	

Full Name of Payee Heather N Montgomery			Date of Public Distribution/Dissemination 10 / 27 / 2014	
Mailing Address 106 Wyncrest Ct			Amount 3.30	
City Hendersonville	State TN	Zip Code 37075	Transaction ID : d4eaa07-d91a-4178-b	
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement or Obligation 10 / 27 / 2014	
Name of Federal Candidate Mr. Mark L Pryor		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: AR	
Calendar Year-To-Date Per Election for Office Sought		292370.62	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	14.80
(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]

Signature

Date

05 / 18 / 2015

Full Name of Payee Ruthie M Thompson		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 27 / 2014	
Mailing Address 286 Wrenn Drive		Amount 3.60	
City Lexington	State NC	Zip Code 27292	Transaction ID : bda079ec-d46a-485d-b Date of Disbursement or Obligation MM / DD / YYYY 10 / 27 / 2014
Purpose of Expenditure Mileage		Category/ Type 002	
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: NC
Calendar Year-To-Date Per Election for Office Sought 1095959.94		Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ►	

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	23.60
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

Ms. Emily Buchanan

[Electronically Filed]

Date 05 / 18 / 2015

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1607 OF 3250
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M M / D D D / Y Y Y Y Y Y				
Full Name of Payee Marilyn A Holt			Date of Public Distribution/Dissemination 10 / 27 / 2014	
Mailing Address 314 Tumbleweed Dr			Amount 20.00	
City Winston Salem	State NC	Zip Code 27127	Transaction ID : 53c53498-2811-4703-8	
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation 10 / 27 / 2014	
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>NC</u>	
Calendar Year-To-Date Per Election for Office Sought		1095959.94	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Marilyn A Holt			Date of Public Distribution/Dissemination 10 / 27 / 2014	
Mailing Address 314 Tumbleweed Dr			Amount 10.80	
City Winston Salem	State NC	Zip Code 27127	Transaction ID : 8ac8b23c-5176-4f4f-9	
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement or Obligation 10 / 27 / 2014	
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>NC</u>	
Calendar Year-To-Date Per Election for Office Sought		1095959.94	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			30.80	
(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 05 / 18 / 2015	
Signature				

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1608 OF 3250
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M M / D D D / Y Y Y Y Y Y				
Full Name of Payee Casey Stockton			Date of Public Distribution/Dissemination 10 / 27 / 2014	
Mailing Address 105 South Dale St			Amount 50.00	
City Spruce Pine	State NC	Zip Code 28777	Transaction ID : 4a7ee9e2-3840-43e3-8 Date of Disbursement or Obligation 10 / 27 / 2014	
Purpose of Expenditure Salary		Category/ Type 001		
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>NC</u>	
Calendar Year-To-Date Per Election for Office Sought		1095959.94	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Mary Johnson			Date of Public Distribution/Dissemination 10 / 27 / 2014	
Mailing Address 105 South Dale St			Amount 50.00	
City Spruce Pine	State NC	Zip Code 28777	Transaction ID : 09544052-fda3-4d33-a Date of Disbursement or Obligation 10 / 27 / 2014	
Purpose of Expenditure Salary		Category/ Type 001		
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>NC</u>	
Calendar Year-To-Date Per Election for Office Sought		1095959.94	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			100.00	
(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 05 / 18 / 2015	
Signature				

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 1609 OF 3250
 FOR LINE 24 OF FORM 3X

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

Full Name of Payee Jeanne Tribou		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 27 / 2014	
Mailing Address 22369 Ponderosa Dr.		Amount 40.00	
City State Zip Code Mandeville LA 70471	Transaction ID : 169ab8d4-fb3f-4d29-8 Date of Disbursement or Obligation MM / DD / YYYY 10 / 27 / 2014		
Purpose of Expenditure Salary	Category/Type 001		
Name of Federal Candidate Ms. Mary L Landrieu		Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: LA	
Calendar Year-To-Date Per Election for Office Sought 554635.78		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	

Full Name of Payee Jeanne Tribou		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 27 / 2014	
Mailing Address 22369 Ponderosa Dr.		Amount 13.20	
City State Zip Code Mandeville LA 70471	Transaction ID : 3a300c2a-38ff-4302-a Date of Disbursement or Obligation MM / DD / YYYY 10 / 27 / 2014		
Purpose of Expenditure Mileage	Category/Type 002		
Name of Federal Candidate Ms. Mary L Landrieu		Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: LA	
Calendar Year-To-Date Per Election for Office Sought 554635.78		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	53.20
(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

MM / DD / YYYY
05 / 18 / 2015

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 1610 OF 3250
 FOR LINE 24 OF FORM 3X

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

Full Name of Payee Joshua D Syrotchen		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 27 / 2014	
Mailing Address 915 East Market Ave		Amount 60.00	
City Searcy	State AR	Zip Code 72149	Transaction ID : 0e4177e5-a525-42cf-9
Purpose of Expenditure Salary		Category/Type 001	Date of Disbursement or Obligation MM / DD / YYYY 10 / 27 / 2014
Name of Federal Candidate Mr. Mark L Pryor		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: AR
Calendar Year-To-Date Per Election for Office Sought 292370.62		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	

Full Name of Payee Joshua D Syrotchen		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 27 / 2014	
Mailing Address 915 East Market Ave		Amount 33.00	
City Searcy	State AR	Zip Code 72149	Transaction ID : cdfb46c5-3b65-48ce-9
Purpose of Expenditure Mileage		Category/Type 002	Date of Disbursement or Obligation MM / DD / YYYY 10 / 27 / 2014
Name of Federal Candidate Mr. Mark L Pryor		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: AR
Calendar Year-To-Date Per Election for Office Sought 292370.62		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	93.00
(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

MM / DD / YYYY
05 / 18 / 2015

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 1611 OF 3250
 FOR LINE 24 OF FORM 3X

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

Full Name of Payee Felicia A Jones			Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 27 / 2014		
Mailing Address 4106 Martha St			Amount 80.00		
City Shreveport	State LA	Zip Code 71109	Transaction ID : d19d08bc-8028-44c4-8 Date of Disbursement or Obligation MM / DD / YYYY 10 / 27 / 2014		
Purpose of Expenditure Salary		Category/ Type 001	Name of Federal Candidate Ms. Mary L Landrieu		
Calendar Year-To-Date Per Election for Office Sought		554635.78	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: LA Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		

Full Name of Payee Felicia A Jones			Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 27 / 2014		
Mailing Address 4106 Martha St			Amount 8.10		
City Shreveport	State LA	Zip Code 71109	Transaction ID : e6acf2ca-800e-444c-b Date of Disbursement or Obligation MM / DD / YYYY 10 / 27 / 2014		
Purpose of Expenditure Mileage		Category/ Type 002	Name of Federal Candidate Ms. Mary L Landrieu		
Calendar Year-To-Date Per Election for Office Sought		554635.78	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: LA Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	88.10
(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

MM / DD / YYYY
05 / 18 / 2015

Signature

Full Name of Payee Monique Guillory			Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 27 / 2014		
Mailing Address 409 LaSalle Drive			Amount 48.00		
City Little Rock	State AR	Zip Code 72211	Transaction ID : 53d21086-3eaf-4080-9 Date of Disbursement or Obligation MM / DD / YYYY 10 / 27 / 2014		
Purpose of Expenditure Mileage		Category/ Type 002			
Name of Federal Candidate Mr. Mark L Pryor		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: AR		
Calendar Year-To-Date Per Election for Office Sought		292370.62	Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ▶		

(a) SUBTOTAL of Itemized Independent Expenditures.....	108.00
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures.....	

05 / 18 / 2015

FEC Schedule E (Form 3X) Rev. 09/2013

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 1613 OF 3250
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M / D D / Y Y Y Y					
Full Name of Payee Francesca Blom			Date of Public Distribution/Dissemination 10 / 27 / 2014		
Mailing Address 101 Asbury Ct			Amount 80.00		
City Winchester		State VA	Zip Code 22602		Transaction ID : db5598c3-5e64-418e-b
Purpose of Expenditure Salary		Category/Type 001		Date of Disbursement or Obligation 10 / 27 / 2014	
Name of Federal Candidate Mr. Greg Orman			☐ Support ☒ Oppose Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: KS		
Calendar Year-To-Date Per Election for Office Sought 261541.03			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
Full Name of Payee Patricia F Arnold			Date of Public Distribution/Dissemination 10 / 27 / 2014		
Mailing Address 1117 Clipper Dr			Amount 25.00		
City Slidell		State LA	Zip Code 70458		Transaction ID : aeebdae5-5e4e-4c35-9
Purpose of Expenditure Salary		Category/Type 001		Date of Disbursement or Obligation 10 / 27 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu			☐ Support ☒ Oppose Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: LA		
Calendar Year-To-Date Per Election for Office Sought 554635.78			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			105.00		
(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.					
Signature <u>Ms. Emily Buchanan</u> [Electronically Filed]			Date 05 / 18 / 2015		

Full Name of Payee Reagan Waites		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 27 / 2014	
Mailing Address 9805 St Stephens Ct		Amount 10.00	
City Raleigh	State NC	Zip Code 27615	Transaction ID : 43468cb2-684a-4406-8 Date of Disbursement or Obligation MM / DD / YYYY 10 / 27 / 2014
Purpose of Expenditure Salary	Category/ Type 001		
Name of Federal Candidate Ms. Kay Hagan	☐ Support ☒ Oppose	Office Sought: ☐ President ☒ Senate	District: 00 State: NC
Calendar Year-To-Date Per Election for Office Sought	1095959.94	Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶		10.96
(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.

Date _____

Signature

Full Name of Payee Jeffrey S Hauge		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 27 / 2014	
Mailing Address 211 N Ashley Park		Amount 50.00	
City Wichita	State KS	Zip Code 67212	Transaction ID : d8ca3b83-b762-4f82-9 Date of Disbursement or Obligation MM / DD / YYYY 10 / 27 / 2014
Purpose of Expenditure Salary	Category/ Type 001		
Name of Federal Candidate Mr. Greg Orman	☐ Support ☒ Oppose	Office Sought: ☐ President ☒ Senate	District: 00 State: KS
Calendar Year-To-Date Per Election for Office Sought	261541.03	Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	51.20
(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.

Date / /

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1616 OF 3250
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M / D D / Y Y Y Y				
Full Name of Payee Jeffrey S Hauge			Date of Public Distribution/Dissemination 10 / 27 / 2014	
Mailing Address 211 N Ashley Park			Amount 6.90	
City Wichita	State KS	Zip Code 67212	Transaction ID : 4923da99-43d5-4d56-a	
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement or Obligation 10 / 27 / 2014	
Name of Federal Candidate Mr. Greg Orman		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>KS</u>	
Calendar Year-To-Date Per Election for Office Sought		261541.03	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Julie M Gentry			Date of Public Distribution/Dissemination 10 / 27 / 2014	
Mailing Address 314 S Main St			Amount 80.00	
City Roxboro	State NC	Zip Code 27573	Transaction ID : 79abacae-40de-4a50-b	
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation 10 / 27 / 2014	
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>NC</u>	
Calendar Year-To-Date Per Election for Office Sought		1095959.94	Disbursement For: ☐ Primary ☒ 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.				
Signature Ms. Emily Buchanan		[Electronically Filed]		Date 05 / 18 / 2015

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1617 OF 3250
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC		FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on		M M M / D D D / Y Y Y Y Y Y	
Full Name of Payee Julie M Gentry		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 10 / 27 / 2014	
Mailing Address 314 S Main St		Amount 11.74	
City Roxboro	State NC	Zip Code 27573	Transaction ID : 9f00650d-bfef-4ef4-8
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 10 / 27 / 2014
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: NC
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Colton R Overcash		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 10 / 27 / 2014	
Mailing Address 121 Ohara Dr		Amount 85.00	
City Salisbury	State NC	Zip Code 28147	Transaction ID : e0e42921-d7f5-46a6-b
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 10 / 27 / 2014
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: NC
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶		96.74	
(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.			
Signature Ms. Emily Buchanan		Date M M M / D D D / Y Y Y Y Y Y 05 / 18 / 2015	
		[Electronically Filed]	

Full Name of Payee Sarah Bassil		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 27 / 2014	
Mailing Address 7650 Fallswood Way		Amount 20.00	
City Lorton	State VA	Zip Code 22079	Transaction ID : 31fe670d-5bb7-4361-b
Purpose of Expenditure Salary	Category/ Type	001	Date of Disbursement or Obligation MM / DD / YYYY 10 / 27 / 2014
Name of Federal Candidate Mr. Greg Orman	☐ Support ☒ Oppose	Office Sought: ☐ President ☒ Senate	District: 00 State: KS
Calendar Year-To-Date Per Election for Office Sought	261541.03		Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶		156.80
(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.

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

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 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M / D D / Y Y Y Y Y Y					
Full Name of Payee Peggy A Sides			Date of Public Distribution/Dissemination 10 / 27 / 2014		
Mailing Address 2183 Spokane Rd			Amount 60.00		
City State Zip Code Fayetteville NC 28304		Transaction ID : 992c2039-cae4-43c9-8 Date of Disbursement or Obligation 10 / 27 / 2014			
Purpose of Expenditure Salary		Category/ Type 001			
Name of Federal Candidate Ms. Kay Hagan			☐ Support Office Sought: ☐ House District: <u>00</u> ☒ Oppose ☐ President ☒ Senate State: <u>NC</u>		
Calendar Year-To-Date Per Election for Office Sought 1095959.94			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶ _____		
Full Name of Payee Peggy A Sides			Date of Public Distribution/Dissemination 10 / 27 / 2014		
Mailing Address 2183 Spokane Rd			Amount 7.50		
City State Zip Code Fayetteville NC 28304		Transaction ID : 724fb2f6-49cd-4b34-b Date of Disbursement or Obligation 10 / 27 / 2014			
Purpose of Expenditure Mileage		Category/ Type 002			
Name of Federal Candidate Ms. Kay Hagan			☐ Support Office Sought: ☐ House District: <u>00</u> ☒ Oppose ☐ President ☒ Senate State: <u>NC</u>		
Calendar Year-To-Date Per Election for Office Sought 1095959.94			Disbursement For: ☐ Primary ☒ 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 _____ Signature			[Electronically Filed] Date 05 / 18 / 2015		

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1620 OF 3250
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M / D D / Y Y Y Y				
Full Name of Payee Kathy Anderson			Date of Public Distribution/Dissemination 10 / 27 / 2014	
Mailing Address 3041 SW Burlingame Rd			Amount 37.50	
City Topeka	State KS	Zip Code 66611	Transaction ID : 02e3942d-ae6d-4407-a	
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation 10 / 27 / 2014	
Name of Federal Candidate Mr. Greg Orman		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>KS</u>	
Calendar Year-To-Date Per Election for Office Sought		261541.03	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Kathy Anderson			Date of Public Distribution/Dissemination 10 / 27 / 2014	
Mailing Address 3041 SW Burlingame Rd			Amount 10.80	
City Topeka	State KS	Zip Code 66611	Transaction ID : 7a148977-632e-4c1a-8	
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement or Obligation 10 / 27 / 2014	
Name of Federal Candidate Mr. Greg Orman		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>KS</u>	
Calendar Year-To-Date Per Election for Office Sought		261541.03	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			48.30	
(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.				
Signature Ms. Emily Buchanan		[Electronically Filed]		Date 05 / 18 / 2015

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1621 OF 3250
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC		FEC IDENTIFICATION NUMBER ▼ C C00530766
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on		MM / DD / YYYY

Full Name of Payee Evelyn Lesaicherre		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 27 / 2014
Mailing Address 629 Radiance Ave		Amount 80.00
City Metairie	State LA	Zip Code 70001
Purpose of Expenditure Salary	Category/Type 001	Transaction ID : 45f4f686-ebdb-4f34-9 Date of Disbursement or Obligation MM / DD / YYYY 10 / 27 / 2014
Name of Federal Candidate Ms. Mary L Landrieu		Office Sought: ☐ House District: 00 ☒ Senate State: LA
Calendar Year-To-Date Per Election for Office Sought 554635.78		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶

Full Name of Payee Evelyn Lesaicherre		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 27 / 2014
Mailing Address 629 Radiance Ave		Amount 10.50
City Metairie	State LA	Zip Code 70001
Purpose of Expenditure Mileage	Category/Type 002	Transaction ID : 911d12e4-6ef5-42b0-b Date of Disbursement or Obligation MM / DD / YYYY 10 / 27 / 2014
Name of Federal Candidate Ms. Mary L Landrieu		Office Sought: ☐ House District: 00 ☒ Senate State: LA
Calendar Year-To-Date Per Election for Office Sought 554635.78		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	90.50
(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]

Signature

Date

MM / DD / YYYY
05 / 18 / 2015

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1622 OF 3250
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC		FEC IDENTIFICATION NUMBER ▼ C C00530766
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on		MM / DD / YYYY

Full Name of Payee Kaitlyn B Allen		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 27 / 2014
Mailing Address 2121 Daniel Dr		Amount 40.00
City Searcy	State AR	Zip Code 72143
Purpose of Expenditure Salary	Category/Type 001	Transaction ID : 232f4836-61a6-443d-b Date of Disbursement or Obligation MM / DD / YYYY 10 / 27 / 2014
Name of Federal Candidate Mr. Mark L Pryor		Office Sought: ☐ House District: 00 ☒ Senate State: AR
Calendar Year-To-Date Per Election for Office Sought 292370.62		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶

Full Name of Payee Kaitlyn B Allen		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 27 / 2014
Mailing Address 2121 Daniel Dr		Amount 8.40
City Searcy	State AR	Zip Code 72143
Purpose of Expenditure Mileage	Category/Type 002	Transaction ID : 076cebf4-47f6-4611-b Date of Disbursement or Obligation MM / DD / YYYY 10 / 27 / 2014
Name of Federal Candidate Mr. Mark L Pryor		Office Sought: ☐ House District: 00 ☒ Senate State: AR
Calendar Year-To-Date Per Election for Office Sought 292370.62		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	48.40
(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]

Signature

Date

MM / DD / YYYY
05 / 18 / 2015

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1623 OF 3250
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on MM / DD / YYYY				
Full Name of Payee Josh R Arnold			Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 27 / 2014	
Mailing Address 1531 N Ridgewood Dr			Amount 25.00	
City Wichita	State KS	Zip Code 67208	Transaction ID : 5e5fbc61-0b32-49e2-8	
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation MM / DD / YYYY 10 / 27 / 2014	
Name of Federal Candidate Mr. Greg Orman		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: KS	
Calendar Year-To-Date Per Election for Office Sought		261541.03	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Josh R Arnold			Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 27 / 2014	
Mailing Address 1531 N Ridgewood Dr			Amount 7.80	
City Wichita	State KS	Zip Code 67208	Transaction ID : 17def2da-ab1f-470f-b	
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement or Obligation MM / DD / YYYY 10 / 27 / 2014	
Name of Federal Candidate Mr. Greg Orman		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: KS	
Calendar Year-To-Date Per Election for Office Sought		261541.03	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			32.80	
(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 MM / DD / YYYY 05 / 18 / 2015	
Signature				

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 1624 OF 3250
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC		FEC IDENTIFICATION NUMBER ▼ C C00530766
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on		MM / DD / YYYY

Full Name of Payee Mry S Everly		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 27 / 2014	
Mailing Address 787 N 1851 Diagonal Rd		Amount 35.00	
City Lecompton	State KS	Zip Code 66050	Transaction ID : 338c455e-3635-48cc-9
Purpose of Expenditure Salary	Category/Type 001	Date of Disbursement or Obligation MM / DD / YYYY 10 / 27 / 2014	
Name of Federal Candidate Mr. Greg Orman		☐ Support ☒ Oppose Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: KS	
Calendar Year-To-Date Per Election for Office Sought 261541.03		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	

Full Name of Payee Mry S Everly		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 27 / 2014	
Mailing Address 787 N 1851 Diagonal Rd		Amount 3.60	
City Lecompton	State KS	Zip Code 66050	Transaction ID : 2208d80d-80d7-4aa7-a
Purpose of Expenditure Mileage	Category/Type 002	Date of Disbursement or Obligation MM / DD / YYYY 10 / 27 / 2014	
Name of Federal Candidate Mr. Greg Orman		☐ Support ☒ Oppose Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: KS	
Calendar Year-To-Date Per Election for Office Sought 261541.03		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	38.60
(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]

Signature

Date

MM / DD / YYYY
05 / 18 / 2015

Full Name of Payee Mark McNair		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 27 / 2014	
Mailing Address 11 Cooper Lane		Amount 24.84	
City Conway	State AR	Zip Code 72034	Transaction ID : a13591ab-5f0f-4b87-8 Date of Disbursement or Obligation MM / DD / YYYY 10 / 27 / 2014
Purpose of Expenditure Mileage	Category/ Type 002		
Name of Federal Candidate Mr. Mark L Pryor	☐ Support ☒ Oppose	Office Sought: ☐ President ☒ Senate ☐ Other (specify) ▶	District: 00 State: AR ☐ Primary ☒ General
Calendar Year-To-Date Per Election for Office Sought	292370.62		

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	
		64.84
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

05 / 18 / 2015

FEC Schedule E (Form 3X) Rev. 09/2013

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1626 OF 3250
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC		FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on		M M M / D D D / Y Y Y Y Y Y	
Full Name of Payee Rachel H Young		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 10 / 27 / 2014	
Mailing Address Box #11543 915 E Market Ave		Amount 25.00	
City Searcy	State AR	Zip Code 72149	Transaction ID : e8f0e1dc-ddc9-4b9d-9
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 10 / 27 / 2014
Name of Federal Candidate Mr. Mark L Pryor		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: AR
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Rachel H Young		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 10 / 27 / 2014	
Mailing Address Box #11543 915 E Market Ave		Amount 11.55	
City Searcy	State AR	Zip Code 72149	Transaction ID : e8d43e18-8d5b-498e-b
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 10 / 27 / 2014
Name of Federal Candidate Mr. Mark L Pryor		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: AR
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures.....▶		36.55	
(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.			
Signature Ms. Emily Buchanan		Date M M M / D D D / Y Y Y Y Y Y 05 / 18 / 2015	
		[Electronically Filed]	

Full Name of Payee Hannah J Landry		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 27 / 2014	
Mailing Address 1110 N Coolidge		Amount 14.22	
City Gonzales	State LA	Zip Code 70737	Transaction ID : fc429e4f-24ed-4593-a Date of Disbursement or Obligation MM / DD / YYYY 10 / 27 / 2014
Purpose of Expenditure Mileage	Category/ Type 002		
Name of Federal Candidate Ms. Mary L Landrieu	☐ Support ☒ Oppose	Office Sought: ☐ President ☒ Senate	District: 00 State: LA
Calendar Year-To-Date Per Election for Office Sought	554635.78	Disbursement For: 2014 ☐ Primary ☒ General ☐ Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	109.22
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1628 OF 3250
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC		FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on		MM / DD / YYYY	
Full Name of Payee Mattie Harris		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 27 / 2014	
Mailing Address 3654 Tara St		Amount 55.00	
City springdale	State AR	Zip Code 72762	Transaction ID : 6187346b-2b03-43df-9
Purpose of Expenditure Salary		Category/Type 001	Date of Disbursement or Obligation MM / DD / YYYY 10 / 27 / 2014
Name of Federal Candidate Mr. Mark L Pryor		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: AR
Calendar Year-To-Date Per Election for Office Sought 292370.62		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Charity A Carr		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 27 / 2014	
Mailing Address 13827 S E 44th St		Amount 55.00	
City Choctaw	State OK	Zip Code 73020	Transaction ID : f222e266-4530-4d55-9
Purpose of Expenditure Salary		Category/Type 001	Date of Disbursement or Obligation MM / DD / YYYY 10 / 27 / 2014
Name of Federal Candidate Mr. Mark L Pryor		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: AR
Calendar Year-To-Date Per Election for Office Sought 292370.62		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶		110.00	
(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.			
Signature Ms. Emily Buchanan		Date MM / DD / YYYY 05 / 18 / 2015	
		[Electronically Filed]	

Full Name of Payee Mary C Lee		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 27 / 2014	
Mailing Address 1030 N Coolidge Ave		Amount 14.22	
City Gonzales	State LA	Zip Code 70737	Transaction ID : e45d2e59-ca48-4754-8 Date of Disbursement or Obligation MM / DD / YYYY 10 / 27 / 2014
Purpose of Expenditure Mileage		Category/ Type 002	
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: LA
Calendar Year-To-Date Per Election for Office Sought		554635.78	Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	109.22
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

05 / 18 / 2015

FEC Schedule E (Form 3X) Rev. 09/2013

Full Name of Payee Andrea M Gatts		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 27 / 2014	
Mailing Address 6894 106th		Amount 7.20	
City Ozawkie	State KS	Zip Code 66070	Transaction ID : fb0dd4e4-068f-458c-9
Purpose of Expenditure Mileage	Category/ Type	002	Date of Disbursement or Obligation MM / DD / YYYY 10 / 27 / 2014
Name of Federal Candidate Mr. Greg Orman	☐ Support ☒ Oppose	Office Sought: ☐ President ☒ Senate	District: 00 State: KS
Calendar Year-To-Date Per Election for Office Sought	261541.03		Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....	72.20
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures.....	

05 / 18 / 2015

FEC Schedule E (Form 3X) Rev. 09/2013

Full Name of Payee Amelia Brackett		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 27 / 2014	
Mailing Address 804 Roundabout Circle		Amount 40.00	
City Searcy	State AR	Zip Code 72143	Transaction ID : 492f7d44-774c-4cf4-8 Date of Disbursement or Obligation MM / DD / YYYY 10 / 27 / 2014
Purpose of Expenditure Salary		Category/ Type 001	
Name of Federal Candidate Mr. Mark L Pryor		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: AR
Calendar Year-To-Date Per Election for Office Sought 292370.62		Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	80.00
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

Ms. Emily Buchanan

[Electronically Filed]

Date 05 / 18 / 2015

Signature

Full Name of Payee Carmen Maddrey		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 27 / 2014	
Mailing Address 2043 Nottingham Ln		Amount 4.20	
City Burlington	State NC	Zip Code 27215	Transaction ID : 36cd9c85-6d0b-4169-a
Purpose of Expenditure Mileage	Category/ Type	002	Date of Disbursement or Obligation MM / DD / YYYY 10 / 27 / 2014
Name of Federal Candidate Ms. Kay Hagan	☐ Support ☒ Oppose	Office Sought: ☐ President ☒ Senate	District: 00 State: NC
Calendar Year-To-Date Per Election for Office Sought	1095959.94	Disbursement For: ☐ Primary ☒ General	☐ Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	34.20
(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.

Signature

Full Name of Payee Zachary Vidrine		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 27 / 2014	
Mailing Address 202 Rue Des Cajun		Amount 16.20	
City Ville Platte	State LA	Zip Code 70586	Transaction ID : d3321556-120d-4458-8 Date of Disbursement or Obligation MM / DD / YYYY 10 / 27 / 2014
Purpose of Expenditure Mileage		Category/ Type 002	
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: LA
Calendar Year-To-Date Per Election for Office Sought 554635.78		Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	86.20
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

Ms. Emily Buchanan

[Electronically Filed]

Date 05 / 18 / 2015

Signature _____

Full Name of Payee Michael Vidrine		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 27 / 2014	
Mailing Address 1103 West Wilson Street		Amount 23.10	
City Ville Platte	State LA	Zip Code 70586	Transaction ID : 834752bd-2816-45f5-9 Date of Disbursement or Obligation MM / DD / YYYY 10 / 27 / 2014
Purpose of Expenditure Mileage	Category/ Type	002	
Name of Federal Candidate Ms. Mary L Landrieu	☐ Support ☒ Oppose	Office Sought: ☐ President ☒ Senate	House District: 00 State: LA
Calendar Year-To-Date Per Election for Office Sought	554635.78	Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....	83.10
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures.....	

05 / 18 / 2015

FEC Schedule E (Form 3X) Rev. 09/2013

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1635 OF 3250
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M M / D D D / Y Y Y Y Y Y					
Full Name of Payee Mitch L Holmes			Date of Public Distribution/Dissemination 10 / 27 / 2014		
Mailing Address 211 SE 20th Ave			Amount 20.00		
City St John	State KS	Zip Code 67576	Transaction ID : 000eaa8b-b35d-4e14-b		
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation 10 / 27 / 2014		
Name of Federal Candidate Mr. Greg Orman		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>KS</u>		
Calendar Year-To-Date Per Election for Office Sought		261541.03	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶ _____		
Full Name of Payee Mitch L Holmes			Date of Public Distribution/Dissemination 10 / 27 / 2014		
Mailing Address 211 SE 20th Ave			Amount 37.20		
City St John	State KS	Zip Code 67576	Transaction ID : 484c9fd3-4aa6-4220-8		
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement or Obligation 10 / 27 / 2014		
Name of Federal Candidate Mr. Greg Orman		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>KS</u>		
Calendar Year-To-Date Per Election for Office Sought		261541.03	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶ _____		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			57.20		
(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.					
Signature Ms. Emily Buchanan		[Electronically Filed]		Date 05 / 18 / 2015	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1636 OF 3250
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M / D D / Y Y Y Y					
Full Name of Payee Noelle H Holmes			Date of Public Distribution/Dissemination 10 / 27 / 2014		
Mailing Address 211 SE 20th Ave			Amount 20.00		
City St John	State KS	Zip Code 67576	Transaction ID : ca86549f-ebc9-402b-a Date of Disbursement or Obligation 10 / 27 / 2014		
Purpose of Expenditure Salary		Category/ Type 001			
Name of Federal Candidate Mr. Greg Orman		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>KS</u>		
Calendar Year-To-Date Per Election for Office Sought		261541.03	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
Full Name of Payee Julia Perry			Date of Public Distribution/Dissemination 10 / 27 / 2014		
Mailing Address 2046 Perrin St Apt C			Amount 90.00		
City Shreveport	State LA	Zip Code 71101	Transaction ID : ac9c8550-9c8e-40a9-b Date of Disbursement or Obligation 10 / 27 / 2014		
Purpose of Expenditure Salary		Category/ Type 001			
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>LA</u>		
Calendar Year-To-Date Per Election for Office Sought		554635.78	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			110.00		
(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.					
Signature Ms. Emily Buchanan		[Electronically Filed]		Date 05 / 18 / 2015	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 1637 OF 3250
 FOR LINE 24 OF FORM 3X

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

Full Name of Payee ERIC TABARY			Date of Public Distribution/Dissemination MM / DD / YYYY 10 27 2014	
Mailing Address 6101 NORA ST			Amount 60.00	
City METAIRIE	State LA	Zip Code 70003	Transaction ID : 783297ff-8678-4467-9	
Purpose of Expenditure Salary		Category/Type 001	Date of Disbursement or Obligation MM / DD / YYYY 10 27 2014	
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: LA	
Calendar Year-To-Date Per Election for Office Sought		554635.78	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	

Full Name of Payee ERIC TABARY			Date of Public Distribution/Dissemination MM / DD / YYYY 10 27 2014	
Mailing Address 6101 NORA ST			Amount 1.50	
City METAIRIE	State LA	Zip Code 70003	Transaction ID : 02a11e09-fb69-4b6b-9	
Purpose of Expenditure Mileage		Category/Type 002	Date of Disbursement or Obligation MM / DD / YYYY 10 27 2014	
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: LA	
Calendar Year-To-Date Per Election for Office Sought		554635.78	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	61.50
(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

 MM / DD / YYYY

05

18

2015

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1638 OF 3250
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M / D D / Y Y Y Y				
Full Name of Payee Lucas H Hoyle			Date of Public Distribution/Dissemination 10 / 27 / 2014	
Mailing Address 282 Falls Ave			Amount 30.00	
City Granite Falls	State NC	Zip Code 28630	Transaction ID : 689d12ff-4465-4bb8-9 Date of Disbursement or Obligation 10 / 27 / 2014	
Purpose of Expenditure Salary		Category/ Type 001		
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>NC</u>	
Calendar Year-To-Date Per Election for Office Sought		1095959.94	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Lucas H Hoyle			Date of Public Distribution/Dissemination 10 / 27 / 2014	
Mailing Address 282 Falls Ave			Amount 6.90	
City Granite Falls	State NC	Zip Code 28630	Transaction ID : 6b93407d-2aa2-4c46-9 Date of Disbursement or Obligation 10 / 27 / 2014	
Purpose of Expenditure Mileage		Category/ Type 002		
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>NC</u>	
Calendar Year-To-Date Per Election for Office Sought		1095959.94	Disbursement For: ☐ Primary ☒ 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.				
Signature Ms. Emily Buchanan		[Electronically Filed]		Date 05 / 18 / 2015

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1640 OF 3250
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M / D D / Y Y Y Y Y Y					
Full Name of Payee Nick Berryhill			Date of Public Distribution/Dissemination 10 / 27 / 2014		
Mailing Address 905 Lake Drive			Amount 14.10		
City Shelby	State NC	Zip Code 28152	Transaction ID : 59c34ebe-9efe-4930-a		
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement or Obligation 10 / 27 / 2014		
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>NC</u>		
Calendar Year-To-Date Per Election for Office Sought		1095959.94	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
Full Name of Payee Jessica A Felix			Date of Public Distribution/Dissemination 10 / 27 / 2014		
Mailing Address 873 Stoneykirk Dr			Amount 20.00		
City Fayetteville	State NC	Zip Code 28314	Transaction ID : 6c3de4ee-26ca-41fb-8		
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation 10 / 27 / 2014		
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>NC</u>		
Calendar Year-To-Date Per Election for Office Sought		1095959.94	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			34.10		
(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.					
Signature Ms. Emily Buchanan		[Electronically Filed]		Date 05 / 18 / 2015	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1641 OF 3250
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC		FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on MM / DD / YYYY			
Full Name of Payee Jennifer F Gilbert		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 27 / 2014	
Mailing Address 180 McNeil Steep Hollow Rd		Amount 75.00	
City Carriere	State MS	Zip Code 39426	Transaction ID : d3a0259c-0e39-424f-8
Purpose of Expenditure Salary	Category/ Type	001	Date of Disbursement or Obligation MM / DD / YYYY 10 / 27 / 2014
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>LA</u>
Calendar Year-To-Date Per Election for Office Sought		554635.78	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶
Full Name of Payee Jennifer F Gilbert		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 27 / 2014	
Mailing Address 180 McNeil Steep Hollow Rd		Amount 22.80	
City Carriere	State MS	Zip Code 39426	Transaction ID : 4658da80-0900-4805-9
Purpose of Expenditure Mileage	Category/ Type	002	Date of Disbursement or Obligation MM / DD / YYYY 10 / 27 / 2014
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>LA</u>
Calendar Year-To-Date Per Election for Office Sought		554635.78	Disbursement For: ☐ Primary ☒ 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]	
Signature		Date MM / DD / YYYY 05 / 18 / 2015	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1643 OF 3250
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC		FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on		M M M / D D D / Y Y Y Y Y Y	
Full Name of Payee Joshua J Huffman		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 10 / 27 / 2014	
Mailing Address 211 Dixie Ave		Amount 40.00	
City Harrisonburg	State VA	Zip Code 22801	Transaction ID : b8ea11a8-1b4c-4b42-a
Purpose of Expenditure Salary	Category/Type 001	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 10 / 27 / 2014	
Name of Federal Candidate Mr. Greg Orman		☐ Support ☒ Oppose Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: KS	
Calendar Year-To-Date Per Election for Office Sought 261541.03		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Caleb Craig		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 10 / 27 / 2014	
Mailing Address 1410 Bushville drive		Amount 100.00	
City Lenoir	State NC	Zip Code 28645	Transaction ID : db422ef5-9b80-4a1c-b
Purpose of Expenditure Salary	Category/Type 001	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 10 / 27 / 2014	
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: NC	
Calendar Year-To-Date Per Election for Office Sought 1095959.94		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶		140.00	
(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.			
Signature Ms. Emily Buchanan		Date M M M / D D D / Y Y Y Y Y Y 05 / 18 / 2015	
		[Electronically Filed]	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1644 OF 3250
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC		FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on		M M M / D D D / Y Y Y Y Y Y	
Full Name of Payee OLynda Walker		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 10 / 27 / 2014	
Mailing Address 10000 Mount Pleasant Rd		Amount 90.00	
City Midland	State NC	Zip Code 28107	Transaction ID : 6fac6a82-dc87-4fa4-8
Purpose of Expenditure Salary	Category/ Type	001	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 10 / 27 / 2014
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: NC
Calendar Year-To-Date Per Election for Office Sought		1095959.94	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶
Full Name of Payee OLynda Walker		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 10 / 27 / 2014	
Mailing Address 10000 Mount Pleasant Rd		Amount 21.90	
City Midland	State NC	Zip Code 28107	Transaction ID : 267156f4-7860-4409-a
Purpose of Expenditure Mileage	Category/ Type	002	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 10 / 27 / 2014
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: NC
Calendar Year-To-Date Per Election for Office Sought		1095959.94	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶		111.90	
(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]	
Signature		Date M M M / D D D / Y Y Y Y Y Y 05 / 18 / 2015	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1645 OF 3250
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M M / D D D / Y Y Y Y Y Y					
Full Name of Payee Brittnie W Campbell			Date of Public Distribution/Dissemination 10 / 27 / 2014		
Mailing Address 5828 Rena Road			Amount 65.00		
City Hamptonville	State NC	Zip Code 27020	Transaction ID : 22790cba-b662-4a08-a		
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation 10 / 27 / 2014		
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: NC		
Calendar Year-To-Date Per Election for Office Sought		1095959.94	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
Full Name of Payee Brittnie W Campbell			Date of Public Distribution/Dissemination 10 / 27 / 2014		
Mailing Address 5828 Rena Road			Amount 18.00		
City Hamptonville	State NC	Zip Code 27020	Transaction ID : 0c2ccab2-5adf-497e-8		
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement or Obligation 10 / 27 / 2014		
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: NC		
Calendar Year-To-Date Per Election for Office Sought		1095959.94	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			83.00		
(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.					
Signature Ms. Emily Buchanan		[Electronically Filed]		Date 05 / 18 / 2015	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1646 OF 3250
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M M / D D D / Y Y Y Y Y Y					
Full Name of Payee Theresa a Youngblood			Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 10 / 27 / 2014		
Mailing Address 102 S Main Street Apt A2			Amount 100.00		
City Berryville		State VA	Zip Code 22611		Transaction ID : 2f7764c0-a1dc-4af6-9
Purpose of Expenditure Salary		Category/ Type 001		Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 10 / 27 / 2014	
Name of Federal Candidate Mr. Greg Orman			☐ Support ☒ Oppose		Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: KS
Calendar Year-To-Date Per Election for Office Sought 261541.03			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
Full Name of Payee Lilly Green			Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 10 / 27 / 2014		
Mailing Address 205 Medallion Circle			Amount 80.00		
City Shreveport		State LA	Zip Code 71119		Transaction ID : 335e567e-4ad1-45a7-8
Purpose of Expenditure Salary		Category/ Type 001		Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 10 / 27 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu			☐ Support ☒ Oppose		Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: LA
Calendar Year-To-Date Per Election for Office Sought 554635.78			Disbursement For: ☐ Primary ☒ 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.					
Signature Ms. Emily Buchanan			[Electronically Filed]		Date M M M / D D D / Y Y Y Y Y Y 05 / 18 / 2015

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1647 OF 3250
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M / D D / Y Y Y Y				
Full Name of Payee Lilly Green			Date of Public Distribution/Dissemination 10 / 27 / 2014	
Mailing Address 205 Medallion Circle			Amount 37.80	
City Shreveport	State LA	Zip Code 71119	Transaction ID : 093f474a-8959-4d42-a Date of Disbursement or Obligation 10 / 27 / 2014	
Purpose of Expenditure Mileage		Category/ Type 002		
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: LA	
Calendar Year-To-Date Per Election for Office Sought		554635.78	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Maria A Britt			Date of Public Distribution/Dissemination 10 / 27 / 2014	
Mailing Address 4894 Thunder Bolt			Amount 90.00	
City Concord	State NC	Zip Code 28205	Transaction ID : 477e2932-404d-4932-8 Date of Disbursement or Obligation 10 / 27 / 2014	
Purpose of Expenditure Salary		Category/ Type 001		
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: NC	
Calendar Year-To-Date Per Election for Office Sought		1095959.94	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			127.80	
(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.				
Signature Ms. Emily Buchanan		[Electronically Filed]		Date 05 / 18 / 2015

Full Name of Payee Marsha Barnell		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 27 / 2014	
Mailing Address 3847 SW Atwood Terrace		Amount 5.10	
City Topeka	State KS	Zip Code 66610	Transaction ID : 54a379ae-5d56-41d2-8 Date of Disbursement or Obligation MM / DD / YYYY 10 / 27 / 2014
Purpose of Expenditure Mileage	Category/ Type 002		
Name of Federal Candidate Mr. Greg Orman	☐ Support ☒ Oppose	Office Sought: ☐ President ☒ Senate	District: 00 State: KS
Calendar Year-To-Date Per Election for Office Sought	261541.03	Disbursement For: 2014 ☐ Primary ☒ General ☐ Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	36.60
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

05 / 18 / 2015

FEC Schedule E (Form 3X) Rev. 09/2013

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1649 OF 3250
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC		FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on		M M M / D D D / Y Y Y Y Y Y	
Full Name of Payee Kristina M Jinkens		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 10 / 27 / 2014	
Mailing Address 2138 N 1000 Rd		Amount 35.00	
City Eudora	State KS	Zip Code 66025	Transaction ID : 6c6ce621-f850-479e-a
Purpose of Expenditure Salary		Category/Type 001	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 10 / 27 / 2014
Name of Federal Candidate Mr. Greg Orman		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: KS
Calendar Year-To-Date Per Election for Office Sought 261541.03		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Timothy Foley		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 10 / 27 / 2014	
Mailing Address 20679 Glenbrook Terrace		Amount 30.00	
City Sterling	State VA	Zip Code 20165	Transaction ID : 3f754640-590b-43ba-8
Purpose of Expenditure Salary		Category/Type 001	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 10 / 27 / 2014
Name of Federal Candidate Mr. Greg Orman		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: KS
Calendar Year-To-Date Per Election for Office Sought 261541.03		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶		65.00	
(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.			
Signature Ms. Emily Buchanan		Date M M M / D D D / Y Y Y Y Y Y 05 / 18 / 2015	
		[Electronically Filed]	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1650 OF 3250
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC		FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on		MM / DD / YYYY	
Full Name of Payee Brenda L McCune		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 27 / 2014	
Mailing Address 1254 Fleming St Apt 6		Amount 80.00	
City Conway	State AR	Zip Code 72032	Transaction ID : b0026de8-a086-45a4-b
Purpose of Expenditure Salary		Category/Type 001	Date of Disbursement or Obligation MM / DD / YYYY 10 / 27 / 2014
Name of Federal Candidate Mr. Mark L Pryor		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: AR
Calendar Year-To-Date Per Election for Office Sought 292370.62		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Brenda L McCune		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 27 / 2014	
Mailing Address 1254 Fleming St Apt 6		Amount 21.90	
City Conway	State AR	Zip Code 72032	Transaction ID : 431b1871-5c2f-44db-8
Purpose of Expenditure Mileage		Category/Type 002	Date of Disbursement or Obligation MM / DD / YYYY 10 / 27 / 2014
Name of Federal Candidate Mr. Mark L Pryor		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: AR
Calendar Year-To-Date Per Election for Office Sought 292370.62		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures.....▶		101.90	
(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]	
Signature		Date MM / DD / YYYY 05 / 18 / 2015	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1651 OF 3250
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M / D D / Y Y Y Y Y Y					
Full Name of Payee Todd Ellis			Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 10 / 27 / 2014		
Mailing Address P.O. Box 712			Amount 90.00		
City Alexander		State AR	Zip Code 72002		Transaction ID : 980f1048-e5c6-4cce-b
Purpose of Expenditure Salary		Category/ Type 001		Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 10 / 27 / 2014	
Name of Federal Candidate Mr. Mark L Pryor			☐ Support ☒ Oppose Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: AR		
Calendar Year-To-Date Per Election for Office Sought 292370.62			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
Full Name of Payee Todd Ellis			Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 10 / 27 / 2014		
Mailing Address P.O. Box 712			Amount 34.50		
City Alexander		State AR	Zip Code 72002		Transaction ID : 96166fab-665c-4888-8
Purpose of Expenditure Mileage		Category/ Type 002		Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 10 / 27 / 2014	
Name of Federal Candidate Mr. Mark L Pryor			☐ Support ☒ Oppose Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: AR		
Calendar Year-To-Date Per Election for Office Sought 292370.62			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			124.50		
(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.					
Signature Ms. Emily Buchanan			Date M M / D D / Y Y Y Y Y Y 05 / 18 / 2015		
			[Electronically Filed]		

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1652 OF 3250
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC		FEC IDENTIFICATION NUMBER ▼ C C00530766
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on		MM / DD / YYYY

Full Name of Payee Chad Stieben Originally reported against Kay Hagan, corrected with filing		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 27 / 2014	
Mailing Address 16864 Stillwell Rd		Amount 35.00	
City Bonner Springs	State KS	Zip Code 66012	Transaction ID : 5f3cde3f-0799-4ec0-9
Purpose of Expenditure Salary	Category/ Type	001	Date of Disbursement or Obligation MM / DD / YYYY 10 / 27 / 2014
Name of Federal Candidate Mr. Greg Orman		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: KS
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
		261541.03	

Full Name of Payee Chad Stieben Originally reported against Kay Hagan, corrected with filing		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 27 / 2014	
Mailing Address 16864 Stillwell Rd		Amount 7.50	
City Bonner Springs	State KS	Zip Code 66012	Transaction ID : 10b9992d-d254-48ba-9
Purpose of Expenditure Mileage	Category/ Type	002	Date of Disbursement or Obligation MM / DD / YYYY 10 / 27 / 2014
Name of Federal Candidate Mr. Greg Orman		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: KS
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
		261541.03	

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	42.50
(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]

Signature

Date

MM / DD / YYYY
05 / 18 / 2015

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

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 FOR LINE 24 OF FORM 3X

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

Full Name of Payee Chad Stieben		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 27 / 2014	
Mailing Address 16864 Stillwell Rd		Amount 35.00	
City Bonner Springs	State KS	Zip Code 66012	Transaction ID : a276d5b0-5fb4-489b-8
Purpose of Expenditure Salary	Category/ Type	001	Date of Disbursement or Obligation MM / DD / YYYY 10 / 27 / 2014
Name of Federal Candidate Mr. Greg Orman		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: KS
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	

Full Name of Payee Chad Stieben		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 27 / 2014	
Mailing Address 16864 Stillwell Rd		Amount 7.50	
City Bonner Springs	State KS	Zip Code 66012	Transaction ID : f02f163d-2602-4c4b-a
Purpose of Expenditure Mileage	Category/ Type	002	Date of Disbursement or Obligation MM / DD / YYYY 10 / 27 / 2014
Name of Federal Candidate Mr. Greg Orman		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: KS
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	42.50
(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

MM / DD / YYYY
05 / 18 / 2015

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1654 OF 3250
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on			M M M / D D D / Y Y Y Y Y Y	
Full Name of Payee Carl Brent		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 10 / 27 / 2014		
Mailing Address 6718 Lake Willow Dr		Amount 80.00		
City New Orleans	State LA	Zip Code 70126	Transaction ID : 815ef0ae-cd76-49b6-8	
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 10 / 27 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: LA	
Calendar Year-To-Date Per Election for Office Sought		554635.78	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Carl Brent		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 10 / 27 / 2014		
Mailing Address 6718 Lake Willow Dr		Amount 13.50		
City New Orleans	State LA	Zip Code 70126	Transaction ID : 64bfc726-f95f-4f74-8	
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 10 / 27 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: LA	
Calendar Year-To-Date Per Election for Office Sought		554635.78	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures.....		93.50		
(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.				
Signature Ms. Emily Buchanan		[Electronically Filed]		Date M M M / D D D / Y Y Y Y Y Y 05 / 18 / 2015

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1655 OF 3250
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M / D D / Y Y Y Y Y Y					
Full Name of Payee Aleksandra B Padua			Date of Public Distribution/Dissemination 10 / 27 / 2014		
Mailing Address 110 Bridge gate Dr			Amount 60.00		
City Cary	State NC	Zip Code 27519	Transaction ID : fdcd4958-b4b7-4526-9		
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation 10 / 27 / 2014		
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>NC</u>		
Calendar Year-To-Date Per Election for Office Sought		1095959.94	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶ _____		
Full Name of Payee Aleksandra B Padua			Date of Public Distribution/Dissemination 10 / 27 / 2014		
Mailing Address 110 Bridge gate Dr			Amount 6.57		
City Cary	State NC	Zip Code 27519	Transaction ID : 074ab64c-8cba-4504-9		
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement or Obligation 10 / 27 / 2014		
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>NC</u>		
Calendar Year-To-Date Per Election for Office Sought		1095959.94	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶ _____		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			66.57		
(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 05 / 18 / 2015		
Signature					

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1656 OF 3250
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on			MM / DD / YYYY	
Full Name of Payee Jeffrey Hampton		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 27 / 2014		
Mailing Address 1700 E Part Ave		Amount 61.50		
City Searcy	State AR	Zip Code 72149	Transaction ID : d7d41bde-8a6d-4621-b	
Purpose of Expenditure Salary		Category/Type 001	Date of Disbursement or Obligation MM / DD / YYYY 10 / 27 / 2014	
Name of Federal Candidate Mr. Mark L Pryor		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: AR	
Calendar Year-To-Date Per Election for Office Sought		292370.62	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Jeffrey Hampton		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 27 / 2014		
Mailing Address 1700 E Part Ave		Amount 56.85		
City Searcy	State AR	Zip Code 72149	Transaction ID : 34ab706c-4c40-4e58-b	
Purpose of Expenditure Mileage		Category/Type 002	Date of Disbursement or Obligation MM / DD / YYYY 10 / 27 / 2014	
Name of Federal Candidate Mr. Mark L Pryor		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: AR	
Calendar Year-To-Date Per Election for Office Sought		292370.62	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures.....		118.35		
(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.				
Signature Ms. Emily Buchanan		Date MM / DD / YYYY 05 / 18 / 2015		
[Electronically Filed]				

Full Name of Payee Randy M Gold		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 27 / 2014	
Mailing Address 1436 Haigs Creek Dr		Amount 70.00	
City Elgin	State SC	Zip Code 29045	Transaction ID : 6fd5ba87-5d7f-497b-b Date of Disbursement or Obligation MM / DD / YYYY 10 / 27 / 2014
Purpose of Expenditure Salary	Category/ Type 001		
Name of Federal Candidate Mr. Mark L Pryor	☐ Support ☒ Oppose	Office Sought: ☐ President ☒ Senate ☐ Other (specify) ▶	District: 00 State: AR
Calendar Year-To-Date Per Election for Office Sought	292370.62		

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	140.00
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

FEC Schedule E (Form 3X) Rev. 09/2013

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1658 OF 3250
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M / D D / Y Y Y Y				
Full Name of Payee Randy M Gold			Date of Public Distribution/Dissemination 10 / 27 / 2014	
Mailing Address 1436 Haigs Creek Dr			Amount 70.35	
City Elgin	State SC	Zip Code 29045	Transaction ID : 37aaa8fa-b68f-434d-8	
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement or Obligation 10 / 27 / 2014	
Name of Federal Candidate Mr. Mark L Pryor		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: AR	
Calendar Year-To-Date Per Election for Office Sought		292370.62	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Adena V Smith			Date of Public Distribution/Dissemination 10 / 27 / 2014	
Mailing Address 450 Judson Dr			Amount 37.50	
City Wake Forest	State NC	Zip Code 27587	Transaction ID : ed925aaa-37ec-4be9-9	
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation 10 / 27 / 2014	
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: NC	
Calendar Year-To-Date Per Election for Office Sought		1095959.94	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			107.85	
(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.				
Signature Ms. Emily Buchanan		[Electronically Filed]		Date 05 / 18 / 2015

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1659 OF 3250
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M / D D / Y Y Y Y Y Y					
Full Name of Payee Mary R Kirkland			Date of Public Distribution/Dissemination 10 / 27 / 2014		
Mailing Address 504 Green Meadow Dr			Amount 30.00		
City Boyd		State TX	Zip Code 76023		Transaction ID : bbb040d9-1d38-4532-9
Purpose of Expenditure Salary		Category/Type 001		Date of Disbursement or Obligation 10 / 27 / 2014	
Name of Federal Candidate Mr. Mark L Pryor			Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>AR</u>		
Calendar Year-To-Date Per Election for Office Sought 292370.62			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
Full Name of Payee Katie A Barros			Date of Public Distribution/Dissemination 10 / 27 / 2014		
Mailing Address PO Box 398			Amount 30.00		
City Neosho		State MO	Zip Code 64850		Transaction ID : 0a1f651c-d0a4-4615-8
Purpose of Expenditure Salary		Category/Type 001		Date of Disbursement or Obligation 10 / 27 / 2014	
Name of Federal Candidate Mr. Mark L Pryor			Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>AR</u>		
Calendar Year-To-Date Per Election for Office Sought 292370.62			Disbursement For: ☐ Primary ☒ 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.					
Signature Ms. Emily Buchanan			Date 05 / 18 / 2015		
[Electronically Filed]					

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

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 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M / D D / Y Y Y Y					
Full Name of Payee Katie A Barros			Date of Public Distribution/Dissemination M M / D D / Y Y Y Y 10 / 27 / 2014		
Mailing Address PO Box 398			Amount 39.00		
City Neosho		State MO	Zip Code 64850		Transaction ID : 8bf703a1-5774-4567-8
Purpose of Expenditure Mileage		Category/Type 002		Date of Disbursement or Obligation M M / D D / Y Y Y Y 10 / 27 / 2014	
Name of Federal Candidate Mr. Mark L Pryor			Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: AR ☐ Support ☒ Oppose		
Calendar Year-To-Date Per Election for Office Sought 292370.62			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
Full Name of Payee Brandon Wheeler			Date of Public Distribution/Dissemination M M / D D / Y Y Y Y 10 / 27 / 2014		
Mailing Address 10112 Piney Creek Ct			Amount 90.00		
City Charolette		State NC	Zip Code 28215		Transaction ID : 01a5e02b-3ea1-43c5-8
Purpose of Expenditure Salary		Category/Type 001		Date of Disbursement or Obligation M M / D D / Y Y Y Y 10 / 27 / 2014	
Name of Federal Candidate Mr. Mark L Pryor			Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: AR ☐ Support ☒ Oppose		
Calendar Year-To-Date Per Election for Office Sought 292370.62			Disbursement For: ☐ Primary ☒ 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.					
Signature <u>Ms. Emily Buchanan</u>			Date M M / D D / Y Y Y Y 05 / 18 / 2015		

[Electronically Filed]

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1661 OF 3250
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M M / D D D / Y Y Y Y Y Y					
Full Name of Payee Brandon Wheeler			Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 10 / 27 / 2014		
Mailing Address 10112 Piney Creek Ct			Amount 110.10		
City Charolette		State NC	Zip Code 28215		Transaction ID : c5563b51-c6a7-4ae4-8
Purpose of Expenditure Mileage		Category/ Type 002		Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 10 / 27 / 2014	
Name of Federal Candidate Mr. Mark L Pryor			☐ Support ☒ Oppose		Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: AR
Calendar Year-To-Date Per Election for Office Sought			292370.62 Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
Full Name of Payee Benjamin J Crosser			Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 10 / 27 / 2014		
Mailing Address PO Box 398			Amount 55.00		
City Neosho		State AR	Zip Code 64850		Transaction ID : a7bac7a6-67d7-47cc-8
Purpose of Expenditure Salary		Category/ Type 001		Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 10 / 27 / 2014	
Name of Federal Candidate Mr. Mark L Pryor			☐ Support ☒ Oppose		Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: AR
Calendar Year-To-Date Per Election for Office Sought			292370.62 Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶					165.10
(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.					
Signature Ms. Emily Buchanan			[Electronically Filed]		Date M M M / D D D / Y Y Y Y Y Y 05 / 18 / 2015

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1662 OF 3250
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M M / D D D / Y Y Y Y Y Y					
Full Name of Payee Benjamin J Crosser			Date of Public Distribution/Dissemination 10 / 27 / 2014		
Mailing Address PO Box 398			Amount 41.46		
City Neosho		State AR	Zip Code 64850		Transaction ID : 2a7b0c4a-6572-4af7-9
Purpose of Expenditure Mileage		Category/ Type 002		Date of Disbursement or Obligation 10 / 27 / 2014	
Name of Federal Candidate Mr. Mark L Pryor			Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: AR		
Calendar Year-To-Date Per Election for Office Sought 292370.62			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
Full Name of Payee Carla K Pilgreen			Date of Public Distribution/Dissemination 10 / 27 / 2014		
Mailing Address 212 Stonecliff Dr			Amount 70.00		
City West Monro		State LA	Zip Code 71291		Transaction ID : 78b8de11-7198-44ba-b
Purpose of Expenditure Salary		Category/ Type 001		Date of Disbursement or Obligation 10 / 27 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu			Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: LA		
Calendar Year-To-Date Per Election for Office Sought 554635.78			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			111.46		
(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.					
Signature Ms. Emily Buchanan			Date 05 / 18 / 2015		
			[Electronically Filed]		

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1663 OF 3250
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC		FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on		M M M / D D D / Y Y Y Y Y Y	
Full Name of Payee Carla K Pilgreen		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 10 / 27 / 2014	
Mailing Address 212 Stonecliff Dr		Amount 14.73	
City West Monro	State LA	Zip Code 71291	Transaction ID : 779c3b6c-0b4c-464f-9
Purpose of Expenditure Mileage	Category/Type 002	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 10 / 27 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose ☐ President ☒ Senate	
Office Sought: District: 00 State: LA		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Calendar Year-To-Date Per Election for Office Sought 554635.78			
Full Name of Payee Phillip Williams		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 10 / 27 / 2014	
Mailing Address 3007 Darden Rd		Amount 80.00	
City Greensboro	State NC	Zip Code 27407	Transaction ID : 02ed99b1-abd4-4c32-b
Purpose of Expenditure Salary	Category/Type 001	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 10 / 27 / 2014	
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose ☐ President ☒ Senate	
Office Sought: District: 00 State: NC		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Calendar Year-To-Date Per Election for Office Sought 1095959.94			
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶		94.73	
(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.			
Signature Ms. Emily Buchanan		Date M M M / D D D / Y Y Y Y Y Y 05 / 18 / 2015	
		[Electronically Filed]	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1664 OF 3250
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M / D D / Y Y Y Y				
Full Name of Payee Phillip Williams			Date of Public Distribution/Dissemination 10 / 27 / 2014	
Mailing Address 3007 Darden Rd			Amount 25.20	
City Greensboro	State NC	Zip Code 27407	Transaction ID : 3a672f17-abf9-407d-a Date of Disbursement or Obligation 10 / 27 / 2014	
Purpose of Expenditure Mileage		Category/ Type 002		
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>NC</u>	
Calendar Year-To-Date Per Election for Office Sought		1095959.94	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Beverly Williams			Date of Public Distribution/Dissemination 10 / 27 / 2014	
Mailing Address 3007 Darden Rd			Amount 80.00	
City Greensboro	State NC	Zip Code 27407	Transaction ID : 911387c6-872e-442a-9 Date of Disbursement or Obligation 10 / 27 / 2014	
Purpose of Expenditure Salary		Category/ Type 001		
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>NC</u>	
Calendar Year-To-Date Per Election for Office Sought		1095959.94	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			105.20	
(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.				
Signature Ms. Emily Buchanan		[Electronically Filed]		Date 05 / 18 / 2015

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

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 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M / D D / Y Y Y Y					
Full Name of Payee Stuart T Haley			Date of Public Distribution/Dissemination 10 / 27 / 2014		
Mailing Address 600 W Vine Ave			Amount 120.00		
City Searcy		State AR	Zip Code 72143		Transaction ID : 856ed7d2-afa9-49ae-b
Purpose of Expenditure Salary		Category/ Type 001		Date of Disbursement or Obligation 10 / 27 / 2014	
Name of Federal Candidate Mr. Mark L Pryor			☐ Support ☒ Oppose Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: AR		
Calendar Year-To-Date Per Election for Office Sought 292370.62			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
Full Name of Payee Stuart T Haley			Date of Public Distribution/Dissemination 10 / 27 / 2014		
Mailing Address 600 W Vine Ave			Amount 105.00		
City Searcy		State AR	Zip Code 72143		Transaction ID : 7aa333e0-0002-4996-9
Purpose of Expenditure Mileage		Category/ Type 002		Date of Disbursement or Obligation 10 / 27 / 2014	
Name of Federal Candidate Mr. Mark L Pryor			☐ Support ☒ Oppose Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: AR		
Calendar Year-To-Date Per Election for Office Sought 292370.62			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			225.00		
(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.					
Signature <u>Ms. Emily Buchanan</u> [Electronically Filed]			Date 05 / 18 / 2015		

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1666 OF 3250
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M / D D / Y Y Y Y				
Full Name of Payee Xavier Miller			Date of Public Distribution/Dissemination 10 / 27 / 2014	
Mailing Address 407 randall Dr			Amount 120.00	
City Searcy	State AR	Zip Code 72143	Transaction ID : 8b6d810e-90f1-4387-b	
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation 10 / 27 / 2014	
Name of Federal Candidate Mr. Mark L Pryor		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>AR</u>	
Calendar Year-To-Date Per Election for Office Sought		292370.62	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Joseph R English			Date of Public Distribution/Dissemination 10 / 27 / 2014	
Mailing Address 915 East Market Ave Apt 4			Amount 90.00	
City Searcy	State AR	Zip Code 72143	Transaction ID : e8869781-7203-49ff-8	
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation 10 / 27 / 2014	
Name of Federal Candidate Mr. Mark L Pryor		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>AR</u>	
Calendar Year-To-Date Per Election for Office Sought		292370.62	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			210.00	
(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.				
Signature Ms. Emily Buchanan		[Electronically Filed]		Date 05 / 18 / 2015

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1667 OF 3250
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC		FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on		M M M / D D D / Y Y Y Y Y Y	
Full Name of Payee Joseph R English		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 10 / 27 / 2014	
Mailing Address 915 East Market Ave Apt 4		Amount 105.00	
City Searcy	State AR	Zip Code 72143	Transaction ID : 4b379411-11b1-4e5e-9
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 10 / 27 / 2014
Name of Federal Candidate Mr. Mark L Pryor		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: AR
Calendar Year-To-Date Per Election for Office Sought 292370.62		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Christine Stevens		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 10 / 27 / 2014	
Mailing Address 100 Asbury Ct		Amount 80.00	
City Winchester	State VA	Zip Code 22602	Transaction ID : 7a3e2ae6-3e81-4c08-a
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 10 / 27 / 2014
Name of Federal Candidate Mr. Greg Orman		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: KS
Calendar Year-To-Date Per Election for Office Sought 261541.03		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶		185.00	
(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]	
Signature		Date M M M / D D D / Y Y Y Y Y Y 05 / 18 / 2015	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1668 OF 3250
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M / D D / Y Y Y Y Y Y				
Full Name of Payee Lauren N Hamel			Date of Public Distribution/Dissemination 10 / 27 / 2014	
Mailing Address PO Box 398			Amount 40.00	
City Neosho		State MO	Zip Code 64850	
Purpose of Expenditure Salary		Category/ Type	Transaction ID : 0131bc6e-0b2f-4e7f-9 Date of Disbursement or Obligation 10 / 27 / 2014	
Name of Federal Candidate Mr. Mark L Pryor		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: AR	
Calendar Year-To-Date Per Election for Office Sought 292370.62			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Lauren N Hamel			Date of Public Distribution/Dissemination 10 / 27 / 2014	
Mailing Address PO Box 398			Amount 32.16	
City Neosho		State MO	Zip Code 64850	
Purpose of Expenditure Mileage		Category/ Type	Transaction ID : 526e2d03-02aa-4a80-8 Date of Disbursement or Obligation 10 / 27 / 2014	
Name of Federal Candidate Mr. Mark L Pryor		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: AR	
Calendar Year-To-Date Per Election for Office Sought 292370.62			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			72.16	
(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.				
Signature Ms. Emily Buchanan		[Electronically Filed] Date 05 / 18 / 2015		

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1669 OF 3250
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M M / D D D / Y Y Y Y Y Y				
Full Name of Payee Ms. Tonya Boyd			Date of Public Distribution/Dissemination 10 / 27 / 2014	
Mailing Address 2357 Fancy Cap Rd			Amount 90.00	
City Mt. Airy	State NC	Zip Code 27030	Transaction ID : ac9fe9d5-1c29-4f88-a Date of Disbursement or Obligation 10 / 27 / 2014	
Purpose of Expenditure Salary		Category/ Type 001		
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>NC</u>	
Calendar Year-To-Date Per Election for Office Sought		1095959.94	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Ms. Tonya Boyd			Date of Public Distribution/Dissemination 10 / 27 / 2014	
Mailing Address 2357 Fancy Cap Rd			Amount 14.94	
City Mt. Airy	State NC	Zip Code 27030	Transaction ID : 8da03099-8524-4872-9 Date of Disbursement or Obligation 10 / 27 / 2014	
Purpose of Expenditure Mileage		Category/ Type 002		
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>NC</u>	
Calendar Year-To-Date Per Election for Office Sought		1095959.94	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			104.94	
(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.				
Signature Ms. Emily Buchanan		[Electronically Filed]		Date 05 / 18 / 2015

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1670 OF 3250
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M / D D / Y Y Y Y Y Y					
Full Name of Payee Jazmine d Conner			Date of Public Distribution/Dissemination 10 / 27 / 2014		
Mailing Address 100 ASBURY CT			Amount 70.00		
City WINCHESTER		State VA	Zip Code 22602		Transaction ID : 0ca81efc-b740-480e-b
Purpose of Expenditure Salary		Category/ Type 001		Date of Disbursement or Obligation 10 / 27 / 2014	
Name of Federal Candidate Mr. Greg Orman			Office Sought: ☐ House District: 00 ☒ Senate State: KS ☐ President ☒ Senate State: KS		
Calendar Year-To-Date Per Election for Office Sought 261541.03			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
Full Name of Payee Jon E Conner			Date of Public Distribution/Dissemination 10 / 27 / 2014		
Mailing Address 100 Asbury Ct			Amount 70.00		
City Winchester		State VA	Zip Code 22602		Transaction ID : 7c8b6cc4-cc90-4356-a
Purpose of Expenditure Salary		Category/ Type 001		Date of Disbursement or Obligation 10 / 27 / 2014	
Name of Federal Candidate Mr. Greg Orman			Office Sought: ☐ House District: 00 ☒ Senate State: KS ☐ President ☒ Senate State: KS		
Calendar Year-To-Date Per Election for Office Sought 261541.03			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶					140.00
(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.					
Signature Ms. Emily Buchanan			Date 05 / 18 / 2015		
[Electronically Filed]					

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

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 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC	FEC IDENTIFICATION NUMBER ▼ C C00530766
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M / D D / Y Y Y Y	

Full Name of Payee Chris McCoy		Date of Public Distribution/Dissemination 10 / 27 / 2014	
Mailing Address 1025 Cayley Ct		Amount 107.50	
City High Point	State NC	Zip Code 27260	Transaction ID : b3afd41f-cce5-4e4f-a Date of Disbursement or Obligation 10 / 27 / 2014
Purpose of Expenditure Salary	Category/Type 001		
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>NC</u>
Calendar Year-To-Date Per Election for Office Sought		1095959.94	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶ _____

Full Name of Payee Chris McCoy		Date of Public Distribution/Dissemination 10 / 27 / 2014	
Mailing Address 1025 Cayley Ct		Amount 27.30	
City High Point	State NC	Zip Code 27260	Transaction ID : 0eb77ddc-520a-457e-a Date of Disbursement or Obligation 10 / 27 / 2014
Purpose of Expenditure Mileage	Category/Type 002		
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>NC</u>
Calendar Year-To-Date Per Election for Office Sought		1095959.94	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶ _____

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	134.80
(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

05 / 18 / 2015

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1673 OF 3250
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC		FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on		MM / DD / YYYY	
Full Name of Payee Rodney O Culbreath		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 27 / 2014	
Mailing Address 100 Asbury Ct		Amount 80.00	
City Winchester	State VA	Zip Code 22602	Transaction ID : 29c865bc-5246-4b49-a
Purpose of Expenditure Salary	Category/Type 001	Date of Disbursement or Obligation MM / DD / YYYY 10 / 27 / 2014	
Name of Federal Candidate Mr. Greg Orman		Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: KS	
Calendar Year-To-Date Per Election for Office Sought 261541.03		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Danielle McCoy		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 27 / 2014	
Mailing Address 1025 Cayley Ct		Amount 110.00	
City High Point	State NC	Zip Code 27260	Transaction ID : b8e98f1d-92c4-4db0-8
Purpose of Expenditure Salary	Category/Type 001	Date of Disbursement or Obligation MM / DD / YYYY 10 / 27 / 2014	
Name of Federal Candidate Ms. Kay Hagan		Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: NC	
Calendar Year-To-Date Per Election for Office Sought 1095959.94		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶		190.00	
(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 Signature		[Electronically Filed] Date MM / DD / YYYY 05 / 18 / 2015	

Full Name of Payee Eleanor McCoy		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 27 / 2014	
Mailing Address 4902 Catawba Dr		Amount 110.00	
City Greensboro	State NC	Zip Code 27407	Transaction ID : 893d9418-4fe7-4f43-8
Purpose of Expenditure Salary	Category/ Type	001	Date of Disbursement or Obligation MM / DD / YYYY 10 / 27 / 2014
Name of Federal Candidate Ms. Kay Hagan	☐ Support ☒ Oppose	Office Sought: ☐ President ☒ Senate	District: 00 State: NC
Calendar Year-To-Date Per Election for Office Sought	1095959.94	Disbursement For: ☐ Primary ☒ General	☐ Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	135.20
(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.

Date _____

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1675 OF 3250
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M M / D D D / Y Y Y Y Y Y					
Full Name of Payee Eleanor McCoy			Date of Public Distribution/Dissemination 10 / 27 / 2014		
Mailing Address 4902 Catawba Dr			Amount 26.70		
City Greensboro		State NC	Zip Code 27407		Transaction ID : 584dd87a-1c6e-4502-8
Purpose of Expenditure Mileage		Category/ Type 002		Date of Disbursement or Obligation 10 / 27 / 2014	
Name of Federal Candidate Ms. Kay Hagan			Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: NC		
Calendar Year-To-Date Per Election for Office Sought 1095959.94			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
Full Name of Payee Rodney D Culbreth			Date of Public Distribution/Dissemination 10 / 27 / 2014		
Mailing Address 100 Asbury CT 3200 Dam Neck Rd			Amount 80.00		
City Winchester		State VA	Zip Code 22602		Transaction ID : ef6c714d-4e4e-4b13-b
Purpose of Expenditure Salary		Category/ Type 001		Date of Disbursement or Obligation 10 / 27 / 2014	
Name of Federal Candidate Mr. Greg Orman			Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: KS		
Calendar Year-To-Date Per Election for Office Sought 261541.03			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			106.70		
(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.					
Signature Ms. Emily Buchanan			Date 05 / 18 / 2015		
[Electronically Filed]					

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1676 OF 3250
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M / D D / Y Y Y Y Y Y					
Full Name of Payee Rze Culbreath			Date of Public Distribution/Dissemination 10 / 27 / 2014		
Mailing Address 100 Asbury Ct			Amount 80.00		
City Winchester		State VA	Zip Code 22602		Transaction ID : 4fec77ff-ad61-48ca-9 Date of Disbursement or Obligation 10 / 27 / 2014
Purpose of Expenditure Salary		Category/ Type 001			
Name of Federal Candidate Mr. Greg Orman			☐ Support ☒ Oppose Office Sought: ☐ House ☒ Senate District: 00 ☐ President State: KS		
Calendar Year-To-Date Per Election for Office Sought 261541.03			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
Full Name of Payee Brieshauna M Stevens			Date of Public Distribution/Dissemination 10 / 27 / 2014		
Mailing Address 1703 Torrey Pines Ct			Amount 60.00		
City Reston		State VA	Zip Code 20190		Transaction ID : 6fdd2afd-3081-45fc-9 Date of Disbursement or Obligation 10 / 27 / 2014
Purpose of Expenditure Salary		Category/ Type 001			
Name of Federal Candidate Mr. Greg Orman			☐ Support ☒ Oppose Office Sought: ☐ House ☒ Senate District: 00 ☐ President State: KS		
Calendar Year-To-Date Per Election for Office Sought 261541.03			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			140.00		
(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.					
Signature Ms. Emily Buchanan			Date 05 / 18 / 2015		
			[Electronically Filed]		

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1677 OF 3250
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC		FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on		M M M / D D D / Y Y Y Y Y Y	
Full Name of Payee Daniel M Qauckenbush		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 10 / 27 / 2014	
Mailing Address 12062 NC 902 Hwy		Amount 40.00	
City Bear Creek	State NC	Zip Code 27207	Transaction ID : 13c1701c-0d96-4184-9 Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 10 / 27 / 2014
Purpose of Expenditure Salary		Category/ Type 001	
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>NC</u>
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Daniel M Qauckenbush		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 10 / 27 / 2014	
Mailing Address 12062 NC 902 Hwy		Amount 10.80	
City Bear Creek	State NC	Zip Code 27207	Transaction ID : 7ab6e9a4-6885-48d8-8 Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 10 / 27 / 2014
Purpose of Expenditure Mileage		Category/ Type 002	
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>NC</u>
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶		50.80	
(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]	
Signature		Date M M M / D D D / Y Y Y Y Y Y 05 / 18 / 2015	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1678 OF 3250
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M M / D D D / Y Y Y Y Y Y					
Full Name of Payee Peggy S ODonnell			Date of Public Distribution/Dissemination 10 / 27 / 2014		
Mailing Address 4218 Eagle Lake Ct			Amount 15.00		
City Bel Aire	State KS	Zip Code 67220	Transaction ID : be7e0c9b-0df5-4e0e-a		
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation 10 / 27 / 2014		
Name of Federal Candidate Mr. Greg Orman		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>KS</u>		
Calendar Year-To-Date Per Election for Office Sought		261541.03	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
Full Name of Payee Peggy S ODonnell			Date of Public Distribution/Dissemination 10 / 27 / 2014		
Mailing Address 4218 Eagle Lake Ct			Amount 3.60		
City Bel Aire	State KS	Zip Code 67220	Transaction ID : 0d0b220d-3d5d-4dee-9		
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement or Obligation 10 / 27 / 2014		
Name of Federal Candidate Mr. Greg Orman		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>KS</u>		
Calendar Year-To-Date Per Election for Office Sought		261541.03	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			18.60		
(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.					
Signature Ms. Emily Buchanan		[Electronically Filed]		Date 05 / 18 / 2015	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1679 OF 3250
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on			MM / DD / YYYY	
Full Name of Payee Cameryn L Rasmussen		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 27 / 2014		
Mailing Address 4455 N Edaemoor Ct		Amount 37.50		
City Bel Aire	State KS	Zip Code 67220	Transaction ID : 49cf805d-6766-4184-9	
Purpose of Expenditure Salary		Category/Type 001	Date of Disbursement or Obligation MM / DD / YYYY 10 / 27 / 2014	
Name of Federal Candidate Mr. Greg Orman		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: KS	
Calendar Year-To-Date Per Election for Office Sought		261541.03	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Cameryn L Rasmussen		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 27 / 2014		
Mailing Address 4455 N Edaemoor Ct		Amount 14.10		
City Bel Aire	State KS	Zip Code 67220	Transaction ID : eec0c536-9423-4447-b	
Purpose of Expenditure Mileage		Category/Type 002	Date of Disbursement or Obligation MM / DD / YYYY 10 / 27 / 2014	
Name of Federal Candidate Mr. Greg Orman		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: KS	
Calendar Year-To-Date Per Election for Office Sought		261541.03	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures.....		51.60		
(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.				
Signature Ms. Emily Buchanan		[Electronically Filed]		Date MM / DD / YYYY 05 / 18 / 2015

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1680 OF 3250
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M / D D / Y Y Y Y Y Y					
Full Name of Payee Samantha Howell			Date of Public Distribution/Dissemination 10 / 27 / 2014		
Mailing Address 4849 N Glendale			Amount 37.50		
City Bel Aire	State KS	Zip Code 67220	Transaction ID : e2c4a4d8-ca41-4184-8		
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation 10 / 27 / 2014		
Name of Federal Candidate Mr. Greg Orman		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: KS		
Calendar Year-To-Date Per Election for Office Sought		261541.03	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
Full Name of Payee Samantha Howell			Date of Public Distribution/Dissemination 10 / 27 / 2014		
Mailing Address 4849 N Glendale			Amount 14.10		
City Bel Aire	State KS	Zip Code 67220	Transaction ID : 15ec67bb-a8ca-435a-9		
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement or Obligation 10 / 27 / 2014		
Name of Federal Candidate Mr. Greg Orman		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: KS		
Calendar Year-To-Date Per Election for Office Sought		261541.03	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			51.60		
(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.					
Signature Ms. Emily Buchanan		[Electronically Filed]		Date 05 / 18 / 2015	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1681 OF 3250
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M M / D D D / Y Y Y Y Y Y				
Full Name of Payee Ashley T Reed			Date of Public Distribution/Dissemination 10 / 27 / 2014	
Mailing Address 1519 E Village Estates Dr			Amount 15.00	
City Park City	State KS	Zip Code 67216	Transaction ID : 4b7cdb72-0ca6-49f2-b	
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation 10 / 27 / 2014	
Name of Federal Candidate Mr. Greg Orman		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>KS</u>	
Calendar Year-To-Date Per Election for Office Sought		261541.03	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Ashley T Reed			Date of Public Distribution/Dissemination 10 / 27 / 2014	
Mailing Address 1519 E Village Estates Dr			Amount 4.80	
City Park City	State KS	Zip Code 67216	Transaction ID : e30f3928-bfdb-415e-8	
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement or Obligation 10 / 27 / 2014	
Name of Federal Candidate Mr. Greg Orman		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>KS</u>	
Calendar Year-To-Date Per Election for Office Sought		261541.03	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			19.80	
(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.				
Signature Ms. Emily Buchanan		[Electronically Filed]		Date 05 / 18 / 2015

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1682 OF 3250
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC		FEC IDENTIFICATION NUMBER ▼ C C00530766
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on		MM / DD / YYYY

Full Name of Payee Jake Mathews		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 27 / 2014	
Mailing Address 6418 East 12 St		Amount 13.00	
City Wichita	State KS	Zip Code 67206	Transaction ID : afa2b292-442d-40c8-a
Purpose of Expenditure Salary		Category/Type 001	Date of Disbursement or Obligation MM / DD / YYYY 10 / 27 / 2014
Name of Federal Candidate Mr. Greg Orman		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: KS
Calendar Year-To-Date Per Election for Office Sought 261541.03		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	

Full Name of Payee Jake Mathews		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 27 / 2014	
Mailing Address 6418 East 12 St		Amount 6.00	
City Wichita	State KS	Zip Code 67206	Transaction ID : 1ebdbfbb-95e2-4ddc-9
Purpose of Expenditure Mileage		Category/Type 002	Date of Disbursement or Obligation MM / DD / YYYY 10 / 27 / 2014
Name of Federal Candidate Mr. Greg Orman		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: KS
Calendar Year-To-Date Per Election for Office Sought 261541.03		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	19.00
(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]

Signature

Date

MM / DD / YYYY
05 / 18 / 2015

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 1683 OF 3250
 FOR LINE 24 OF FORM 3X

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

Full Name of Payee Jennifer Cheever		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 27 / 2014	
Mailing Address 4545 S Gold		Amount 65.00	
City Wichita	State KS	Zip Code 67217	Transaction ID : 64a03dff-334f-472d-8 Date of Disbursement or Obligation MM / DD / YYYY 10 / 27 / 2014
Purpose of Expenditure Salary	Category/Type 001		
Name of Federal Candidate Mr. Greg Orman		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: KS
Calendar Year-To-Date Per Election for Office Sought 261541.03		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	

Full Name of Payee Jennifer Cheever		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 27 / 2014	
Mailing Address 4545 S Gold		Amount 12.90	
City Wichita	State KS	Zip Code 67217	Transaction ID : 189f3de9-375d-4385-9 Date of Disbursement or Obligation MM / DD / YYYY 10 / 27 / 2014
Purpose of Expenditure Mileage	Category/Type 002		
Name of Federal Candidate Mr. Greg Orman		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: KS
Calendar Year-To-Date Per Election for Office Sought 261541.03		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	77.90
(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

MM / DD / YYYY
05 / 18 / 2015

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1684 OF 3250
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on			M M M / D D D / Y Y Y Y Y Y	
Full Name of Payee Gabriela P Sosa		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 10 / 27 / 2014		
Mailing Address 2530 Brook Stone Dr		Amount 80.00		
City Clemmons	State NC	Zip Code 27012	Transaction ID : ddcbeb07-bf18-434e-9	
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 10 / 27 / 2014	
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>NC</u>	
Calendar Year-To-Date Per Election for Office Sought		1095959.94	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Gabriela P Sosa		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 10 / 27 / 2014		
Mailing Address 2530 Brook Stone Dr		Amount 17.10		
City Clemmons	State NC	Zip Code 27012	Transaction ID : f1da52b2-d061-4871-b	
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 10 / 27 / 2014	
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>NC</u>	
Calendar Year-To-Date Per Election for Office Sought		1095959.94	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures.....		97.10		
(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
Signature		M M M / D D D / Y Y Y Y Y Y 05 / 18 / 2015		

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

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 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M M / D D D / Y Y Y Y Y Y					
Full Name of Payee Michael Terry			Date of Public Distribution/Dissemination 10 / 27 / 2014		
Mailing Address 936 S Cypress			Amount 65.00		
City Wichita	State KS	Zip Code 67207	Transaction ID : 57647edc-637f-4683-b		
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation 10 / 27 / 2014		
Name of Federal Candidate Mr. Greg Orman			Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>KS</u>		
Calendar Year-To-Date Per Election for Office Sought 261541.03			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶ _____		
Full Name of Payee Michael Terry			Date of Public Distribution/Dissemination 10 / 27 / 2014		
Mailing Address 936 S Cypress			Amount 12.90		
City Wichita	State KS	Zip Code 67207	Transaction ID : 42db5539-7608-4156-9		
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement or Obligation 10 / 27 / 2014		
Name of Federal Candidate Mr. Greg Orman			Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>KS</u>		
Calendar Year-To-Date Per Election for Office Sought 261541.03			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶ _____		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			77.90		
(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.					
Signature <u>Ms. Emily Buchanan</u> [Electronically Filed]			Date 05 / 18 / 2015		

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1686 OF 3250
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M M / D D D / Y Y Y Y Y Y					
Full Name of Payee Carol L Walters			Date of Public Distribution/Dissemination 10 / 27 / 2014		
Mailing Address 1900 Glen West Way			Amount 60.00		
City Fort Smith		State AR	Zip Code 72916		Transaction ID : c8cc6144-af29-4c16-9
Purpose of Expenditure Salary		Category/ Type 001		Date of Disbursement or Obligation 10 / 27 / 2014	
Name of Federal Candidate Mr. Mark L Pryor			Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: AR		
Calendar Year-To-Date Per Election for Office Sought 292370.62			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
Full Name of Payee Carol L Walters			Date of Public Distribution/Dissemination 10 / 27 / 2014		
Mailing Address 1900 Glen West Way			Amount 6.60		
City Fort Smith		State AR	Zip Code 72916		Transaction ID : 6ee537a8-7707-43bd-9
Purpose of Expenditure Mileage		Category/ Type 002		Date of Disbursement or Obligation 10 / 27 / 2014	
Name of Federal Candidate Mr. Mark L Pryor			Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: AR		
Calendar Year-To-Date Per Election for Office Sought 292370.62			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			66.60		
(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.					
Signature Ms. Emily Buchanan			Date 05 / 18 / 2015		
[Electronically Filed]					

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1687 OF 3250
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC		FEC IDENTIFICATION NUMBER ▼ C C00530766
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on		MM / DD / YYYY

Full Name of Payee Kelly Dolan		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 27 / 2014
Mailing Address 543 S 2nd St		Amount 80.00
City Bellaire	State NC	Zip Code 77401
Purpose of Expenditure Salary	Category/Type 001	Transaction ID : 16daa032-51df-4b7e-8 Date of Disbursement or Obligation MM / DD / YYYY 10 / 27 / 2014
Name of Federal Candidate Ms. Mary L Landrieu		Office Sought: ☐ House District: 00 ☒ Senate State: LA
Calendar Year-To-Date Per Election for Office Sought 554635.78		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶

Full Name of Payee Kelly Dolan		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 27 / 2014
Mailing Address 543 S 2nd St		Amount 8.40
City Bellaire	State NC	Zip Code 77401
Purpose of Expenditure Mileage	Category/Type 002	Transaction ID : e74ab967-17b7-4326-a Date of Disbursement or Obligation MM / DD / YYYY 10 / 27 / 2014
Name of Federal Candidate Ms. Mary L Landrieu		Office Sought: ☐ House District: 00 ☒ Senate State: LA
Calendar Year-To-Date Per Election for Office Sought 554635.78		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	88.40
(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

MM / DD / YYYY
05 / 18 / 2015

Signature

Full Name of Payee Cynthia J Christmas			Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 27 / 2014		
Mailing Address 1731 Frenchmen St			Amount 60.00		
City New Orleans	State LA	Zip Code 70116	Transaction ID : f619d5ae-c7d4-42be-9		
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation MM / DD / YYYY 10 / 27 / 2014		
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: LA		
Calendar Year-To-Date Per Election for Office Sought		554635.78	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		

Full Name of Payee Shantal C Culbreath		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 27 / 2014	
Mailing Address 4691 Hercules Lane		Amount 100.00	
City Woodbridge	State VA	Zip Code 22193	Transaction ID : ecddd956-7cb7-4c40-8 Date of Disbursement or Obligation MM / DD / YYYY 10 / 27 / 2014
Purpose of Expenditure Salary		Category/ Type 001	
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: LA
Calendar Year-To-Date Per Election for Office Sought		554635.78	Disbursement For: ☐ Primary ☒ General ☐ 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.

Date _____

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 1689 OF 3250
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M / D D / Y Y Y Y Y Y					
Full Name of Payee Parker H Morrow			Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 10 / 27 / 2014		
Mailing Address 506 N Horton Street			Amount 50.00		
City Searcy		State AR	Zip Code 72143		Transaction ID : 2936983b-4dbe-4c8d-8
Purpose of Expenditure Salary		Category/Type 001		Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 10 / 27 / 2014	
Name of Federal Candidate Mr. Mark L Pryor			Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: AR ☐ Support ☒ Oppose		
Calendar Year-To-Date Per Election for Office Sought			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
Full Name of Payee Parker H Morrow			Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 10 / 27 / 2014		
Mailing Address 506 N Horton Street			Amount 15.60		
City Searcy		State AR	Zip Code 72143		Transaction ID : a6200c85-3de3-4428-b
Purpose of Expenditure Mileage		Category/Type 002		Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 10 / 27 / 2014	
Name of Federal Candidate Mr. Mark L Pryor			Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: AR ☐ Support ☒ Oppose		
Calendar Year-To-Date Per Election for Office Sought			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			65.60		
(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.					
Signature Ms. Emily Buchanan			Date M M / D D / Y Y Y Y Y Y 05 / 18 / 2015		

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SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1690 OF 3250
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC		FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on		M M M / D D D / Y Y Y Y Y Y	
Full Name of Payee Rebecca A Shearer		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 10 / 27 / 2014	
Mailing Address 6544 Arno College Grove Rd		Amount 50.00	
City College Grove	State TN	Zip Code 37046	Transaction ID : fb615771-2f9e-4f88-b
Purpose of Expenditure Salary	Category/Type 001	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 10 / 27 / 2014	
Name of Federal Candidate Mr. Mark L Pryor		Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: AR	
Calendar Year-To-Date Per Election for Office Sought 292370.62		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Rebecca A Shearer		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 10 / 27 / 2014	
Mailing Address 6544 Arno College Grove Rd		Amount 9.60	
City College Grove	State TN	Zip Code 37046	Transaction ID : c0133699-b005-46d3-b
Purpose of Expenditure Mileage	Category/Type 002	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 10 / 27 / 2014	
Name of Federal Candidate Mr. Mark L Pryor		Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: AR	
Calendar Year-To-Date Per Election for Office Sought 292370.62		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶		59.60	
(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 Signature		[Electronically Filed] Date M M M / D D D / Y Y Y Y Y Y 05 / 18 / 2015	

Full Name of Payee Taylor N Randall		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 27 / 2014	
Mailing Address 2002 E Park Ave Apt 40		Amount 47.50	
City	State	Zip Code	Transaction ID : dafcf3e1-269d-4ded-a Date of Disbursement or Obligation MM / DD / YYYY 10 / 27 / 2014
Searcy	AR	72143	
Purpose of Expenditure Salary		Category/ Type	001
Name of Federal Candidate Mr. Mark L Pryor		☐ Support ☒ Oppose	Office Sought: ☐ House ☒ Senate ☐ President District: 00 State: AR
Calendar Year-To-Date Per Election for Office Sought		292370.62	Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	95.00
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

05 / 18 / 2015

FEC Schedule E (Form 3X) Rev. 09/2013

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1692 OF 3250
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on MM / DD / YYYY				
Full Name of Payee Taylor N Randall			Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 27 / 2014	
Mailing Address 2002 E Park Ave Apt 40			Amount 66.60	
City Searcy	State AR	Zip Code 72143	Transaction ID : 8ff9eb42-f93d-4054-8 Date of Disbursement or Obligation MM / DD / YYYY 10 / 27 / 2014	
Purpose of Expenditure Mileage		Category/ Type 002		
Name of Federal Candidate Mr. Mark L Pryor		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>AR</u>	
Calendar Year-To-Date Per Election for Office Sought		292370.62	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Billy Martin			Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 28 / 2014	
Mailing Address 250 JS Brewton rd			Amount 40.00	
City goldonna	State LA	Zip Code 71031	Transaction ID : fdb2708b-65f3-4d58-b Date of Disbursement or Obligation MM / DD / YYYY 10 / 28 / 2014	
Purpose of Expenditure Salary		Category/ Type 001		
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>NC</u>	
Calendar Year-To-Date Per Election for Office Sought		1095959.94	Disbursement For: ☐ Primary ☒ 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.				
Signature Ms. Emily Buchanan		[Electronically Filed]		Date MM / DD / YYYY 05 / 18 / 2015

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1693 OF 3250
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M / D D / Y Y Y Y				
Full Name of Payee Billy Martin			Date of Public Distribution/Dissemination 10 / 28 / 2014	
Mailing Address 250 JS Brewton rd			Amount 3.60	
City goldonna	State LA	Zip Code 71031	Transaction ID : d95e1b34-929e-418a-a Date of Disbursement or Obligation 10 / 28 / 2014	
Purpose of Expenditure Mileage		Category/ Type 002		
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: NC	
Calendar Year-To-Date Per Election for Office Sought		1095959.94	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Jordyn Kilbury			Date of Public Distribution/Dissemination 10 / 28 / 2014	
Mailing Address 5416 S Santa Fe Street			Amount 100.00	
City Wichita	State KS	Zip Code 67216	Transaction ID : cbb34591-63a7-47df-a Date of Disbursement or Obligation 10 / 28 / 2014	
Purpose of Expenditure Salary		Category/ Type 001		
Name of Federal Candidate Mr. Greg Orman		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: KS	
Calendar Year-To-Date Per Election for Office Sought		261541.03	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			103.60	
(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.				
Signature Ms. Emily Buchanan		[Electronically Filed]		Date 05 / 18 / 2015

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1694 OF 3250
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC		FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on / /			
Full Name of Payee Jordyn Kilbury		Date of Public Distribution/Dissemination / / 10 / 28 / 2014	
Mailing Address 5416 S Santa Fe Street		Amount 12.30	
City Wichita	State KS	Zip Code 67216	Transaction ID : 68fd5ce1-a0c2-4853-a Date of Disbursement or Obligation / / 10 / 28 / 2014
Purpose of Expenditure Mileage		Category/ Type 002	
Name of Federal Candidate Mr. Greg Orman		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>KS</u>
Calendar Year-To-Date Per Election for Office Sought 261541.03		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶ _____	
Full Name of Payee Logan B Piper		Date of Public Distribution/Dissemination / / 10 / 27 / 2014	
Mailing Address 3205 Pebble Beach Rd		Amount 58.70	
City Conway	State AR	Zip Code 72034	Transaction ID : 2c2d13a7-f0d0-43c1-b Date of Disbursement or Obligation / / 10 / 27 / 2014
Purpose of Expenditure Salary		Category/ Type 001	
Name of Federal Candidate Mr. Mark L Pryor		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>AR</u>
Calendar Year-To-Date Per Election for Office Sought 292370.62		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶ _____	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶		 71.00	
(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.			
Signature <i>Ms. Emily Buchanan</i>		Date / / 05 / 18 / 2015	
[Electronically Filed]			

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1695 OF 3250
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M / D D / Y Y Y Y				
Full Name of Payee Logan B Piper			Date of Public Distribution/Dissemination 10 / 27 / 2014	
Mailing Address 3205 Pebble Beach Rd			Amount 21.36	
City Conway	State AR	Zip Code 72034	Transaction ID : 33afd129-fa2c-4f13-a	
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement or Obligation 10 / 27 / 2014	
Name of Federal Candidate Mr. Mark L Pryor		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: AR	
Calendar Year-To-Date Per Election for Office Sought		292370.62	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Anthony Pearson			Date of Public Distribution/Dissemination 10 / 27 / 2014	
Mailing Address 112 apache Dr			Amount 70.00	
City Search	State AR	Zip Code 72149	Transaction ID : 36b02cf0-b96e-44f0-8	
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation 10 / 27 / 2014	
Name of Federal Candidate Mr. Mark L Pryor		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: AR	
Calendar Year-To-Date Per Election for Office Sought		292370.62	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			91.36	
(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.				
Signature Ms. Emily Buchanan		[Electronically Filed]		Date 05 / 18 / 2015

Full Name of Payee Anthony Pearson		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 27 / 2014	
Mailing Address 112 apache Dr		Amount 999,999.99 59.25	
City	State	Zip Code	Transaction ID : a7423b14-70cf-435d-a Date of Disbursement or Obligation MM / DD / YYYY 10 / 27 / 2014
Search	AR	72149	
Purpose of Expenditure Mileage		Category/ Type	002
Name of Federal Candidate Mr. Mark L Pryor		☐ Support ☒ Oppose	Office Sought: ☐ House ☒ Senate ☐ President ☒ Senate District: 00 State: AR
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
999,999.99 292370.62			

Full Name of Payee Claire A Smith		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 26 / 2014	
Mailing Address 6610 Walcott Rd		Amount 50.00	
City Paragoud	State AR	Zip Code 72450	Transaction ID : fb4384fd-234f-4e4d-8
Purpose of Expenditure Salary	Category/ Type	001	Date of Disbursement or Obligation MM / DD / YYYY 10 / 26 / 2014
Name of Federal Candidate Mr. Mark L Pryor	☐ Support ☒ Oppose	Office Sought: ☐ House ☒ Senate	District: 00 State: AR
Calendar Year-To-Date Per Election for Office Sought	292370.62	Disbursement For: ☐ Primary ☒ General	2014 ☐ Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	109.25
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	<!-- Empty box -->
(c) TOTAL Independent Expenditures.....	▶	<!-- Empty box -->

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.

Date _____

Signature

Three digital displays are shown side-by-side, separated by slashes. The first display shows '05' under 'MM' labels. The second display shows '18' under 'DD' labels. The third display shows '2015' under 'YYYY' labels.

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1697 OF 3250
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on MM / DD / YYYY					
Full Name of Payee Claire A Smith			Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 26 / 2014		
Mailing Address 6610 Walcott Rd			Amount 30.00		
City Paragoud	State AR	Zip Code 72450	Transaction ID : a0f72903-92a9-4183-b		
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement or Obligation MM / DD / YYYY 10 / 26 / 2014		
Name of Federal Candidate Mr. Mark L Pryor		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>AR</u>		
Calendar Year-To-Date Per Election for Office Sought		292370.62	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
Full Name of Payee Claire A Smith			Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 27 / 2014		
Mailing Address 6610 Walcott Rd			Amount 70.00		
City Paragoud	State AR	Zip Code 72450	Transaction ID : dc127198-6e5d-4a43-a		
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation MM / DD / YYYY 10 / 27 / 2014		
Name of Federal Candidate Mr. Mark L Pryor		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>AR</u>		
Calendar Year-To-Date Per Election for Office Sought		292370.62	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			100.00		
(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 MM / DD / YYYY 05 / 18 / 2015		
Signature					

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 1698 OF 3250
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M / D D / Y Y Y Y					
Full Name of Payee Claire A Smith			Date of Public Distribution/Dissemination 10 / 27 / 2014		
Mailing Address 6610 Walcott Rd			Amount 59.25		
City Paragoud		State AR	Zip Code 72450		Transaction ID : 7d2739de-2617-4ec8-b
Purpose of Expenditure Mileage		Category/Type 002		Date of Disbursement or Obligation 10 / 27 / 2014	
Name of Federal Candidate Mr. Mark L Pryor			☐ Support ☒ Oppose Office Sought: ☐ House ☒ Senate District: <u>00</u> ☐ President State: <u>AR</u>		
Calendar Year-To-Date Per Election for Office Sought 292370.62			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶ _____		
Full Name of Payee Jodi DeFrees			Date of Public Distribution/Dissemination 10 / 25 / 2014		
Mailing Address 201 E Mt Vernon			Amount 30.00		
City Wichita		State KS	Zip Code 67211		Transaction ID : 2b44fc95-9a07-4109-b
Purpose of Expenditure Salary		Category/Type 001		Date of Disbursement or Obligation 10 / 25 / 2014	
Name of Federal Candidate Mr. Greg Orman			☐ Support ☒ Oppose Office Sought: ☐ House ☒ Senate District: <u>00</u> ☐ President State: <u>KS</u>		
Calendar Year-To-Date Per Election for Office Sought 261541.03			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶ _____		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			89.25		
(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.					
Signature <u>Ms. Emily Buchanan</u>			Date 05 / 18 / 2015		

[Electronically Filed]

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 1699 OF 3250
 FOR LINE 24 OF FORM 3X

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

Full Name of Payee Jodi DeFrees		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 25 / 2014	
Mailing Address 201 E Mt Vernon		Amount 5.70	
City Wichita	State KS	Zip Code 67211	Transaction ID : 8905c150-2e7f-4fde-9
Purpose of Expenditure Mileage	Category/ Type	002	Date of Disbursement or Obligation MM / DD / YYYY 10 / 25 / 2014
Name of Federal Candidate Mr. Greg Orman		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: KS
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	

Full Name of Payee Eric J Smith		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 28 / 2014	
Mailing Address 4967 Dysartville		Amount 80.00	
City Morganton	State NC	Zip Code 28655	Transaction ID : 68f3d300-20e3-4c21-b
Purpose of Expenditure Salary	Category/ Type	001	Date of Disbursement or Obligation MM / DD / YYYY 10 / 28 / 2014
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: NC
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: ☐ Primary ☒ 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.

Ms. Emily Buchanan

[Electronically Filed]

Date

MM / DD / YYYY
05 / 18 / 2015

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 1700 OF 3250
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M M / D D D / Y Y Y Y Y Y					
Full Name of Payee Jennifer E Smith			Date of Public Distribution/Dissemination 10 / 28 / 2014		
Mailing Address 4967 Dysartsville Rd			Amount 80.00		
City Morganton	State NC	Zip Code 28655	Transaction ID : 9343519c-b477-417e-9		
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation 10 / 28 / 2014		
Name of Federal Candidate Ms. Kay Hagan			Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>NC</u>		
Calendar Year-To-Date Per Election for Office Sought 1095959.94			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶ _____		
Full Name of Payee Jennifer E Smith			Date of Public Distribution/Dissemination 10 / 28 / 2014		
Mailing Address 4967 Dysartsville Rd			Amount 8.70		
City Morganton	State NC	Zip Code 28655	Transaction ID : 7d3f6602-6722-43ec-9		
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement or Obligation 10 / 28 / 2014		
Name of Federal Candidate Ms. Kay Hagan			Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>NC</u>		
Calendar Year-To-Date Per Election for Office Sought 1095959.94			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶ _____		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			88.70		
(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.					
Signature <u>Ms. Emily Buchanan</u> [Electronically Filed]			Date 05 / 18 / 2015		

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1701 OF 3250
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC		FEC IDENTIFICATION NUMBER ▼ C C00530766
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on		MM / DD / YYYY

Full Name of Payee Ashlee G Anderson		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 28 / 2014
Mailing Address 2226 Enloe St		Amount 25.00
City Fayetteville	State NC	Zip Code 28306
Purpose of Expenditure Salary	Category/ Type 001	Transaction ID : f74202e1-e6e8-4c17-a Date of Disbursement or Obligation MM / DD / YYYY 10 / 28 / 2014
Name of Federal Candidate Ms. Kay Hagan		Office Sought: ☐ House District: <u>00</u> ☒ Senate State: <u>NC</u>
Calendar Year-To-Date Per Election for Office Sought 1095959.94		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶

Full Name of Payee Ashlee G Anderson		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 28 / 2014
Mailing Address 2226 Enloe St		Amount 4.56
City Fayetteville	State NC	Zip Code 28306
Purpose of Expenditure Mileage	Category/ Type 002	Transaction ID : 1f234e0a-b0a1-4013-9 Date of Disbursement or Obligation MM / DD / YYYY 10 / 28 / 2014
Name of Federal Candidate Ms. Kay Hagan		Office Sought: ☐ House District: <u>00</u> ☒ Senate State: <u>NC</u>
Calendar Year-To-Date Per Election for Office Sought 1095959.94		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	29.56
(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.

Ms. Emily Buchanan

[Electronically Filed]

Signature

Date

MM / DD / YYYY
05 / 18 / 2015

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1702 OF 3250
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC		FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on		M M M / D D D / Y Y Y Y Y Y	
Full Name of Payee Marlene A Prosser		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 10 / 27 / 2014	
Mailing Address 1510 Decatur Rd		Amount 30.00	
City Grantville	State KS	Zip Code 66429	Transaction ID : 8c6b5905-efa9-4773-9
Purpose of Expenditure Salary	Category/Type 001	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 10 / 27 / 2014	
Name of Federal Candidate Mr. Greg Orman		Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: KS	
Calendar Year-To-Date Per Election for Office Sought 261541.03		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Marlene A Prosser		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 10 / 27 / 2014	
Mailing Address 1510 Decatur Rd		Amount 10.20	
City Grantville	State KS	Zip Code 66429	Transaction ID : da9c4bc8-14b6-4470-b
Purpose of Expenditure Mileage	Category/Type 002	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 10 / 27 / 2014	
Name of Federal Candidate Mr. Greg Orman		Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: KS	
Calendar Year-To-Date Per Election for Office Sought 261541.03		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures.....▶		40.20	
(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 Signature		[Electronically Filed] Date M M M / D D D / Y Y Y Y Y Y 05 / 18 / 2015	

Full Name of Payee Sharon t Craig		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 28 / 2014	
Mailing Address 1410 Bushville Dr		Amount 6.00	
City Lenoir	State NC	Zip Code 28645	Transaction ID : 433c71c8-2eef-429e-a Date of Disbursement or Obligation MM / DD / YYYY 10 / 28 / 2014
Purpose of Expenditure Mileage	Category/ Type	002	
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House ☒ Senate ☐ President ☐ Other
District: 00 State: NC		Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ▶	
Calendar Year-To-Date Per Election for Office Sought		1095959.94	

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.

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1704 OF 3250
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M M / D D D / Y Y Y Y Y Y					
Full Name of Payee James Kindstedt			Date of Public Distribution/Dissemination 10 / 28 / 2014		
Mailing Address 5510 Dogwood Dr			Amount 38.70		
City Winston Salem		State NC	Zip Code 27105		Transaction ID : b28d5646-febb-4946-a
Purpose of Expenditure Salary		Category/ Type 001		Date of Disbursement or Obligation 10 / 28 / 2014	
Name of Federal Candidate Ms. Kay Hagan			Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>NC</u>		
Calendar Year-To-Date Per Election for Office Sought 1095959.94			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
Full Name of Payee James Kindstedt			Date of Public Distribution/Dissemination 10 / 28 / 2014		
Mailing Address 5510 Dogwood Dr			Amount 14.04		
City Winston Salem		State NC	Zip Code 27105		Transaction ID : 619f80de-a139-44b1-9
Purpose of Expenditure Mileage		Category/ Type 002		Date of Disbursement or Obligation 10 / 28 / 2014	
Name of Federal Candidate Ms. Kay Hagan			Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>NC</u>		
Calendar Year-To-Date Per Election for Office Sought 1095959.94			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶					52.74
(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.					
Signature Ms. Emily Buchanan			Date 05 / 18 / 2015		
			[Electronically Filed]		

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1706 OF 3250
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M M / D D D / Y Y Y Y Y Y					
Full Name of Payee Claud B Murphy JR			Date of Public Distribution/Dissemination 10 / 28 / 2014		
Mailing Address PO Box 37			Amount 54.50		
City East Bend		State NC	Zip Code 27018		Transaction ID : a1d5c522-d05a-40c6-8
Purpose of Expenditure Salary		Category/ Type 001		Date of Disbursement or Obligation 10 / 28 / 2014	
Name of Federal Candidate Ms. Kay Hagan			Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: NC		
Calendar Year-To-Date Per Election for Office Sought 1095959.94			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
Full Name of Payee Claud B Murphy JR			Date of Public Distribution/Dissemination 10 / 28 / 2014		
Mailing Address PO Box 37			Amount 12.90		
City East Bend		State NC	Zip Code 27018		Transaction ID : cfee2b24-c447-4acc-b
Purpose of Expenditure Mileage		Category/ Type 002		Date of Disbursement or Obligation 10 / 28 / 2014	
Name of Federal Candidate Ms. Kay Hagan			Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: NC		
Calendar Year-To-Date Per Election for Office Sought 1095959.94			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			67.40		
(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.					
Signature Ms. Emily Buchanan			Date 05 / 18 / 2015		
[Electronically Filed]					

Full Name of Payee Ashlee G Anderson			Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 28 / 2014		
Mailing Address 2226 Enloe St			Amount 13.38		
City Fayetteville	State NC	Zip Code 28306	Transaction ID : 86dcfa98-c4d5-43c6-a Date of Disbursement or Obligation MM / DD / YYYY 10 / 28 / 2014		
Purpose of Expenditure Mileage		Category/ Type 002			
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House ☒ Senate ☐ President ☒ Senate		
Calendar Year-To-Date Per Election for Office Sought 1095959.94		District: 00 State: NC Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ▶			

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	45.38
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1708 OF 3250
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M / D D / Y Y Y Y				
Full Name of Payee Joseph R Rys			Date of Public Distribution/Dissemination 10 / 28 / 2014	
Mailing Address 160 #50 Pompano Dr			Amount 47.50	
City New Bern	State NC	Zip Code 28560	Transaction ID : a7a6359b-cf91-41f5-8	
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation 10 / 28 / 2014	
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>NC</u>	
Calendar Year-To-Date Per Election for Office Sought		1095959.94	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Joseph R Rys			Date of Public Distribution/Dissemination 10 / 28 / 2014	
Mailing Address 160 #50 Pompano Dr			Amount 10.05	
City New Bern	State NC	Zip Code 28560	Transaction ID : dae47ad6-3214-4aee-b	
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement or Obligation 10 / 28 / 2014	
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>NC</u>	
Calendar Year-To-Date Per Election for Office Sought		1095959.94	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			57.55	
(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.				
Signature Ms. Emily Buchanan		[Electronically Filed]		Date 05 / 18 / 2015

Full Name of Payee Jessica A Felix		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 28 / 2014	
Mailing Address 873 Stoneykirk Dr		Amount 22.00	
City Fayetteville	State NC	Zip Code 28314	Transaction ID : c5c5b907-8a77-4ecf-9 Date of Disbursement or Obligation MM / DD / YYYY 10 / 28 / 2014
Purpose of Expenditure Salary	Category/ Type	001	
Name of Federal Candidate Ms. Kay Hagan	☐ Support ☒ Oppose	Office Sought: ☐ President ☒ Senate	District: 00 State: NC
Calendar Year-To-Date Per Election for Office Sought	1095959.94	Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶		24.40
(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.

Date _____

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1711 OF 3250
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M / D D / Y Y Y Y				
Full Name of Payee Cynthia E Matson			Date of Public Distribution/Dissemination 10 / 27 / 2014	
Mailing Address 7101 E 69th St N			Amount 15.00	
City Valley Center	State KS	Zip Code 67147	Transaction ID : 8c95001f-7977-430e-b Date of Disbursement or Obligation 10 / 27 / 2014	
Purpose of Expenditure Salary		Category/ Type 001		
Name of Federal Candidate Mr. Greg Orman		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: KS	
Calendar Year-To-Date Per Election for Office Sought		261541.03	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Cynthia E Matson			Date of Public Distribution/Dissemination 10 / 27 / 2014	
Mailing Address 7101 E 69th St N			Amount 3.30	
City Valley Center	State KS	Zip Code 67147	Transaction ID : c73a2245-949a-45dd-a Date of Disbursement or Obligation 10 / 27 / 2014	
Purpose of Expenditure Mileage		Category/ Type 002		
Name of Federal Candidate Mr. Greg Orman		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: KS	
Calendar Year-To-Date Per Election for Office Sought		261541.03	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			18.30	
(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.				
Signature Ms. Emily Buchanan		[Electronically Filed]		Date 05 / 18 / 2015

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1712 OF 3250
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M M / D D D / Y Y Y Y Y Y				
Full Name of Payee Alisha A Hauser			Date of Public Distribution/Dissemination 10 / 28 / 2014	
Mailing Address 199 Raven Circle			Amount 42.50	
City Wilkesboro	State NC	Zip Code 28697	Transaction ID : 94b3c6c5-beae-48ba-9	
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation 10 / 28 / 2014	
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>NC</u>	
Calendar Year-To-Date Per Election for Office Sought		1095959.94	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Alisha A Hauser			Date of Public Distribution/Dissemination 10 / 28 / 2014	
Mailing Address 199 Raven Circle			Amount 9.27	
City Wilkesboro	State NC	Zip Code 28697	Transaction ID : 2ea290b1-eddd-4d10-8	
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement or Obligation 10 / 28 / 2014	
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>NC</u>	
Calendar Year-To-Date Per Election for Office Sought		1095959.94	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			51.77	
(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.				
Signature Ms. Emily Buchanan		[Electronically Filed]		Date 05 / 18 / 2015

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1713 OF 3250
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on MM / DD / YYYY				
Full Name of Payee Casey Stockton			Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 28 / 2014	
Mailing Address 105 South Dale St			Amount 55.00	
City Spruce Pine	State NC	Zip Code 28777	Transaction ID : ab97a020-97ac-49b3-9 Date of Disbursement or Obligation MM / DD / YYYY 10 / 28 / 2014	
Purpose of Expenditure Salary		Category/ Type 001		
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>NC</u>	
Calendar Year-To-Date Per Election for Office Sought		1095959.94	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶ _____	
Full Name of Payee Mary Johnson			Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 28 / 2014	
Mailing Address 105 South Dale St			Amount 55.00	
City Spruce Pine	State NC	Zip Code 28777	Transaction ID : 672aa998-2cb7-4d3b-9 Date of Disbursement or Obligation MM / DD / YYYY 10 / 28 / 2014	
Purpose of Expenditure Salary		Category/ Type 001		
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>NC</u>	
Calendar Year-To-Date Per Election for Office Sought		1095959.94	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶ _____	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			110.00	
(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.				
Signature Ms. Emily Buchanan		[Electronically Filed]		Date MM / DD / YYYY 05 / 18 / 2015

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1714 OF 3250
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M / D D / Y Y Y Y				
Full Name of Payee Toni A Persinger-Buckler			Date of Public Distribution/Dissemination 10 / 28 / 2014	
Mailing Address 5330 Nestleway Dr			Amount 55.00	
City Clemmons	State NC	Zip Code 27012	Transaction ID : a4f4b8d4-2224-4848-9	
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation 10 / 28 / 2014	
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>NC</u>	
Calendar Year-To-Date Per Election for Office Sought		1095959.94	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Toni A Persinger-Buckler			Date of Public Distribution/Dissemination 10 / 28 / 2014	
Mailing Address 5330 Nestleway Dr			Amount 11.10	
City Clemmons	State NC	Zip Code 27012	Transaction ID : 06548836-5f05-4f4e-a	
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement or Obligation 10 / 28 / 2014	
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>NC</u>	
Calendar Year-To-Date Per Election for Office Sought		1095959.94	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			66.10	
(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.				
Signature Ms. Emily Buchanan		[Electronically Filed]		Date 05 / 18 / 2015

Full Name of Payee Dwayne C Smith		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 28 / 2014	
Mailing Address 900 Bramblegate Rd		Amount 18.30	
City Hope Mills	State NC	Zip Code 28348	Transaction ID : 763bdaa0-8ed9-4591-8
Purpose of Expenditure Mileage	Category/ Type	002	Date of Disbursement or Obligation MM / DD / YYYY 10 / 28 / 2014
Name of Federal Candidate Ms. Kay Hagan	☐ Support ☒ Oppose	Office Sought: ☐ President ☒ Senate	District: 00 State: NC
Calendar Year-To-Date Per Election for Office Sought	1095959.94		Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	68.30
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

Ms. Emily Buchanan

[Electronically Filed]

Date 05 / 18 / 2015

Signature

Full Name of Payee Logan B Piper		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 28 / 2014	
Mailing Address 3205 Pebble Beach Rd		Amount Amount 19.74	
City Conway	State AR	Zip Code 72034	Transaction ID : 1bf962c4-b932-43f8-a Date of Disbursement or Obligation MM / DD / YYYY 10 / 28 / 2014
Purpose of Expenditure Mileage		Category/ Type 002	
Name of Federal Candidate Mr. Mark L Pryor		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: AR
Calendar Year-To-Date Per Election for Office Sought		Amount 292370.62	Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	51.74
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

FEC Schedule E (Form 3X) Rev. 09/2013

Full Name of Payee Grant Fitzgerald		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 28 / 2014	
Mailing Address 109 Carpathion Way		Amount MM / DD / YYYY 6.90	
City Raleigh	State NC	Zip Code 27615	Transaction ID : 72acfc22-7fee-4118-9 Date of Disbursement or Obligation MM / DD / YYYY 10 / 28 / 2014
Purpose of Expenditure Mileage		Category/ Type 002	
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: NC
Calendar Year-To-Date Per Election for Office Sought		MM / DD / YYYY 1095959.94	Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶		46.90
(b) SUBTOTAL of Unitemized Independent Expenditures	▶		
(c) TOTAL Independent Expenditures.....	▶		

05 / 18 / 2015

FEC Schedule E (Form 3X) Rev. 09/2013

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1718 OF 3250
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC		FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on		M M M / D D D / Y Y Y Y Y Y	
Full Name of Payee Misty A Ledford		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 10 / 28 / 2014	
Mailing Address 44 Bell St		Amount 60.00	
City Spruce Pine	State NC	Zip Code 28777	Transaction ID : 6bf4f936-49ed-49c6-a
Purpose of Expenditure Salary	Category/Type 001	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 10 / 28 / 2014	
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	
Office Sought: ☐ President ☒ Senate		District: 00 State: NC	
Calendar Year-To-Date Per Election for Office Sought 1095959.94		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Misty A Ledford		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 10 / 28 / 2014	
Mailing Address 44 Bell St		Amount 22.80	
City Spruce Pine	State NC	Zip Code 28777	Transaction ID : 67c258b2-6d00-4881-9
Purpose of Expenditure Mileage	Category/Type 002	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 10 / 28 / 2014	
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	
Office Sought: ☐ President ☒ Senate		District: 00 State: NC	
Calendar Year-To-Date Per Election for Office Sought 1095959.94		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶		82.80	
(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.			
Signature Ms. Emily Buchanan		Date M M M / D D D / Y Y Y Y Y Y 05 / 18 / 2015	
[Electronically Filed]			

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1719 OF 3250
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M / D D / Y Y Y Y Y Y					
Full Name of Payee William M Criswell			Date of Public Distribution/Dissemination 10 / 28 / 2014		
Mailing Address 115 Burns Mitchell Drive			Amount 85.00		
City Belmont		State NC	Zip Code 28012		Transaction ID : 62eec291-4c23-4451-8
Purpose of Expenditure Salary		Category/ Type 001		Date of Disbursement or Obligation 10 / 28 / 2014	
Name of Federal Candidate Ms. Kay Hagan			☐ Support ☒ Oppose		Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: NC
Calendar Year-To-Date Per Election for Office Sought 1095959.94			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
Full Name of Payee William M Criswell			Date of Public Distribution/Dissemination 10 / 28 / 2014		
Mailing Address 115 Burns Mitchell Drive			Amount 13.80		
City Belmont		State NC	Zip Code 28012		Transaction ID : 62d308cd-fea4-4663-8
Purpose of Expenditure Mileage		Category/ Type 002		Date of Disbursement or Obligation 10 / 28 / 2014	
Name of Federal Candidate Ms. Kay Hagan			☐ Support ☒ Oppose		Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: NC
Calendar Year-To-Date Per Election for Office Sought 1095959.94			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			98.80		
(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.					
Signature Ms. Emily Buchanan			[Electronically Filed]		Date 05 / 18 / 2015

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1720 OF 3250
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC		FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on		MM / DD / YYYY	
Full Name of Payee Christine R McDonald		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 28 / 2014	
Mailing Address 3751 N Jeanette Ave		Amount 22.00	
City Wichita	State KS	Zip Code 67204	Transaction ID : 36d3daa5-c848-4b39-9
Purpose of Expenditure Salary		Category/Type 001	Date of Disbursement or Obligation MM / DD / YYYY 10 / 28 / 2014
Name of Federal Candidate Mr. Greg Orman		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: KS
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Christine R McDonald		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 28 / 2014	
Mailing Address 3751 N Jeanette Ave		Amount 9.30	
City Wichita	State KS	Zip Code 67204	Transaction ID : 95b2abcc-eb26-4f8f-9
Purpose of Expenditure Mileage		Category/Type 002	Date of Disbursement or Obligation MM / DD / YYYY 10 / 28 / 2014
Name of Federal Candidate Mr. Greg Orman		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: KS
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶		31.30	
(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]	
Signature		Date MM / DD / YYYY 05 / 18 / 2015	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1721 OF 3250
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on MM / DD / YYYY				
Full Name of Payee Amanda Boley			Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 28 / 2014	
Mailing Address Split Oak Drive			Amount 61.50	
City charlotte	State NC	Zip Code 28227	Transaction ID : 42a9ea16-208e-426e-8	
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation MM / DD / YYYY 10 / 28 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: LA	
Calendar Year-To-Date Per Election for Office Sought		554635.78	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Amanda Boley			Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 28 / 2014	
Mailing Address Split Oak Drive			Amount 15.00	
City charlotte	State NC	Zip Code 28227	Transaction ID : 907b9b07-8efa-4bbb-a	
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement or Obligation MM / DD / YYYY 10 / 28 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: LA	
Calendar Year-To-Date Per Election for Office Sought		554635.78	Disbursement For: ☐ Primary ☒ 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 MM / DD / YYYY 05 / 18 / 2015	
Signature				

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1723 OF 3250
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M M / D D D / Y Y Y Y Y Y Y Y					
Full Name of Payee Heather A Smith			Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y Y Y 10 / 28 / 2014		
Mailing Address 995 Clairborne Rd			Amount 10.20		
City Calhoun		State LA	Zip Code 71225		Transaction ID : 8f0cb320-c9c2-4834-9
Purpose of Expenditure Mileage		Category/ Type 002		Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y Y Y 10 / 28 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu			☐ Support ☒ Oppose		Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: LA
Calendar Year-To-Date Per Election for Office Sought 554635.78			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
Full Name of Payee Daniel M Qauckenbush			Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y Y Y 10 / 28 / 2014		
Mailing Address 12062 NC 902 Hwy			Amount 70.00		
City Bear Creek		State NC	Zip Code 27207		Transaction ID : 3fba5ff5-dbd7-4348-9
Purpose of Expenditure Salary		Category/ Type 001		Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y Y Y 10 / 28 / 2014	
Name of Federal Candidate Ms. Kay Hagan			☐ Support ☒ Oppose		Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: NC
Calendar Year-To-Date Per Election for Office Sought 1095959.94			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶					80.20
(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.					
Signature Ms. Emily Buchanan			[Electronically Filed]		Date M M M / D D D / Y Y Y Y Y Y Y Y 05 / 18 / 2015

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1724 OF 3250
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC		FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M M / D D D / Y Y Y Y Y Y			
Full Name of Payee Daniel M Qauckenbush		Date of Public Distribution/Dissemination 10 / 28 / 2014	
Mailing Address 12062 NC 902 Hwy		Amount 33.90	
City Bear Creek	State NC	Zip Code 27207	Transaction ID : 71cb69ae-c78f-4aad-b Date of Disbursement or Obligation 10 / 28 / 2014
Purpose of Expenditure Mileage		Category/ Type 002	
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: NC
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Jessica A Felix		Date of Public Distribution/Dissemination 10 / 28 / 2014	
Mailing Address 873 Stoneykirk Dr		Amount 15.00	
City Fayetteville	State NC	Zip Code 28314	Transaction ID : 0bc9b007-6f83-4e81-b Date of Disbursement or Obligation 10 / 28 / 2014
Purpose of Expenditure Salary		Category/ Type 001	
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: NC
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶		48.90	
(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.			
Signature Ms. Emily Buchanan		Date 05 / 18 / 2015	
[Electronically Filed]			

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1725 OF 3250
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC		FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on		M M M / D D D / Y Y Y Y Y Y	
Full Name of Payee Bethlehem R Romm		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 10 / 28 / 2014	
Mailing Address 2609 Bluestrem Dr		Amount 30.00	
City Lawrence	State KS	Zip Code 66047	Transaction ID : b4a51270-c62c-435a-8
Purpose of Expenditure Salary		Category/Type 001	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 10 / 28 / 2014
Name of Federal Candidate Mr. Greg Orman		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: KS
Calendar Year-To-Date Per Election for Office Sought 261541.03		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Bethlehem R Romm		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 10 / 28 / 2014	
Mailing Address 2609 Bluestrem Dr		Amount 4.50	
City Lawrence	State KS	Zip Code 66047	Transaction ID : 7f3e975c-d558-4f85-9
Purpose of Expenditure Mileage		Category/Type 002	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 10 / 28 / 2014
Name of Federal Candidate Mr. Greg Orman		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: KS
Calendar Year-To-Date Per Election for Office Sought 261541.03		Disbursement For: ☐ Primary ☒ 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]	
Signature		Date M M M / D D D / Y Y Y Y Y Y 05 / 18 / 2015	

Full Name of Payee Jennifer F Gilbert		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 28 / 2014	
Mailing Address 180 McNeil Steep Hollow Rd		Amount Amount 47.70	
City	State	Zip Code	Transaction ID : 6f2a5fce-72c8-4f6f-b Date of Disbursement or Obligation MM / DD / YYYY 10 / 28 / 2014
Carriere	MS	39426	
Purpose of Expenditure Mileage	Category/ Type	002	
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>LA</u>
Calendar Year-To-Date Per Election for Office Sought		Year-To-Date 554635.78	Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ▶ _____

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.

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1727 OF 3250
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M M / D D D / Y Y Y Y Y Y				
Full Name of Payee Sommer E Cox			Date of Public Distribution/Dissemination 10 / 28 / 2014	
Mailing Address 1519 Walshtown Rd			Amount 52.50	
City Boomer	State NC	Zip Code 28606	Transaction ID : 8d0644db-9a4e-4440-9	
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation 10 / 28 / 2014	
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>NC</u>	
Calendar Year-To-Date Per Election for Office Sought		1095959.94	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Sommer E Cox			Date of Public Distribution/Dissemination 10 / 28 / 2014	
Mailing Address 1519 Walshtown Rd			Amount 8.10	
City Boomer	State NC	Zip Code 28606	Transaction ID : b26dd84c-e1dd-426d-9	
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement or Obligation 10 / 28 / 2014	
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>NC</u>	
Calendar Year-To-Date Per Election for Office Sought		1095959.94	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			60.60	
(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 05 / 18 / 2015	
Signature				

Full Name of Payee John K Necaïse III		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 28 / 2014	
Mailing Address 1905 Franklin Ave		Amount 16.41	
City New Orleans	State LA	Zip Code 70117	Transaction ID : 35abc349-7591-4959-8 Date of Disbursement or Obligation MM / DD / YYYY 10 / 28 / 2014
Purpose of Expenditure Mileage		Category/ Type 002	
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: LA
Calendar Year-To-Date Per Election for Office Sought 554635.78		Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....	51.41
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures.....	

Ms. Emily Buchanan

[Electronically Filed]

Date 05 / 18 / 2015

Signature _____

Full Name of Payee Andrew Stricklin			Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 28 / 2014		
Mailing Address 2026 West Nettleton Avenue Apt 2			Amount 14.40		
City Jonesboro	State AR	Zip Code 72401	Transaction ID : 94475beb-4524-4c3e-9		
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement or Obligation MM / DD / YYYY 10 / 28 / 2014		
Name of Federal Candidate Mr. Mark L Pryor		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: AR		
Calendar Year-To-Date Per Election for Office Sought		292370.62	Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ▶		

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	34.40
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1730 OF 3250
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC		FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on MM / DD / YYYY			
Full Name of Payee Thomas A Gawdun		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 28 / 2014	
Mailing Address 2207 SE 64th St		Amount 40.00	
City Topeka	State KS	Zip Code 66605	Transaction ID : 890e5cba-9404-4be9-8
Purpose of Expenditure Salary		Category/Type 001	Date of Disbursement or Obligation MM / DD / YYYY 10 / 28 / 2014
Name of Federal Candidate Mr. Greg Orman		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: KS
Calendar Year-To-Date Per Election for Office Sought 261541.03		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Thomas A Gawdun		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 28 / 2014	
Mailing Address 2207 SE 64th St		Amount 2.61	
City Topeka	State KS	Zip Code 66605	Transaction ID : b6d57ff5-e5f1-44e5-9
Purpose of Expenditure Mileage		Category/Type 002	Date of Disbursement or Obligation MM / DD / YYYY 10 / 28 / 2014
Name of Federal Candidate Mr. Greg Orman		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: KS
Calendar Year-To-Date Per Election for Office Sought 261541.03		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶		42.61	
(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.			
Signature Ms. Emily Buchanan		Date MM / DD / YYYY 05 / 18 / 2015	
		[Electronically Filed]	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 1731 OF 3250
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M / D D / Y Y Y Y Y Y					
Full Name of Payee Joshua J Huffman			Date of Public Distribution/Dissemination 10 / 28 / 2014		
Mailing Address 211 Dixie Ave			Amount 60.00		
City Harrisonburg	State VA	Zip Code 22801	Transaction ID : 3ef243f2-bbd5-43a6-9 Date of Disbursement or Obligation 10 / 28 / 2014		
Purpose of Expenditure Salary		Category/ Type 001			
Name of Federal Candidate Mr. Greg Orman		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: KS		
Calendar Year-To-Date Per Election for Office Sought 261541.03			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
Full Name of Payee Jeffrey S Hauge			Date of Public Distribution/Dissemination 10 / 28 / 2014		
Mailing Address 211 N Ashley Park			Amount 35.00		
City Wichita	State KS	Zip Code 67212	Transaction ID : d06af25f-5db2-4e0a-9 Date of Disbursement or Obligation 10 / 28 / 2014		
Purpose of Expenditure Salary		Category/ Type 001			
Name of Federal Candidate Mr. Greg Orman		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: KS		
Calendar Year-To-Date Per Election for Office Sought 261541.03			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			95.00		
(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.					
Signature Ms. Emily Buchanan		[Electronically Filed]		Date 05 / 18 / 2015	

Full Name of Payee Jeffrey S Hauge		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 28 / 2014	
Mailing Address 211 N Ashley Park		Amount 4.20	
City Wichita	State KS	Zip Code 67212	Transaction ID : b2d4d3e9-738a-48bc-b
Purpose of Expenditure Mileage	Category/ Type	002	Date of Disbursement or Obligation MM / DD / YYYY 10 / 28 / 2014
Name of Federal Candidate Mr. Greg Orman	☐ Support ☒ Oppose	Office Sought: ☐ President ☒ Senate	District: 00 State: KS
Calendar Year-To-Date Per Election for Office Sought	261541.03	Disbursement For: 2014 ☐ Other (specify) ▶	☐ Primary ☒ General

Full Name of Payee Rielly McMillion		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 28 / 2014	
Mailing Address 2501 Boone Trail		Amount 24.20	
City N Wilksboro	State NC	Zip Code 28659	Transaction ID : afc432a0-640b-4a83-8
Purpose of Expenditure Salary	Category/ Type	001	Date of Disbursement or Obligation MM / DD / YYYY 10 / 28 / 2014
Name of Federal Candidate Ms. Kay Hagan	☐ Support ☒ Oppose	Office Sought: ☐ House ☒ Senate	District: 00 State: NC
Calendar Year-To-Date Per Election for Office Sought	1095959.94	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	28.40
(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.

Date _____

Signature

Full Name of Payee Dylan J Sparks			Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 28 / 2014		
Mailing Address 915 East Market Ave			Amount 100.00		
City	State	Zip Code	Transaction ID : 1792806a-00be-457f-a Date of Disbursement or Obligation MM / DD / YYYY 10 / 28 / 2014		
Searcy	AR	72149			
Purpose of Expenditure Salary		Category/ Type	001		
Name of Federal Candidate Mr. Mark L Pryor		☐ Support ☒ Oppose	Office Sought: ☐ House ☒ Senate District: 00 ☐ President State: AR		
Calendar Year-To-Date Per Election for Office Sought		292370.62		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	

Full Name of Payee Dylan J Sparks		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 28 / 2014	
Mailing Address 915 East Market Ave		Amount 146.40	
City Searcy	State AR	Zip Code 72149	Transaction ID : 6396d0a2-f14c-4c1e-a Date of Disbursement or Obligation MM / DD / YYYY 10 / 28 / 2014
Purpose of Expenditure Mileage		Category/ Type 002	
Name of Federal Candidate Mr. Mark L Pryor		☐ Support ☒ Oppose	Office Sought: ☐ House ☒ Senate ☐ President ☒ Senate
Calendar Year-To-Date Per Election for Office Sought 292370.62		Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ▶ _____	

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	246.40
(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.

Date _____

Signature

Full Name of Payee Zachary R McCleese		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 28 / 2014	
Mailing Address 323 Rolling Pines Dr		Amount 12.90	
City Spring Lake	State NC	Zip Code 28390	Transaction ID : 7496736a-50ff-4093-9 Date of Disbursement or Obligation MM / DD / YYYY 10 / 28 / 2014
Purpose of Expenditure Mileage	Category/ Type	002	
Name of Federal Candidate Mr. Mark L Pryor	☐ Support ☒ Oppose	Office Sought: ☐ President ☒ Senate	District: 00 State: AR
Calendar Year-To-Date Per Election for Office Sought	292370.62	Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....	52.90
(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.

Date _____

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1735 OF 3250
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M / D D / Y Y Y Y				
Full Name of Payee Antoinette Franklin			Date of Public Distribution/Dissemination 10 / 28 / 2014	
Mailing Address 8822 Apple St			Amount 60.00	
City New Orleans	State LA	Zip Code 70188	Transaction ID : 97209b9e-31ec-45e6-b	
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation 10 / 28 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: LA	
Calendar Year-To-Date Per Election for Office Sought		554635.78	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Antoinette Franklin			Date of Public Distribution/Dissemination 10 / 28 / 2014	
Mailing Address 8822 Apple St			Amount 9.00	
City New Orleans	State LA	Zip Code 70188	Transaction ID : dddd2e94-8a7d-4ba5-b	
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement or Obligation 10 / 28 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: LA	
Calendar Year-To-Date Per Election for Office Sought		554635.78	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			69.00	
(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 05 / 18 / 2015	
Signature				

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1736 OF 3250
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on			M M M / D D D / Y Y Y Y Y Y	
Full Name of Payee Tammy Williams		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 10 / 28 / 2014		
Mailing Address 924 N. Prieur St		Amount 80.00		
City New Orleans	State LA	Zip Code 70116	Transaction ID : e5eed9d1-fb88-44eb-8	
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 10 / 28 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: LA	
Calendar Year-To-Date Per Election for Office Sought		554635.78	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Tammy Williams		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 10 / 28 / 2014		
Mailing Address 924 N. Prieur St		Amount 15.00		
City New Orleans	State LA	Zip Code 70116	Transaction ID : d4f86368-078b-4a9b-9	
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 10 / 28 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: LA	
Calendar Year-To-Date Per Election for Office Sought		554635.78	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures.....		95.00		
(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.				
Signature Ms. Emily Buchanan		[Electronically Filed]		Date M M M / D D D / Y Y Y Y Y Y 05 / 18 / 2015

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 1737 OF 3250
 FOR LINE 24 OF FORM 3X

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

Full Name of Payee Kenny Wallis		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 28 / 2014	
Mailing Address 6412 Osage Dr		Amount 25.00	
City North Little rock	State AR	Zip Code 72116	Transaction ID : 76186b53-98b9-4b53-9
Purpose of Expenditure Salary	Category/Type 001	Date of Disbursement or Obligation MM / DD / YYYY 10 / 28 / 2014	
Name of Federal Candidate Mr. Mark L Pryor		☐ Support ☒ Oppose Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: AR	
Calendar Year-To-Date Per Election for Office Sought 292370.62		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	

Full Name of Payee Kenny Wallis		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 28 / 2014	
Mailing Address 6412 Osage Dr		Amount 4.26	
City North Little rock	State AR	Zip Code 72116	Transaction ID : 88f680c1-c331-430c-b
Purpose of Expenditure Mileage	Category/Type 002	Date of Disbursement or Obligation MM / DD / YYYY 10 / 28 / 2014	
Name of Federal Candidate Mr. Mark L Pryor		☐ Support ☒ Oppose Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: AR	
Calendar Year-To-Date Per Election for Office Sought 292370.62		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	29.26
(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

MM / DD / YYYY
05 / 18 / 2015

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 1738 OF 3250
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC	FEC IDENTIFICATION NUMBER ▼ C C00530766
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M M / D D D / Y Y Y Y Y Y	

Full Name of Payee Lisa Booth		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 10 / 28 / 2014	
Mailing Address 1434 South Avenue		Amount 100.00	
City Eden	State NC	Zip Code 27288	Transaction ID : e0c5e265-7cf5-4624-8 Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 10 / 28 / 2014
Purpose of Expenditure Salary		Category/Type 001	
Name of Federal Candidate Ms. Kay Hagan		Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>NC</u>	
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
1095959.94			

Full Name of Payee Lisa Booth		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 10 / 28 / 2014	
Mailing Address 1434 South Avenue		Amount 23.40	
City Eden	State NC	Zip Code 27288	Transaction ID : 2fe96a43-688d-4fd4-8 Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 10 / 28 / 2014
Purpose of Expenditure Mileage		Category/Type 002	
Name of Federal Candidate Ms. Kay Hagan		Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>NC</u>	
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
1095959.94			

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	123.40
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	0.00
(c) TOTAL Independent Expenditures..... ▶	123.40

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

M M M / D D D / Y Y Y Y Y Y
 05 / 18 / 2015

Signature

Full Name of Payee Brittany Jones		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 28 / 2014	
Mailing Address 338 Wayne Drive		Amount 7.00	
City Shreveport	State LA	Zip Code 71105	Transaction ID : 8b507172-4f62-4822-9
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation MM / DD / YYYY 10 / 28 / 2014
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House ☒ Senate ☐ President District: 00 State: LA
Calendar Year-To-Date Per Election for Office Sought 554635.78		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	

Full Name of Payee Luke S Buren		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 28 / 2014	
Mailing Address 415 E Carroll		Amount 22.50	
City Macomb	State IL	Zip Code 61455	Transaction ID : c7b851c1-8dca-4fb9-a Date of Disbursement or Obligation MM / DD / YYYY 10 / 28 / 2014
Purpose of Expenditure Salary		Category/ Type 001	
Name of Federal Candidate Mr. Mark L Pryor		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: AR
Calendar Year-To-Date Per Election for Office Sought 292370.62		Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	29.50
(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.

Signature

05 / 18 / 2015

Full Name of Payee Luke S Buren			Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 28 / 2014		
Mailing Address 415 E Carroll			Amount 13.68		
City Macomb	State IL	Zip Code 61455	Transaction ID : d43bf11e-d737-4e74-8		
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement or Obligation MM / DD / YYYY 10 / 28 / 2014		
Name of Federal Candidate Mr. Mark L Pryor		☐ Support ☒ Oppose	Office Sought: ☐ House ☒ Senate ☐ President District: 00 State: AR		
Calendar Year-To-Date Per Election for Office Sought		292370.62	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		

Full Name of Payee Ceslie A Benner		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 28 / 2014	
Mailing Address 2081 Knob Hill Rd		Amount 45.00	
City Azle	State TX	Zip Code 76020	Transaction ID : 96922e6f-5bd8-4fce-b Date of Disbursement or Obligation MM / DD / YYYY 10 / 28 / 2014
Purpose of Expenditure Salary		Category/ Type 001	
Name of Federal Candidate Mr. Mark L Pryor		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: AR
Calendar Year-To-Date Per Election for Office Sought 292370.62		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	58.68
(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.

Date _____

Signature

05 / 18 / 2015

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1741 OF 3250
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M / D D / Y Y Y Y Y Y					
Full Name of Payee Ceslie A Benner			Date of Public Distribution/Dissemination 10 / 28 / 2014		
Mailing Address 2081 Knob Hill Rd			Amount 47.40		
City Azle	State TX	Zip Code 76020	Transaction ID : 47055b10-a954-45a8-9		
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement or Obligation 10 / 28 / 2014		
Name of Federal Candidate Mr. Mark L Pryor		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>AR</u>		
Calendar Year-To-Date Per Election for Office Sought		292370.62	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
Full Name of Payee Amber N Robbins			Date of Public Distribution/Dissemination 10 / 28 / 2014		
Mailing Address 1074 A Cottrell Hill Rd Apt A			Amount 20.00		
City Lenior	State NC	Zip Code 28645	Transaction ID : f4a51330-2b0f-429f-8		
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation 10 / 28 / 2014		
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>NC</u>		
Calendar Year-To-Date Per Election for Office Sought		1095959.94	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			67.40		
(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.					
Signature <i>Ms. Emily Buchanan</i>		[Electronically Filed]		Date 05 / 18 / 2015	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1742 OF 3250
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M / D D / Y Y Y Y				
Full Name of Payee Aleksandra B Padua			Date of Public Distribution/Dissemination 10 / 28 / 2014	
Mailing Address 110 Bridge gate Dr			Amount 40.00	
City Cary	State NC	Zip Code 27519	Transaction ID : 1353f947-70b7-401f-8 Date of Disbursement or Obligation 10 / 28 / 2014	
Purpose of Expenditure Salary		Category/ Type 001		
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>NC</u>	
Calendar Year-To-Date Per Election for Office Sought		1095959.94	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶ _____	
Full Name of Payee Aleksandra B Padua			Date of Public Distribution/Dissemination 10 / 28 / 2014	
Mailing Address 110 Bridge gate Dr			Amount 12.06	
City Cary	State NC	Zip Code 27519	Transaction ID : d49e3ec3-6639-405d-b Date of Disbursement or Obligation 10 / 28 / 2014	
Purpose of Expenditure Mileage		Category/ Type 002		
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>NC</u>	
Calendar Year-To-Date Per Election for Office Sought		1095959.94	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶ _____	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			52.06	
(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 05 / 18 / 2015	
Signature _____				

Full Name of Payee Lorri Anderson		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 28 / 2014	
Mailing Address 7214 Duchamp Dr		Amount 35.00	
City Charlotte	State NC	Zip Code 23215	Transaction ID : dca0d832-935b-416d-a
Purpose of Expenditure Salary	Category/ Type	001	Date of Disbursement or Obligation MM / DD / YYYY 10 / 28 / 2014
Name of Federal Candidate Ms. Kay Hagan	☐ Support ☒ Oppose	Office Sought: ☐ President ☒ Senate	District: 00 State: NC
Calendar Year-To-Date Per Election for Office Sought	1095959.94		Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	
		57.50
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

05 / 18 / 2015

FEC Schedule E (Form 3X) Rev. 09/2013

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1744 OF 3250
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M M / D D D / Y Y Y Y Y Y					
Full Name of Payee Lorri Anderson			Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 10 / 28 / 2014		
Mailing Address 7214 Duchamp Dr			Amount 2.70		
City Charlotte		State NC	Zip Code 23215		Transaction ID : 39b6ea3a-7992-4cf1-a
Purpose of Expenditure Mileage		Category/ Type 002		Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 10 / 28 / 2014	
Name of Federal Candidate Ms. Kay Hagan			☐ Support ☒ Oppose		Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: NC
Calendar Year-To-Date Per Election for Office Sought			1095959.94 Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
Full Name of Payee Erissia Anderson			Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 10 / 28 / 2014		
Mailing Address 11005 Oak Forest Pkwy Dr Apt F			Amount 25.00		
City Saint Louis		State MO	Zip Code 63146		Transaction ID : 0503ed7b-9a5b-43ff-9
Purpose of Expenditure Salary		Category/ Type 001		Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 10 / 28 / 2014	
Name of Federal Candidate Mr. Mark L Pryor			☐ Support ☒ Oppose		Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: AR
Calendar Year-To-Date Per Election for Office Sought			292370.62 Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			27.70		
(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.					
Signature Ms. Emily Buchanan			[Electronically Filed]		Date M M M / D D D / Y Y Y Y Y Y 05 / 18 / 2015

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1745 OF 3250
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC		FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M / D D / Y Y Y Y			
Full Name of Payee Erissia Anderson		Date of Public Distribution/Dissemination 10 / 28 / 2014	
Mailing Address 11005 Oak Forest Pkwy Dr Apt F		Amount 11.40	
City Saint Louis	State MO	Zip Code 63146	Transaction ID : 8dcc5a79-19ee-44f1-b
Purpose of Expenditure Mileage	Category/ Type	002	Date of Disbursement or Obligation 10 / 28 / 2014
Name of Federal Candidate Mr. Mark L Pryor		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: AR
Calendar Year-To-Date Per Election for Office Sought		292370.62	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶
Full Name of Payee Nathan D Stevens		Date of Public Distribution/Dissemination 10 / 28 / 2014	
Mailing Address 9653 Nations Dr		Amount 25.00	
City Springdale	State AR	Zip Code 72762	Transaction ID : f889aaae-cdc3-429b-8
Purpose of Expenditure Salary	Category/ Type	001	Date of Disbursement or Obligation 10 / 28 / 2014
Name of Federal Candidate Mr. Mark L Pryor		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: AR
Calendar Year-To-Date Per Election for Office Sought		292370.62	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures.....▶		36.40	
(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.			
Signature Ms. Emily Buchanan		Date 05 / 18 / 2015	
		[Electronically Filed]	

Full Name of Payee Laura U Logie		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 28 / 2014	
Mailing Address 2565 Shire Circle		Amount 50.00	
City Harrisonburg	State VA	Zip Code 22801	Transaction ID : ac000fa5-5e0d-4551-b Date of Disbursement or Obligation MM / DD / YYYY 10 / 28 / 2014
Purpose of Expenditure Salary		Category/ Type 001	
Name of Federal Candidate Mr. Greg Orman		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: KS
Calendar Year-To-Date Per Election for Office Sought		261541.03	Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ►

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	95.00
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

05 / 18 / 2015

FEC Schedule E (Form 3X) Rev. 09/2013

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1747 OF 3250
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M / D D / Y Y Y Y				
Full Name of Payee Karen Congema			Date of Public Distribution/Dissemination 10 / 28 / 2014	
Mailing Address 813 Worthington Way			Amount 12.50	
City Wilmington	State NC	Zip Code 28411	Transaction ID : 93dd18e2-b300-41ce-9	
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation 10 / 28 / 2014	
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: NC	
Calendar Year-To-Date Per Election for Office Sought		1095959.94	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Karen Congema			Date of Public Distribution/Dissemination 10 / 28 / 2014	
Mailing Address 813 Worthington Way			Amount 4.80	
City Wilmington	State NC	Zip Code 28411	Transaction ID : bed3edd4-569d-428d-a	
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement or Obligation 10 / 28 / 2014	
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: NC	
Calendar Year-To-Date Per Election for Office Sought		1095959.94	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			17.30	
(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.				
Signature Ms. Emily Buchanan		[Electronically Filed]		Date 05 / 18 / 2015

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1748 OF 3250
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC		FEC IDENTIFICATION NUMBER ▼ C C00530766
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on		MM / DD / YYYY

Full Name of Payee Amy J McMillion		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 28 / 2014
Mailing Address 1325 S Collegiate Dr Apt 202G		Amount 24.20
City Wilkesboro	State NC	Zip Code 28697
Purpose of Expenditure Salary	Category/ Type 001	Transaction ID : 3e0254f8-2318-4280-8 Date of Disbursement or Obligation MM / DD / YYYY 10 / 28 / 2014
Name of Federal Candidate Ms. Kay Hagan		Office Sought: ☐ House District: 00 ☒ Senate State: NC
Calendar Year-To-Date Per Election for Office Sought 1095959.94		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶

Full Name of Payee Amy J McMillion		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 28 / 2014
Mailing Address 1325 S Collegiate Dr Apt 202G		Amount 3.90
City Wilkesboro	State NC	Zip Code 28697
Purpose of Expenditure Mileage	Category/ Type 002	Transaction ID : 5bfafbc4-3ec4-4f22-8 Date of Disbursement or Obligation MM / DD / YYYY 10 / 28 / 2014
Name of Federal Candidate Ms. Kay Hagan		Office Sought: ☐ House District: 00 ☒ Senate State: NC
Calendar Year-To-Date Per Election for Office Sought 1095959.94		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	28.10
(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]

Signature

Date

MM / DD / YYYY
05 / 18 / 2015

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 1749 OF 3250
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M / D D / Y Y Y Y					
Full Name of Payee Virginia T Grant			Date of Public Distribution/Dissemination 10 / 28 / 2014		
Mailing Address 134 Shore Crest Circle			Amount 60.00		
City Carriere		State MS	Zip Code 39426		Transaction ID : 6ac0116c-c87d-4bb2-b
Purpose of Expenditure Salary		Category/Type 001		Date of Disbursement or Obligation 10 / 28 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu			☐ Support ☒ Oppose Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>LA</u>		
Calendar Year-To-Date Per Election for Office Sought 554635.78			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶ _____		
Full Name of Payee Virginia T Grant			Date of Public Distribution/Dissemination 10 / 28 / 2014		
Mailing Address 134 Shore Crest Circle			Amount 12.90		
City Carriere		State MS	Zip Code 39426		Transaction ID : c1490197-a15b-4e0d-b
Purpose of Expenditure Mileage		Category/Type 002		Date of Disbursement or Obligation 10 / 28 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu			☐ Support ☒ Oppose Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>LA</u>		
Calendar Year-To-Date Per Election for Office Sought 554635.78			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶ _____		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			72.90		
(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.					
Signature <u>Ms. Emily Buchanan</u> [Electronically Filed]			Date 05 / 18 / 2015		

Full Name of Payee Kyler A Jost			Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 28 / 2014		
Mailing Address 1830 College Height Rd			Amount 4.80		
City Manhattan	State KS	Zip Code 66502	Transaction ID : 5eed2654-22c6-463d-9 Date of Disbursement or Obligation MM / DD / YYYY 10 / 28 / 2014		
Purpose of Expenditure Mileage		Category/ Type 002			
Name of Federal Candidate Mr. Greg Orman		☐ Support ☒ Oppose	Office Sought: ☐ House ☒ Senate ☐ President ☒ Senate		
Calendar Year-To-Date Per Election for Office Sought		261541.03	Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ▶		
District: 00		State: KS			

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	29.80
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

FEC Schedule E (Form 3X) Rev. 09/2013

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1751 OF 3250
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M / D D / Y Y Y Y Y Y					
Full Name of Payee Felicia A Jones			Date of Public Distribution/Dissemination 10 / 28 / 2014		
Mailing Address 4106 Martha St			Amount 80.00		
City Shreveport		State LA	Zip Code 71109		Transaction ID : 91fecdd4-2085-4e9a-a Date of Disbursement or Obligation 10 / 28 / 2014
Purpose of Expenditure Salary		Category/ Type 001			
Name of Federal Candidate Ms. Mary L Landrieu			☐ Support ☒ Oppose		Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: LA
Calendar Year-To-Date Per Election for Office Sought 554635.78			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
Full Name of Payee Felicia A Jones			Date of Public Distribution/Dissemination 10 / 28 / 2014		
Mailing Address 4106 Martha St			Amount 9.60		
City Shreveport		State LA	Zip Code 71109		Transaction ID : df1db953-c8b3-44c4-9 Date of Disbursement or Obligation 10 / 28 / 2014
Purpose of Expenditure Mileage		Category/ Type 002			
Name of Federal Candidate Ms. Mary L Landrieu			☐ Support ☒ Oppose		Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: LA
Calendar Year-To-Date Per Election for Office Sought 554635.78			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			89.60		
(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.					
Signature Ms. Emily Buchanan			Date 05 / 18 / 2015		
			[Electronically Filed]		

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1752 OF 3250
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on MM / DD / YYYY				
Full Name of Payee Carla K Pilgreen			Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 28 / 2014	
Mailing Address 212 Stonecliff Dr			Amount 40.00	
City West Monro	State LA	Zip Code 71291	Transaction ID : 36e81952-d3d3-43f7-9	
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation MM / DD / YYYY 10 / 28 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>LA</u>	
Calendar Year-To-Date Per Election for Office Sought		554635.78	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶ _____	
Full Name of Payee Carla K Pilgreen			Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 28 / 2014	
Mailing Address 212 Stonecliff Dr			Amount 11.40	
City West Monro	State LA	Zip Code 71291	Transaction ID : 8387f60c-b427-4330-8	
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement or Obligation MM / DD / YYYY 10 / 28 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>LA</u>	
Calendar Year-To-Date Per Election for Office Sought		554635.78	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶ _____	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			51.40	
(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 MM / DD / YYYY 05 / 18 / 2015	
Signature _____				

Full Name of Payee Diane Smith		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 28 / 2014	
Mailing Address 4006 Wolkswalk Place		Amount 6.00	
City Raleigh	State NC	Zip Code 27610	Transaction ID : cb6e0e0c-fd97-44d9-a Date of Disbursement or Obligation MM / DD / YYYY 10 / 28 / 2014
Purpose of Expenditure Mileage		Category/ Type 002	
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: NC
Calendar Year-To-Date Per Election for Office Sought		1095959.94	Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	20.50
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

Signature

Full Name of Payee Peggy A Sides			Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 28 / 2014		
Mailing Address 2183 Spokane Rd			Amount 12.00		
City Fayetteville	State NC	Zip Code 28304	Transaction ID : 69cc4502-311a-4e7e-8 Date of Disbursement or Obligation MM / DD / YYYY 10 / 28 / 2014		
Purpose of Expenditure Mileage		Category/ Type 002			
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: NC		
Calendar Year-To-Date Per Election for Office Sought		1095959.94	Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ►		

(a) SUBTOTAL of Itemized Independent Expenditures.....	72.00
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures.....	

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 1755 OF 3250
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M / D D / Y Y Y Y					
Full Name of Payee Gary W Fuhrmann			Date of Public Distribution/Dissemination 10 / 28 / 2014		
Mailing Address 9425 Jessica Drive			Amount 30.00		
City Shreveport	State LA	Zip Code 71106	Transaction ID : 070837a9-c340-4b13-b Date of Disbursement or Obligation 10 / 28 / 2014		
Purpose of Expenditure Salary		Category/ Type 001			
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>LA</u>		
Calendar Year-To-Date Per Election for Office Sought 554635.78			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶ _____		
Full Name of Payee Gary W Fuhrmann			Date of Public Distribution/Dissemination 10 / 28 / 2014		
Mailing Address 9425 Jessica Drive			Amount 14.70		
City Shreveport	State LA	Zip Code 71106	Transaction ID : 1f56caee-7848-417e-b Date of Disbursement or Obligation 10 / 28 / 2014		
Purpose of Expenditure Mileage		Category/ Type 002			
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>LA</u>		
Calendar Year-To-Date Per Election for Office Sought 554635.78			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶ _____		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			44.70		
(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.					
Signature Ms. Emily Buchanan		[Electronically Filed]		Date 05 / 18 / 2015	

Full Name of Payee Krista J Smith			Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 28 / 2014		
Mailing Address 41176 Bertville Rd			Amount 6.48		
City Gonzales	State LA	Zip Code 70737	Transaction ID : b17339c7-4a1c-4af3-8 Date of Disbursement or Obligation MM / DD / YYYY 10 / 28 / 2014		
Purpose of Expenditure Mileage		Category/ Type 002			
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: LA		
Calendar Year-To-Date Per Election for Office Sought		554635.78	Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ►		

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	41.48
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

Ms. Emily Buchanan

[Electronically Filed]

Date 05 / 18 / 2015

Signature _____

Full Name of Payee Patricia F Arnold		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 28 / 2014	
Mailing Address 1117 Clipper Dr		Amount 1.02	
City Slidell	State LA	Zip Code 70458	Transaction ID : d64578d3-eae0-4ea8-8
Purpose of Expenditure Mileage	Category/ Type	002	Date of Disbursement or Obligation MM / DD / YYYY 10 / 28 / 2014
Name of Federal Candidate Ms. Mary L Landrieu	☐ Support ☒ Oppose	Office Sought: ☐ President ☒ Senate	District: 00 State: LA
Calendar Year-To-Date Per Election for Office Sought	554635.78	Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	26.02
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

Ms. Emily Buchanan

[Electronically Filed]

Date 05 / 18 / 2015

Signature _____

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 1758 OF 3250
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M M / D D D / Y Y Y Y Y Y					
Full Name of Payee Jacob T Craig			Date of Public Distribution/Dissemination 10 / 28 / 2014		
Mailing Address 1410 Bushville Dr			Amount 50.00		
City Lenoir	State NC	Zip Code 28645	Transaction ID : ee869b22-27c4-4969-8 Date of Disbursement or Obligation 10 / 28 / 2014		
Purpose of Expenditure Salary		Category/ Type 001			
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: NC		
Calendar Year-To-Date Per Election for Office Sought 1095959.94			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
Full Name of Payee Josh R Arnold			Date of Public Distribution/Dissemination 10 / 28 / 2014		
Mailing Address 1531 N Ridgewood Dr			Amount 27.50		
City Wichita	State KS	Zip Code 67208	Transaction ID : bed82e8c-0552-49be-a Date of Disbursement or Obligation 10 / 28 / 2014		
Purpose of Expenditure Salary		Category/ Type 001			
Name of Federal Candidate Mr. Greg Orman		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: KS		
Calendar Year-To-Date Per Election for Office Sought 261541.03			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			77.50		
(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.					
Signature Ms. Emily Buchanan		[Electronically Filed]		Date 05 / 18 / 2015	

Full Name of Payee Ashlee G Anderson		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 28 / 2014	
Mailing Address 2226 Enloe St		Amount 25.00	
City Fayetteville	State NC	Zip Code 28306	Transaction ID : 578629fd-33f9-401e-8
Purpose of Expenditure Salary	Category/ Type	001	Date of Disbursement or Obligation MM / DD / YYYY 10 / 28 / 2014
Name of Federal Candidate Ms. Kay Hagan	☐ Support ☒ Oppose	Office Sought: ☐ President ☒ Senate	District: 00 State: NC
Calendar Year-To-Date Per Election for Office Sought	1095959.94		Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	35.05
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1760 OF 3250
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M M / D D D / Y Y Y Y Y Y					
Full Name of Payee Mary R Kirkland			Date of Public Distribution/Dissemination 10 / 28 / 2014		
Mailing Address 504 Green Meadow Dr			Amount 60.00		
City Boyd		State TX	Zip Code 76023		Transaction ID : 73896194-01fb-4497-8
Purpose of Expenditure Salary		Category/ Type 001		Date of Disbursement or Obligation 10 / 28 / 2014	
Name of Federal Candidate Mr. Mark L Pryor			Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: AR		
Calendar Year-To-Date Per Election for Office Sought 292370.62			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
Full Name of Payee Noah J Smith			Date of Public Distribution/Dissemination 10 / 28 / 2014		
Mailing Address 41174 Bertville Rd			Amount 35.00		
City Gonzales		State LA	Zip Code 70737		Transaction ID : c676c548-0362-4431-9
Purpose of Expenditure Salary		Category/ Type 001		Date of Disbursement or Obligation 10 / 28 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu			Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: LA		
Calendar Year-To-Date Per Election for Office Sought 554635.78			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			95.00		
(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.					
Signature Ms. Emily Buchanan			Date 05 / 18 / 2015		
[Electronically Filed]					

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

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 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M M / D D D / Y Y Y Y Y Y					
Full Name of Payee Christopher L Gilbert			Date of Public Distribution/Dissemination 10 / 28 / 2014		
Mailing Address 55 Lovell Johnson Rd			Amount 70.00		
City Picayune		State MS	Zip Code 39466		Transaction ID : 78df2512-55a6-4c43-8
Purpose of Expenditure Salary		Category/Type 001		Date of Disbursement or Obligation 10 / 28 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu			Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: LA ☐ Support ☒ Oppose		
Calendar Year-To-Date Per Election for Office Sought			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
Full Name of Payee Christopher L Gilbert			Date of Public Distribution/Dissemination 10 / 28 / 2014		
Mailing Address 55 Lovell Johnson Rd			Amount 28.80		
City Picayune		State MS	Zip Code 39466		Transaction ID : d6f8bfe8-e938-4f90-9
Purpose of Expenditure Mileage		Category/Type 002		Date of Disbursement or Obligation 10 / 28 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu			Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: LA ☐ Support ☒ Oppose		
Calendar Year-To-Date Per Election for Office Sought			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			98.80		
(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.					
Signature Ms. Emily Buchanan			Date 05 / 18 / 2015 [Electronically Filed]		

Full Name of Payee Marilyn A Holt		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 28 / 2014	
Mailing Address 314 Tumbleweed Dr		Amount MM / DD / YYYY 10 / 28 / 2014	
City Winston Salem	State NC	Zip Code 27127	Transaction ID : 76a42b55-164c-42da-a Date of Disbursement or Obligation MM / DD / YYYY 10 / 28 / 2014
Purpose of Expenditure Mileage		Category/ Type 002	
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: NC
Calendar Year-To-Date Per Election for Office Sought		MM / DD / YYYY 10 / 28 / 2014	Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	40.80
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

FEC Schedule E (Form 3X) Rev. 09/2013

Full Name of Payee Julie M Gentry			Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 28 / 2014		
Mailing Address 314 S Main St			Amount 17.58		
City Roxboro	State NC	Zip Code 27573	Transaction ID : b8010182-331c-48d6-b Date of Disbursement or Obligation MM / DD / YYYY 10 / 28 / 2014		
Purpose of Expenditure Mileage		Category/ Type 002			
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House ☒ Senate ☐ President ☐ Other (specify) _____		
Calendar Year-To-Date Per Election for Office Sought		1095959.94	Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ► _____		

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	95.08
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

05 / 18 / 2015

FEC Schedule E (Form 3X) Rev. 09/2013

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1764 OF 3250
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC		FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on		M M M / D D D / Y Y Y Y Y Y	
Full Name of Payee Ruthie M Thompson		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 10 / 28 / 2014	
Mailing Address 286 Wrenn Drive		Amount 30.00	
City Lexington	State NC	Zip Code 27292	Transaction ID : ef4fe865-7082-43aa-8
Purpose of Expenditure Salary		Category/Type 001	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 10 / 28 / 2014
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: NC
Calendar Year-To-Date Per Election for Office Sought 1095959.94		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Ruthie M Thompson		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 10 / 28 / 2014	
Mailing Address 286 Wrenn Drive		Amount 4.20	
City Lexington	State NC	Zip Code 27292	Transaction ID : 252ccc66-196d-4f1e-9
Purpose of Expenditure Mileage		Category/Type 002	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 10 / 28 / 2014
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: NC
Calendar Year-To-Date Per Election for Office Sought 1095959.94		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶		34.20	
(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.			
Signature Ms. Emily Buchanan		Date M M M / D D D / Y Y Y Y Y Y 05 / 18 / 2015	
		[Electronically Filed]	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1765 OF 3250
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC		FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on		M M M / D D D / Y Y Y Y Y Y	
Full Name of Payee Chelsea E Cornett		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 10 / 28 / 2014	
Mailing Address 6279 Marathon Edenton Rd		Amount 50.00	
City Blanchester	State OH	Zip Code 45107	Transaction ID : efcfb1f5-d79b-4d1d-8
Purpose of Expenditure Salary		Category/Type 001	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 10 / 28 / 2014
Name of Federal Candidate Mr. Mark L Pryor		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: AR
Calendar Year-To-Date Per Election for Office Sought 292370.62		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Mattie Harris		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 10 / 28 / 2014	
Mailing Address 3654 Tara St		Amount 60.00	
City springdale	State AR	Zip Code 72762	Transaction ID : 970f7a71-03de-4add-a
Purpose of Expenditure Salary		Category/Type 001	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 10 / 28 / 2014
Name of Federal Candidate Mr. Mark L Pryor		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: AR
Calendar Year-To-Date Per Election for Office Sought 292370.62		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶		110.00	
(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 Signature		[Electronically Filed] Date M M M / D D D / Y Y Y Y Y Y 05 / 18 / 2015	

Full Name of Payee Patrice Wolfe		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 28 / 2014	
Mailing Address 9909 Treasure Hill Rd		Amount 15.00	
City Little Rock	State AR	Zip Code 72205	Transaction ID : 7d5d5bae-1876-4ea5-a
Purpose of Expenditure Mileage	Category/ Type	002	Date of Disbursement or Obligation MM / DD / YYYY 10 / 28 / 2014
Name of Federal Candidate Mr. Mark L Pryor	☐ Support ☒ Oppose	Office Sought: ☐ President ☒ Senate	District: 00 State: AR
Calendar Year-To-Date Per Election for Office Sought	292370.62	Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ▶	

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.

Full Name of Payee Barbara A Williams		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 28 / 2014	
Mailing Address 3002 Darden Rd Apt A		Amount 75.00	
City Greensboro	State NC	Zip Code 27407	Transaction ID : 4d509029-f084-4ee3-a
Purpose of Expenditure Salary	Category/ Type 001	Date of Disbursement or Obligation MM / DD / YYYY 10 / 28 / 2014	
Name of Federal Candidate Ms. Kay Hagan	☐ Support ☒ Oppose	Office Sought: ☐ President ☒ Senate	District: 00 State: NC
Calendar Year-To-Date Per Election for Office Sought	1095959.94	Disbursement For: 2014 ☐ Primary ☒ General ☐ Other (specify) ▶	

Full Name of Payee Kinsey E Beck			Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 28 / 2014		
Mailing Address 103 Glenhaven Ct			Amount 40.00		
City Harvest	State AL	Zip Code 35749	Transaction ID : cfdb4729-7cf7-44aa-b Date of Disbursement or Obligation MM / DD / YYYY 10 / 28 / 2014		
Purpose of Expenditure Salary		Category/ Type 001			
Name of Federal Candidate Mr. Mark L Pryor		☐ Support ☒ Oppose	Office Sought: ☐ House ☒ Senate ☐ President District: 00 State: AR		
Calendar Year-To-Date Per Election for Office Sought		292370.62	Disbursement For: ☐ Primary ☒ General ☐ 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.

Date _____

Signature

Full Name of Payee Kinsey E Beck		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 28 / 2014	
Mailing Address 103 Glenhaven Ct		Amount 4.80	
City Harvest	State AL	Zip Code 35749	Transaction ID : ca840daa-b306-4825-9 Date of Disbursement or Obligation MM / DD / YYYY 10 / 28 / 2014
Purpose of Expenditure Mileage	Category/ Type	002	
Name of Federal Candidate Mr. Mark L Pryor	☐ Support ☒ Oppose	Office Sought: ☐ President ☒ Senate	District: 00 State: AR
Calendar Year-To-Date Per Election for Office Sought	292370.62	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	

Full Name of Payee Jeremiah A Margeson		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 28 / 2014	
Mailing Address 6624 Devon Drive		Amount 50.00	
City Liberty Township	State OH	Zip Code 45044	Transaction ID : 852e01ca-6a32-443b-a Date of Disbursement or Obligation MM / DD / YYYY 10 / 28 / 2014
Purpose of Expenditure Salary	Category/ Type	001	
Name of Federal Candidate Mr. Mark L Pryor	☐ Support ☒ Oppose	Office Sought: ☐ House ☒ Senate	District: 00 State: AR
Calendar Year-To-Date Per Election for Office Sought	292370.62		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	54.80
(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.

Date _____

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1769 OF 3250
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M M / D D D / Y Y Y Y Y Y					
Full Name of Payee Jeremiah A Margeson			Date of Public Distribution/Dissemination 10 / 28 / 2014		
Mailing Address 6624 Devon Drive			Amount 39.00		
City Liberty Township		State OH	Zip Code 45044		Transaction ID : 17e24522-1d81-4952-b
Purpose of Expenditure Mileage		Category/ Type 002		Date of Disbursement or Obligation 10 / 28 / 2014	
Name of Federal Candidate Mr. Mark L Pryor			Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: AR		
Calendar Year-To-Date Per Election for Office Sought 292370.62			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
Full Name of Payee Christopher Marquess			Date of Public Distribution/Dissemination 10 / 28 / 2014		
Mailing Address 110 W Pecan St			Amount 50.00		
City Ville Platte		State LA	Zip Code 70586		Transaction ID : 1978bf01-fe30-4412-a
Purpose of Expenditure Salary		Category/ Type 001		Date of Disbursement or Obligation 10 / 28 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu			Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: LA		
Calendar Year-To-Date Per Election for Office Sought 554635.78			Disbursement For: ☐ Primary ☒ 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.					
Signature Ms. Emily Buchanan			Date 05 / 18 / 2015		
			[Electronically Filed]		

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1770 OF 3250
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC		FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M / D D / Y Y Y Y Y Y			
Full Name of Payee Christopher Marquess		Date of Public Distribution/Dissemination 10 / 28 / 2014	
Mailing Address 110 W Pecan St		Amount 38.40	
City Ville Platte	State LA	Zip Code 70586	Transaction ID : bd623c17-a674-485e-8 Date of Disbursement or Obligation 10 / 28 / 2014
Purpose of Expenditure Mileage		Category/ Type 002	
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: LA
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Michael A Toomey		Date of Public Distribution/Dissemination 10 / 28 / 2014	
Mailing Address 4120 Bon Aire Dr Apt 6307		Amount 42.50	
City Monroe	State LA	Zip Code 71212	Transaction ID : c19424a4-83dc-4173-8 Date of Disbursement or Obligation 10 / 28 / 2014
Purpose of Expenditure Salary		Category/ Type 001	
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: LA
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶		80.90	
(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.			
Signature Ms. Emily Buchanan		Date 05 / 18 / 2015	
[Electronically Filed]			

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1771 OF 3250
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M / D D / Y Y Y Y Y Y					
Full Name of Payee Michael A Toomey			Date of Public Distribution/Dissemination 10 / 28 / 2014		
Mailing Address 4120 Bon Aire Dr Apt 6307			Amount 4.50		
City Monroe		State LA	Zip Code 71212		Transaction ID : 9ced391a-dc8c-4269-b
Purpose of Expenditure Mileage		Category/ Type 002		Date of Disbursement or Obligation 10 / 28 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu			Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: LA		
Calendar Year-To-Date Per Election for Office Sought 554635.78			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
Full Name of Payee Cayenne C Corbin			Date of Public Distribution/Dissemination 10 / 28 / 2014		
Mailing Address 1851 S Laura St			Amount 35.00		
City Wichita		State KS	Zip Code 67211		Transaction ID : 29200d35-f7db-439e-a
Purpose of Expenditure Salary		Category/ Type 001		Date of Disbursement or Obligation 10 / 28 / 2014	
Name of Federal Candidate Mr. Greg Orman			Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: KS		
Calendar Year-To-Date Per Election for Office Sought 261541.03			Disbursement For: ☐ Primary ☒ 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. Signature <u>Ms. Emily Buchanan</u> [Electronically Filed] Date 05 / 18 / 2015					

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1772 OF 3250
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M / D D / Y Y Y Y Y Y					
Full Name of Payee Cayenne C Corbin			Date of Public Distribution/Dissemination 10 / 28 / 2014		
Mailing Address 1851 S Laura St			Amount 6.00		
City Wichita		State KS	Zip Code 67211		Transaction ID : 0ba015b3-511f-4d26-9
Purpose of Expenditure Mileage		Category/ Type 002		Date of Disbursement or Obligation 10 / 28 / 2014	
Name of Federal Candidate Mr. Greg Orman			☐ Support ☒ Oppose		Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: KS
Calendar Year-To-Date Per Election for Office Sought 261541.03			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
Full Name of Payee Alice K Salazar			Date of Public Distribution/Dissemination 10 / 28 / 2014		
Mailing Address 605 W Houston St			Amount 80.00		
City Marshall		State TX	Zip Code 75633		Transaction ID : aa50e8a3-4942-4e6b-b
Purpose of Expenditure Salary		Category/ Type 001		Date of Disbursement or Obligation 10 / 28 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu			☐ Support ☒ Oppose		Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: LA
Calendar Year-To-Date Per Election for Office Sought 554635.78			Disbursement For: ☐ Primary ☒ 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.					
Signature Ms. Emily Buchanan			[Electronically Filed]		Date 05 / 18 / 2015

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1773 OF 3250
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M / D D / Y Y Y Y					
Full Name of Payee Alice K Salazar			Date of Public Distribution/Dissemination 10 / 28 / 2014		
Mailing Address 605 W Houston St			Amount 48.00		
City Marshall	State TX	Zip Code 75633	Transaction ID : f5c019b7-f655-4dde-b		
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement or Obligation 10 / 28 / 2014		
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: LA		
Calendar Year-To-Date Per Election for Office Sought		554635.78	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
Full Name of Payee Adam L Clark			Date of Public Distribution/Dissemination 10 / 28 / 2014		
Mailing Address 1851 S Laura St			Amount 35.00		
City Wichita	State KS	Zip Code 67211	Transaction ID : 1518b12f-7dd3-42fd-a		
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation 10 / 28 / 2014		
Name of Federal Candidate Mr. Greg Orman		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: KS		
Calendar Year-To-Date Per Election for Office Sought		261541.03	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			83.00		
(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.					
Signature Ms. Emily Buchanan		[Electronically Filed]		Date 05 / 18 / 2015	

Full Name of Payee Krystal A Wilson		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 28 / 2014	
Mailing Address 448 Judson Dr		Amount 22.50	
City Wake Forest	State NC	Zip Code 27587	Transaction ID : 20f569f5-1985-404e-b
Purpose of Expenditure Salary	Category/ Type	001	Date of Disbursement or Obligation MM / DD / YYYY 10 / 28 / 2014
Name of Federal Candidate Ms. Kay Hagan	☐ Support ☒ Oppose	Office Sought: ☐ President ☒ Senate	District: 00 State: NC
Calendar Year-To-Date Per Election for Office Sought	1095959.94		Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....	28.50
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures.....	

05 / 18 / 2015

FEC Schedule E (Form 3X) Rev. 09/2013

Full Name of Payee Adena V Smith		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 28 / 2014	
Mailing Address 450 Judson Dr		Amount 1.50	
City Wake Forest	State NC	Zip Code 27587	Transaction ID : 4b670dcd-88a9-43eb-9 Date of Disbursement or Obligation MM / DD / YYYY 10 / 28 / 2014
Purpose of Expenditure Mileage	Category/ Type 002		
Name of Federal Candidate Ms. Kay Hagan	☐ Support ☒ Oppose	Office Sought: ☐ President ☒ Senate	District: 00 State: NC
Calendar Year-To-Date Per Election for Office Sought	1095959.94	Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	
		24.00
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

05 / 18 / 2015

FEC Schedule E (Form 3X) Rev. 09/2013

Full Name of Payee Jonesha Stewart			Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 28 / 2014		
Mailing Address 2329 Runnymede Dr			Amount 3.90		
City Marrero	State LA	Zip Code 70072	Transaction ID : 77e7b5a7-558d-437e-8		
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement or Obligation MM / DD / YYYY 10 / 28 / 2014		
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: LA		
Calendar Year-To-Date Per Election for Office Sought		554635.78	Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ▶		

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	53.90
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

Full Name of Payee Brandy Starns			Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 28 / 2014		
Mailing Address 300 Evangeline St			Amount 50.00		
City Monroe	State LA	Zip Code 71201	Transaction ID : 7b6b7410-6c98-4180-8 Date of Disbursement or Obligation MM / DD / YYYY 10 / 28 / 2014		
Purpose of Expenditure Salary		Category/ Type 001			
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: LA		
Calendar Year-To-Date Per Election for Office Sought		554635.78	Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ►		

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	105.00
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

05 / 18 / 2015

FEC Schedule E (Form 3X) Rev. 09/2013

Full Name of Payee Brandy Starns			Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 28 / 2014		
Mailing Address 300 Evangeline St			Amount 7.50		
City Monroe	State LA	Zip Code 71201	Transaction ID : 7a26929d-0973-49a2-b Date of Disbursement or Obligation MM / DD / YYYY 10 / 28 / 2014		
Purpose of Expenditure Mileage		Category/ Type 002			
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: LA		
Calendar Year-To-Date Per Election for Office Sought		554635.78	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		

Full Name of Payee Brenda L McCune		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 28 / 2014	
Mailing Address 1254 Fleming St Apt 6		Amount 85.00	
City Conway	State AR	Zip Code 72032	Transaction ID : 974b4bf0-7859-455e-a
Purpose of Expenditure Salary	Category/ Type	001	Date of Disbursement or Obligation MM / DD / YYYY 10 / 28 / 2014
Name of Federal Candidate Mr. Mark L Pryor	☐ Support ☒ Oppose	Office Sought: ☐ President ☒ Senate	District: 00 State: AR
Calendar Year-To-Date Per Election for Office Sought	292370.62	Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	92.50
(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.

Date _____

Signature

Full Name of Payee Ashley n Thompson		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 28 / 2014	
Mailing Address 272 Westgate Ct Apt 6		Amount 25.00	
City Lexington	State NC	Zip Code 27295	Transaction ID : deb0647a-721a-4177-8
Purpose of Expenditure Salary	Category/ Type	001	Date of Disbursement or Obligation MM / DD / YYYY 10 / 28 / 2014
Name of Federal Candidate Ms. Kay Hagan	☐ Support ☒ Oppose	Office Sought: ☐ President ☒ Senate	District: 00 State: NC
Calendar Year-To-Date Per Election for Office Sought	1095959.94	Disbursement For: ☐ Primary ☒ General	☐ Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....		82.78
(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.

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1780 OF 3250
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC		FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on MM / DD / YYYY			
Full Name of Payee Ashley n Thompson		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 28 / 2014	
Mailing Address 272 Westgate Ct Apt 6		Amount 12.00	
City Lexington	State NC	Zip Code 27295	Transaction ID : b7fed2a9-c908-404c-9
Purpose of Expenditure Mileage	Category/ Type 002	Date of Disbursement or Obligation MM / DD / YYYY 10 / 28 / 2014	
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>NC</u>
Calendar Year-To-Date Per Election for Office Sought 1095959.94		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Randy G Lookabill		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 28 / 2014	
Mailing Address 200 Carawood Lane		Amount 57.50	
City Lexington	State NC	Zip Code 27295	Transaction ID : a2fe8f22-dfef-4740-a
Purpose of Expenditure Salary	Category/ Type 001	Date of Disbursement or Obligation MM / DD / YYYY 10 / 28 / 2014	
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>NC</u>
Calendar Year-To-Date Per Election for Office Sought 1095959.94		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶		69.50	
(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]	
Signature		Date MM / DD / YYYY 05 / 18 / 2015	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1781 OF 3250
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC		FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on		M M M / D D D / Y Y Y Y Y Y	
Full Name of Payee Randy G Lookabill		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 10 / 28 / 2014	
Mailing Address 200 Carawood Lane		Amount 16.50	
City Lexington	State NC	Zip Code 27295	Transaction ID : ed5a83e7-aca9-43a9-8
Purpose of Expenditure Mileage	Category/ Type	002	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 10 / 28 / 2014
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>NC</u>
Calendar Year-To-Date Per Election for Office Sought		1095959.94	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶
Full Name of Payee Gregory Green		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 10 / 28 / 2014	
Mailing Address 2506 Bolch Street		Amount 50.00	
City Shreveport	State LA	Zip Code 71104	Transaction ID : 85d55e30-4b29-494a-a
Purpose of Expenditure Salary	Category/ Type	001	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 10 / 28 / 2014
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>LA</u>
Calendar Year-To-Date Per Election for Office Sought		554635.78	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures.....▶		66.50	
(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]	
Signature		Date M M M / D D D / Y Y Y Y Y Y 05 / 18 / 2015	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1782 OF 3250
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M / D D / Y Y Y Y Y Y				
Full Name of Payee Gregory Green			Date of Public Distribution/Dissemination 10 / 28 / 2014	
Mailing Address 2506 Bolch Street			Amount 25.80	
City Shreveport	State LA	Zip Code 71104	Transaction ID : e7806187-06ad-42ef-8 Date of Disbursement or Obligation 10 / 28 / 2014	
Purpose of Expenditure Mileage		Category/ Type 002		
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: LA	
Calendar Year-To-Date Per Election for Office Sought		554635.78	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Brenda K Billington			Date of Public Distribution/Dissemination 10 / 28 / 2014	
Mailing Address 437 Roberson Creek Rd			Amount 75.00	
City Pittsboro	State NC	Zip Code 27312	Transaction ID : 026ddc7b-1c32-4bcc-a Date of Disbursement or Obligation 10 / 28 / 2014	
Purpose of Expenditure Salary		Category/ Type 001		
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: NC	
Calendar Year-To-Date Per Election for Office Sought		1095959.94	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			100.80	
(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 05 / 18 / 2015	
Signature				

Full Name of Payee Zachary Vidrine			Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 28 / 2014		
Mailing Address 202 Rue Des Cajun			Amount 70.00		
City Ville Platte	State LA	Zip Code 70586	Transaction ID : 7863258e-c08e-4fc9-b Date of Disbursement or Obligation MM / DD / YYYY 10 / 28 / 2014		
Purpose of Expenditure Salary		Category/ Type 001			
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House ☒ Senate ☐ President ☒ Senate		
Calendar Year-To-Date Per Election for Office Sought 554635.78		Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ▶			

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	88.30
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

05 / 18 / 2015

FEC Schedule E (Form 3X) Rev. 09/2013

Full Name of Payee Edmond D Rea		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 28 / 2014	
Mailing Address 416 Vine Dr		Amount 70.00	
City Lawrence	State KS	Zip Code 66049	Transaction ID : e45b46e2-a633-4932-9
Purpose of Expenditure Salary	Category/ Type	001	Date of Disbursement or Obligation MM / DD / YYYY 10 / 28 / 2014
Name of Federal Candidate Mr. Greg Orman	☐ Support ☒ Oppose	Office Sought: ☐ President ☒ Senate	District: 00 State: KS
Calendar Year-To-Date Per Election for Office Sought	261541.03	Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	88.60
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

FEC Schedule E (Form 3X) Rev. 09/2013

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1785 OF 3250
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M M / D D D / Y Y Y Y Y Y				
Full Name of Payee Edmond D Rea			Date of Public Distribution/Dissemination 10 / 28 / 2014	
Mailing Address 416 Vine Dr			Amount 12.30	
City Lawrence	State KS	Zip Code 66049	Transaction ID : 497a8d59-aef8-486f-8 Date of Disbursement or Obligation 10 / 28 / 2014	
Purpose of Expenditure Mileage		Category/ Type 002		
Name of Federal Candidate Mr. Greg Orman		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: KS	
Calendar Year-To-Date Per Election for Office Sought		261541.03	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Rebecca A Shearer			Date of Public Distribution/Dissemination 10 / 28 / 2014	
Mailing Address 6544 Arno College Grove Rd			Amount 80.00	
City College Grove	State TN	Zip Code 37046	Transaction ID : 2d2b0546-6c0a-4cb3-9 Date of Disbursement or Obligation 10 / 28 / 2014	
Purpose of Expenditure Salary		Category/ Type 001		
Name of Federal Candidate Mr. Mark L Pryor		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: AR	
Calendar Year-To-Date Per Election for Office Sought		292370.62	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures.....▶			92.30	
(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.				
Signature Ms. Emily Buchanan		[Electronically Filed]		Date 05 / 18 / 2015

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1786 OF 3250
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC		FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on		M M M / D D D / Y Y Y Y Y Y	
Full Name of Payee Rebecca A Shearer		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 10 / 28 / 2014	
Mailing Address 6544 Arno College Grove Rd		Amount 24.90	
City College Grove	State TN	Zip Code 37046	Transaction ID : 89deaac2-8761-4ae3-a
Purpose of Expenditure Mileage	Category/Type 002	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 10 / 28 / 2014	
Name of Federal Candidate Mr. Mark L Pryor		☐ Support ☒ Oppose	
Office Sought: ☐ President ☒ Senate		District: 00 State: AR	
Calendar Year-To-Date Per Election for Office Sought 292370.62		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Carol L Walters		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 10 / 28 / 2014	
Mailing Address 1900 Glen West Way		Amount 95.00	
City Fort Smith	State AR	Zip Code 72916	Transaction ID : 6ef2b8ff-0b4c-45a6-b
Purpose of Expenditure Salary	Category/Type 001	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 10 / 28 / 2014	
Name of Federal Candidate Mr. Mark L Pryor		☐ Support ☒ Oppose	
Office Sought: ☐ President ☒ Senate		District: 00 State: AR	
Calendar Year-To-Date Per Election for Office Sought 292370.62		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶		119.90	
(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.			
Signature Ms. Emily Buchanan		Date M M M / D D D / Y Y Y Y Y Y 05 / 18 / 2015	
		[Electronically Filed]	

Full Name of Payee Mry S Everly		Date of Public Distribution/Dissemination M M / D D / Y Y Y Y 10 / 28 / 2014	
Mailing Address 787 N 1851 Diagonal Rd		Amount 25.00	
City Lecompton	State KS	Zip Code 66050	Transaction ID : 26c5a515-0aa8-439d-9 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 10 / 28 / 2014
Purpose of Expenditure Salary		Category/ Type 001	
Name of Federal Candidate Mr. Greg Orman		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: KS
Calendar Year-To-Date Per Election for Office Sought		261541.03	Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ►

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	31.30
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

05 / 18 / 2015

FEC Schedule E (Form 3X) Rev. 09/2013

Full Name of Payee Gloria L Moyer		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 28 / 2014	
Mailing Address 1505 Dills Creek Lane		Amount 3.33	
City Morehead	State NC	Zip Code 28557	Transaction ID : df318ace-2639-4075-b
Purpose of Expenditure Salary	Category/ Type	001	Date of Disbursement or Obligation MM / DD / YYYY 10 / 28 / 2014
Name of Federal Candidate Ms. Kay Hagan	☐ Support ☒ Oppose	Office Sought: ☐ President ☒ Senate	District: 00 State: NC
Calendar Year-To-Date Per Election for Office Sought	1095959.94	Disbursement For: ☐ Primary ☒ General	☐ Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	16.23
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

05 / 18 / 2015

FEC Schedule E (Form 3X) Rev. 09/2013

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1789 OF 3250
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M / D D / Y Y Y Y					
Full Name of Payee Gloria L Moyer			Date of Public Distribution/Dissemination 10 / 28 / 2014		
Mailing Address 1505 Dills Creek Lane			Amount 1.20		
City Morehead	State NC	Zip Code 28557	Transaction ID : dd8639d9-a814-4b73-b Date of Disbursement or Obligation 10 / 28 / 2014		
Purpose of Expenditure Mileage		Category/ Type 002			
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: NC		
Calendar Year-To-Date Per Election for Office Sought		1095959.94	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
Full Name of Payee Sue G Walker			Date of Public Distribution/Dissemination 10 / 28 / 2014		
Mailing Address 3 Girard			Amount 100.00		
City Fort Smith	State AR	Zip Code 72901	Transaction ID : fe8db4bb-544b-4695-8 Date of Disbursement or Obligation 10 / 28 / 2014		
Purpose of Expenditure Salary		Category/ Type 001			
Name of Federal Candidate Mr. Mark L Pryor		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: AR		
Calendar Year-To-Date Per Election for Office Sought		292370.62	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			101.20		
(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.					
Signature Ms. Emily Buchanan		[Electronically Filed]		Date 05 / 18 / 2015	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 1790 OF 3250
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M / D D / Y Y Y Y					
Full Name of Payee Sue G Walker			Date of Public Distribution/Dissemination 10 / 28 / 2014		
Mailing Address 3 Girard			Amount 38.40		
City Fort Smith		State AR	Zip Code 72901		Transaction ID : a054f2a9-1eb4-42fb-b
Purpose of Expenditure Mileage		Category/Type 002		Date of Disbursement or Obligation 10 / 28 / 2014	
Name of Federal Candidate Mr. Mark L Pryor			☐ Support ☒ Oppose Office Sought: ☐ House ☒ Senate District: 00 ☐ President State: AR		
Calendar Year-To-Date Per Election for Office Sought			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
Full Name of Payee Edward N Walker			Date of Public Distribution/Dissemination 10 / 28 / 2014		
Mailing Address 3 Girard St			Amount 40.00		
City Ft Smith		State AR	Zip Code 72901		Transaction ID : 9456ea37-14a6-47d2-b
Purpose of Expenditure Salary		Category/Type 001		Date of Disbursement or Obligation 10 / 28 / 2014	
Name of Federal Candidate Mr. Mark L Pryor			☐ Support ☒ Oppose Office Sought: ☐ House ☒ Senate District: 00 ☐ President State: AR		
Calendar Year-To-Date Per Election for Office Sought			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			78.40		
(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.					
Signature <u>Ms. Emily Buchanan</u> [Electronically Filed]			Date 05 / 18 / 2015		

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1791 OF 3250
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC		FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on / /			
Full Name of Payee Edward N Walker		Date of Public Distribution/Dissemination / / 10 / 28 / 2014	
Mailing Address 3 Girard St		Amount 13.80	
City Ft Smith	State AR	Zip Code 72901	Transaction ID : f5c6a0fd-053b-47b7-b Date of Disbursement or Obligation / / 10 / 28 / 2014
Purpose of Expenditure Mileage		Category/ Type 002	
Name of Federal Candidate Mr. Mark L Pryor		Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>AR</u> ☐ Support ☒ Oppose	
Calendar Year-To-Date Per Election for Office Sought 292370.62		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶ _____	
Full Name of Payee Julia Perry		Date of Public Distribution/Dissemination / / 10 / 28 / 2014	
Mailing Address 2046 Perrin St Apt C		Amount 60.00	
City Shreveport	State LA	Zip Code 71101	Transaction ID : adb603ef-42b7-4e15-8 Date of Disbursement or Obligation / / 10 / 28 / 2014
Purpose of Expenditure Salary		Category/ Type 001	
Name of Federal Candidate Ms. Mary L Landrieu		Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>LA</u> ☐ Support ☒ Oppose	
Calendar Year-To-Date Per Election for Office Sought 554635.78		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶ _____	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶		 73.80	
(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.			
Signature <i>Ms. Emily Buchanan</i>		Date / / 05 / 18 / 2015	
[Electronically Filed]			

Full Name of Payee Joshua D Syrotchen		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 28 / 2014	
Mailing Address 915 East Market Ave		Amount 62.10	
City	State	Zip Code	Transaction ID : 21ea3226-c71c-47b8-b Date of Disbursement or Obligation MM / DD / YYYY 10 / 28 / 2014
Searcy	AR	72149	
Purpose of Expenditure Mileage		Category/ Type	002
Name of Federal Candidate Mr. Mark L Pryor		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: AR
Calendar Year-To-Date Per Election for Office Sought		292370.62	
		Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	142.10
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 1793 OF 3250
 FOR LINE 24 OF FORM 3X

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

Full Name of Payee Kathy Anderson		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 28 / 2014	
Mailing Address 3041 SW Burlingame Rd		Amount 77.50	
City Topeka	State KS	Zip Code 66611	Transaction ID : c2d01de1-39fd-40e4-a
Purpose of Expenditure Salary	Category/Type 001	Date of Disbursement or Obligation MM / DD / YYYY 10 / 28 / 2014	
Name of Federal Candidate Mr. Greg Orman		☐ Support ☒ Oppose Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: KS	
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	

Full Name of Payee Kathy Anderson		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 28 / 2014	
Mailing Address 3041 SW Burlingame Rd		Amount 14.10	
City Topeka	State KS	Zip Code 66611	Transaction ID : e8ffc2c0-95b5-44d7-9
Purpose of Expenditure Mileage	Category/Type 002	Date of Disbursement or Obligation MM / DD / YYYY 10 / 28 / 2014	
Name of Federal Candidate Mr. Greg Orman		☐ Support ☒ Oppose Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: KS	
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: ☐ Primary ☒ 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

MM / DD / YYYY
05 / 18 / 2015

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1794 OF 3250
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M / D D / Y Y Y Y				
Full Name of Payee Cameryn L Rasmussen			Date of Public Distribution/Dissemination 10 / 28 / 2014	
Mailing Address 4455 N Edaemoor Ct			Amount 37.50	
City Bel Aire	State KS	Zip Code 67220	Transaction ID : 42f54347-f5c1-4a00-b Date of Disbursement or Obligation 10 / 28 / 2014	
Purpose of Expenditure Salary		Category/ Type 001		
Name of Federal Candidate Mr. Greg Orman		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: KS	
Calendar Year-To-Date Per Election for Office Sought		261541.03	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Cameryn L Rasmussen			Date of Public Distribution/Dissemination 10 / 28 / 2014	
Mailing Address 4455 N Edaemoor Ct			Amount 12.90	
City Bel Aire	State KS	Zip Code 67220	Transaction ID : 31d580a0-e750-4392-8 Date of Disbursement or Obligation 10 / 28 / 2014	
Purpose of Expenditure Mileage		Category/ Type 002		
Name of Federal Candidate Mr. Greg Orman		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: KS	
Calendar Year-To-Date Per Election for Office Sought		261541.03	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			50.40	
(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.				
Signature Ms. Emily Buchanan		[Electronically Filed]		Date 05 / 18 / 2015

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1795 OF 3250
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC		FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on		M M M / D D D / Y Y Y Y Y Y	
Full Name of Payee Vonniqua Jackson		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 10 / 28 / 2014	
Mailing Address 111 Westchester Blvd Apt D4		Amount 65.00	
City Slidell	State LA	Zip Code 70458	Transaction ID : f8ff2ef7-27c4-4ddf-b
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 10 / 28 / 2014
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: LA
Calendar Year-To-Date Per Election for Office Sought 554635.78		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Samantha Howell		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 10 / 28 / 2014	
Mailing Address 4849 N Glendale		Amount 37.50	
City Bel Aire	State KS	Zip Code 67220	Transaction ID : 6b597340-e26a-478c-9
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 10 / 28 / 2014
Name of Federal Candidate Mr. Greg Orman		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: KS
Calendar Year-To-Date Per Election for Office Sought 261541.03		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶		102.50	
(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 Signature		[Electronically Filed] Date M M M / D D D / Y Y Y Y Y Y 05 / 18 / 2015	

Full Name of Payee Marilyn Galliard		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 28 / 2014	
Mailing Address 410 Wedgewood Ct		Amount 100.00	
City Hesston	State KS	Zip Code 67062	Transaction ID : 621be4fc-ccb1-4e45-8 Date of Disbursement or Obligation MM / DD / YYYY 10 / 28 / 2014
Purpose of Expenditure Salary		Category/ Type 001	
Name of Federal Candidate Mr. Greg Orman		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: KS
Calendar Year-To-Date Per Election for Office Sought		261541.03	Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ►

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	112.90
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

Signature

Full Name of Payee Ralph Smith			Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 28 / 2014		
Mailing Address 2090 Fancy Gap Rd			Amount 40.00		
City Mt. Airy	State NC	Zip Code 27030	Transaction ID : a0d7f50b-942e-4ec7-9 Date of Disbursement or Obligation MM / DD / YYYY 10 / 28 / 2014		
Purpose of Expenditure Salary		Category/ Type 001			
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House ☒ Senate ☐ President District: 00 State: NC		
Calendar Year-To-Date Per Election for Office Sought		1095959.94	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		

(a) SUBTOTAL of Itemized Independent Expenditures.....	78.40
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures.....	

05 / 18 / 2015

FEC Schedule E (Form 3X) Rev. 09/2013

Full Name of Payee Kathryn M Wolfe		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 28 / 2014	
Mailing Address 204 W 9th St		Amount 35.00	
City Pittsburg	State KS	Zip Code 66762	Transaction ID : eaf67cda-5edc-4bbd-9 Date of Disbursement or Obligation MM / DD / YYYY 10 / 28 / 2014
Purpose of Expenditure Salary		Category/ Type 001	
Name of Federal Candidate Mr. Greg Orman		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: KS
Calendar Year-To-Date Per Election for Office Sought 261541.03		Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ►	

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	45.80
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

05 / 18 / 2015

FEC Schedule E (Form 3X) Rev. 09/2013

Full Name of Payee Benjamin J Crosser		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 28 / 2014	
Mailing Address PO Box 398		Amount 40.00	
City Neosho	State AR	Zip Code 64850	Transaction ID : e5b012d8-3e0c-449f-a Date of Disbursement or Obligation MM / DD / YYYY 10 / 28 / 2014
Purpose of Expenditure Salary	Category/ Type 001		
Name of Federal Candidate Mr. Mark L Pryor	☐ Support ☒ Oppose	Office Sought: ☐ President ☒ Senate	District: 00 State: AR
Calendar Year-To-Date Per Election for Office Sought	292370.62	Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	64.90
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

05 / 18 / 2015

FEC Schedule E (Form 3X) Rev. 09/2013

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1800 OF 3250
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M M / D D D / Y Y Y Y Y Y					
Full Name of Payee Benjamin J Crosser			Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 10 / 28 / 2014		
Mailing Address PO Box 398			Amount 36.00		
City Neosho		State AR	Zip Code 64850		Transaction ID : 5d8854f2-e33c-4223-b
Purpose of Expenditure Mileage		Category/ Type 002		Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 10 / 28 / 2014	
Name of Federal Candidate Mr. Mark L Pryor			☐ Support ☒ Oppose		Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>AR</u>
Calendar Year-To-Date Per Election for Office Sought 292370.62			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶ _____		
Full Name of Payee Devan J McNeil			Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 10 / 28 / 2014		
Mailing Address 2521 Corolla Hills Dr			Amount 20.00		
City Lenoir		State NC	Zip Code 28645		Transaction ID : 5e04040e-5147-421b-9
Purpose of Expenditure Salary		Category/ Type 001		Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 10 / 28 / 2014	
Name of Federal Candidate Ms. Kay Hagan			☐ Support ☒ Oppose		Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>NC</u>
Calendar Year-To-Date Per Election for Office Sought 1095959.94			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶ _____		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			56.00		
(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.					
Signature <i>Ms. Emily Buchanan</i>			[Electronically Filed] Date M M M / D D D / Y Y Y Y Y Y 05 / 18 / 2015		

Full Name of Payee Lee R Carter		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 28 / 2014	
Mailing Address 3110 Brentwood Rd		Amount 40.00	
City Raleigh	State NC	Zip Code 27604	Transaction ID : 596e5e64-8c41-41b0-a
Purpose of Expenditure Salary	Category/ Type	001	Date of Disbursement or Obligation MM / DD / YYYY 10 / 28 / 2014
Name of Federal Candidate Ms. Kay Hagan	☐ Support ☒ Oppose	Office Sought: ☐ President ☒ Senate	District: 00 State: NC
Calendar Year-To-Date Per Election for Office Sought	1095959.94		Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	45.10
(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.

Date _____

Signature

Full Name of Payee Kaitlin E Taylor		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 28 / 2014	
Mailing Address 10322 Pottinger Rd		Amount 45.00	
City Cincinnati	State OH	Zip Code 45251	Transaction ID : be60be9c-483b-4a50-9 Date of Disbursement or Obligation MM / DD / YYYY 10 / 28 / 2014
Purpose of Expenditure Salary	Category/ Type 001		
Name of Federal Candidate Mr. Mark L Pryor	☐ Support ☒ Oppose	Office Sought: ☐ President ☒ Senate	District: 00 State: AR
Calendar Year-To-Date Per Election for Office Sought	292370.62	Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....		52.20
(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.

Date _____

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 1803 OF 3250
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M M / D D D / Y Y Y Y Y Y					
Full Name of Payee Theresa a Youngblood			Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 10 / 28 / 2014		
Mailing Address 102 S Main Street Apt A2			Amount 100.00		
City Berryville	State VA	Zip Code 22611	Transaction ID : aced7dab-8199-4e24-a Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 10 / 28 / 2014		
Purpose of Expenditure Salary		Category/ Type 001			
Name of Federal Candidate Mr. Greg Orman		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: KS		
Calendar Year-To-Date Per Election for Office Sought 261541.03			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
Full Name of Payee Lilly Green			Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 10 / 28 / 2014		
Mailing Address 205 Medallion Circle			Amount 80.00		
City Shreveport	State LA	Zip Code 71119	Transaction ID : 26e310e7-4f0e-4e0e-a Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 10 / 28 / 2014		
Purpose of Expenditure Salary		Category/ Type 001			
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: LA		
Calendar Year-To-Date Per Election for Office Sought 554635.78			Disbursement For: ☐ Primary ☒ 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.					
Signature Ms. Emily Buchanan		[Electronically Filed]		Date M M M / D D D / Y Y Y Y Y Y 05 / 18 / 2015	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1804 OF 3250
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC		FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on MM / DD / YYYY			
Full Name of Payee Lilly Green		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 28 / 2014	
Mailing Address 205 Medallion Circle		Amount 99.99 39.00	
City Shreveport	State LA	Zip Code 71119	Transaction ID : a53d8ce7-6f86-4a15-9
Purpose of Expenditure Mileage	Category/ Type	002	Date of Disbursement or Obligation MM / DD / YYYY 10 / 28 / 2014
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>LA</u>
Calendar Year-To-Date Per Election for Office Sought 99.99 554635.78		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Caleb Craig		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 28 / 2014	
Mailing Address 1410 Bushville drive		Amount 99.99 100.00	
City Lenoir	State NC	Zip Code 28645	Transaction ID : 24977bca-eea6-43de-8
Purpose of Expenditure Salary	Category/ Type	001	Date of Disbursement or Obligation MM / DD / YYYY 10 / 28 / 2014
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>NC</u>
Calendar Year-To-Date Per Election for Office Sought 99.99 1095959.94		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures.....▶		99.99 139.00	
(b) SUBTOTAL of Unitemized Independent Expenditures▶		99.99 0.00	
(c) TOTAL Independent Expenditures.....▶		99.99 139.00	
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.			
Signature Ms. Emily Buchanan		Date MM / DD / YYYY 05 / 18 / 2015	
		[Electronically Filed]	

Full Name of Payee Courtney Goldstein		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 28 / 2014	
Mailing Address 1809 N Woodlawn		Amount 4.50	
City Metairie	State LA	Zip Code 70001	Transaction ID : f63a0bbb-1f9a-44a9-9
Purpose of Expenditure Mileage	Category/ Type	002	Date of Disbursement or Obligation MM / DD / YYYY 10 / 28 / 2014
Name of Federal Candidate Ms. Mary L Landrieu	☐ Support ☒ Oppose	Office Sought: ☐ President ☒ Senate	District: 00 State: LA
Calendar Year-To-Date Per Election for Office Sought	554635.78		Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	44.50
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

Signature

Full Name of Payee Ms. Tonya Boyd		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 28 / 2014	
Mailing Address 2357 Fancy Cap Rd		Amount 10.80	
City Mt. Airy	State NC	Zip Code 27030	Transaction ID : 00a6f08c-45a9-497b-9 Date of Disbursement or Obligation MM / DD / YYYY 10 / 28 / 2014
Purpose of Expenditure Mileage	Category/ Type	002	
Name of Federal Candidate Ms. Kay Hagan	☐ Support ☒ Oppose	Office Sought: ☐ House ☒ Senate ☐ President ☐ Other (specify) _____	District: <u>00</u> State: <u>NC</u>
Calendar Year-To-Date Per Election for Office Sought	1095959.94		Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ► _____

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	50.80
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

05 / 18 / 2015

FEC Schedule E (Form 3X) Rev. 09/2013

Full Name of Payee Joshua E Sherman		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 28 / 2014	
Mailing Address 119 Goldenwood Dr		Amount 2.40	
City Slidell	State LA	Zip Code 70461	Transaction ID : cb5ff0ce-76e7-4f40-8 Date of Disbursement or Obligation MM / DD / YYYY 10 / 28 / 2014
Purpose of Expenditure Mileage	Category/ Type 002		
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: LA
Calendar Year-To-Date Per Election for Office Sought 554635.78		Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ►	

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	52.40
(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.

Date _____

Signature

Full Name of Payee Jacob Bernas			Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 28 / 2014		
Mailing Address 458 S Glendale			Amount 9.00		
City Wichita	State KS	Zip Code 67218	Transaction ID : 029ff146-e445-432d-a Date of Disbursement or Obligation MM / DD / YYYY 10 / 28 / 2014		
Purpose of Expenditure Mileage		Category/ Type 002			
Name of Federal Candidate Mr. Greg Orman		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: KS		
Calendar Year-To-Date Per Election for Office Sought		261541.03	Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ►		

(a) SUBTOTAL of Itemized Independent Expenditures.....	➤	44.00
(b) SUBTOTAL of Unitemized Independent Expenditures	➤	
(c) TOTAL Independent Expenditures.....	➤	

Ms. Emily Buchanan

[Electronically Filed]

Date 05 / 18 / 2015

Signature _____

Full Name of Payee Karen R Myers		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 28 / 2014	
Mailing Address 14566 NW 110th St		Amount 55.00	
City Whitewater	State KS	Zip Code 67154	Transaction ID : 7473f265-f12c-44ae-8
Purpose of Expenditure Salary	Category/ Type	001	Date of Disbursement or Obligation MM / DD / YYYY 10 / 28 / 2014
Name of Federal Candidate Mr. Greg Orman		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: KS
Calendar Year-To-Date Per Election for Office Sought		261541.03	Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ▶

Full Name of Payee Karen R Myers		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 28 / 2014	
Mailing Address 14566 NW 110th St		Amount \$ 20.10	
City Whitewater	State KS	Zip Code 67154	Transaction ID : 6cd48bd9-d45d-4299-8
Purpose of Expenditure Mileage	Category/ Type	002	Date of Disbursement or Obligation MM / DD / YYYY 10 / 28 / 2014
Name of Federal Candidate Mr. Greg Orman	☐ Support ☒ Oppose	Office Sought: ☐ President ☒ Senate	District: 00 State: KS
Calendar Year-To-Date Per Election for Office Sought	261541.03		Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	75.10
(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.

Signature

Three examples of date input fields are shown, each with a light gray border and a light gray background. The first field contains '05' with 'M' and 'M' above it. The second field contains '18' with 'D' and 'D' above it. The third field contains '2015' with 'Y', 'Y', 'Y', and 'Y' above it. The fields are separated by slashes.

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1810 OF 3250
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC		FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on		MM / DD / YYYY	
Full Name of Payee Heather Ainsworth		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 28 / 2014	
Mailing Address 9685 Paula St		Amount 100.00	
City Keithville	State LA	Zip Code 71047	Transaction ID : 6ad4537b-c12a-4bf0-9
Purpose of Expenditure Salary		Category/Type 001	Date of Disbursement or Obligation MM / DD / YYYY 10 / 28 / 2014
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: LA
Calendar Year-To-Date Per Election for Office Sought 554635.78		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Heather Ainsworth		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 28 / 2014	
Mailing Address 9685 Paula St		Amount 44.70	
City Keithville	State LA	Zip Code 71047	Transaction ID : 9a1c4e01-fd42-4c7f-a
Purpose of Expenditure Mileage		Category/Type 002	Date of Disbursement or Obligation MM / DD / YYYY 10 / 28 / 2014
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: LA
Calendar Year-To-Date Per Election for Office Sought 554635.78		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶		144.70	
(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.			
Signature Ms. Emily Buchanan		Date MM / DD / YYYY 05 / 18 / 2015	
		[Electronically Filed]	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1811 OF 3250
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M M / D D D / Y Y Y Y Y Y					
Full Name of Payee Sheri J Peace			Date of Public Distribution/Dissemination 10 / 28 / 2014		
Mailing Address 9685 Paula St			Amount 100.00		
City Keithville	State LA	Zip Code 71047	Transaction ID : d60d0463-4318-445e-9		
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation 10 / 28 / 2014		
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: LA		
Calendar Year-To-Date Per Election for Office Sought		554635.78	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
Full Name of Payee Jordyn Kilbury			Date of Public Distribution/Dissemination 10 / 28 / 2014		
Mailing Address 5416 S Santa Fe Street			Amount 90.00		
City Wichita	State KS	Zip Code 67216	Transaction ID : bef42e54-693f-4321-b		
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation 10 / 28 / 2014		
Name of Federal Candidate Mr. Greg Orman		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: KS		
Calendar Year-To-Date Per Election for Office Sought		261541.03	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			190.00		
(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.					
Signature Ms. Emily Buchanan		[Electronically Filed]		Date 05 / 18 / 2015	

Full Name of Payee Jessica R Resendiz			Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 28 / 2014		
Mailing Address 9685 Paula St			Amount Amount 100.00		
City Keithville	State LA	Zip Code 71047	Transaction ID : 78b71a23-01ab-4cd8-a Date of Disbursement or Obligation MM / DD / YYYY 10 / 28 / 2014		
Purpose of Expenditure Salary		Category/ Type 001			
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House ☒ Senate ☐ President ☒ Senate		
Calendar Year-To-Date Per Election for Office Sought		Year-To-Date 554635.78	Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ▶		

(a) SUBTOTAL of Itemized Independent Expenditures.....		112.90
(b) SUBTOTAL of Unitemized Independent Expenditures		
(c) TOTAL Independent Expenditures.....		

Signature

Full Name of Payee Charity A Carr		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 28 / 2014	
Mailing Address 13827 S E 44th St		Amount 60.00	
City Choctaw	State OK	Zip Code 73020	Transaction ID : 34287c0c-3ab7-4ef1-a Date of Disbursement or Obligation MM / DD / YYYY 10 / 28 / 2014
Purpose of Expenditure Salary		Category/ Type 001	
Name of Federal Candidate Mr. Mark L Pryor		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: AR
Calendar Year-To-Date Per Election for Office Sought 292370.62		Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ►	

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	113.40
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

Ms. Emily Buchanan

[Electronically Filed]

Date 05 / 18 / 2015

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1814 OF 3250
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M / D D / Y Y Y Y				
Full Name of Payee Charity A Carr			Date of Public Distribution/Dissemination 10 / 28 / 2014	
Mailing Address 13827 S E 44th St			Amount 45.00	
City Choctaw	State OK	Zip Code 73020	Transaction ID : 36a72822-2d4e-4c2c-8	
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement or Obligation 10 / 28 / 2014	
Name of Federal Candidate Mr. Mark L Pryor		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: AR	
Calendar Year-To-Date Per Election for Office Sought		292370.62	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Mary Catherine Toburen			Date of Public Distribution/Dissemination 10 / 28 / 2014	
Mailing Address 1222 SE 44 St			Amount 90.00	
City Topeka	State KS	Zip Code 66609	Transaction ID : 440ac8b9-cd88-4933-a	
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation 10 / 28 / 2014	
Name of Federal Candidate Mr. Greg Orman		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: KS	
Calendar Year-To-Date Per Election for Office Sought		261541.03	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			135.00	
(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.				
Signature Ms. Emily Buchanan		[Electronically Filed]		Date 05 / 18 / 2015

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1815 OF 3250
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC	FEC IDENTIFICATION NUMBER ▼ C C00530766
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M / D D / Y Y Y Y Y Y	

Full Name of Payee Mary Catherine Toburen			Date of Public Distribution/Dissemination 10 / 28 / 2014	
Mailing Address 1222 SE 44 St			Amount 6.63	
City Topeka	State KS	Zip Code 66609	Transaction ID : 1932b321-5c43-41fd-8	
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement or Obligation 10 / 28 / 2014	
Name of Federal Candidate Mr. Greg Orman		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>KS</u>	
Calendar Year-To-Date Per Election for Office Sought		261541.03	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	

Full Name of Payee Timothy Foley			Date of Public Distribution/Dissemination 10 / 28 / 2014	
Mailing Address 20679 Glenbrook Terrace			Amount 20.00	
City Sterling	State VA	Zip Code 20165	Transaction ID : 414ae2ef-0ff1-48ff-9	
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation 10 / 28 / 2014	
Name of Federal Candidate Mr. Greg Orman		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>KS</u>	
Calendar Year-To-Date Per Election for Office Sought		261541.03	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	26.63
(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]

Signature

Date

05 / 18 / 2015

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1816 OF 3250
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC		FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on		M M M / D D D / Y Y Y Y Y Y	
Full Name of Payee Michael Vidrine		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 10 / 28 / 2014	
Mailing Address 1103 West Wilson Street		Amount 45.00	
City Ville Platte	State LA	Zip Code 70586	Transaction ID : ff371e4a-e100-43fa-8
Purpose of Expenditure Salary	Category/Type 001	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 10 / 28 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu		Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: LA	
Calendar Year-To-Date Per Election for Office Sought 554635.78		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Michael Vidrine		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 10 / 28 / 2014	
Mailing Address 1103 West Wilson Street		Amount 23.70	
City Ville Platte	State LA	Zip Code 70586	Transaction ID : a5075c57-1124-4abf-9
Purpose of Expenditure Mileage	Category/Type 002	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 10 / 28 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu		Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: LA	
Calendar Year-To-Date Per Election for Office Sought 554635.78		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures.....		68.70	
(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.			
Signature Ms. Emily Buchanan		Date M M M / D D D / Y Y Y Y Y Y 05 / 18 / 2015	
		[Electronically Filed]	

Full Name of Payee Katie A Barros		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 28 / 2014	
Mailing Address PO Box 398		Amount 45.00	
City Neosho	State MO	Zip Code 64850	Transaction ID : 22e36b71-ee71-49fc-9
Purpose of Expenditure Mileage	Category/ Type	002	Date of Disbursement or Obligation MM / DD / YYYY 10 / 28 / 2014
Name of Federal Candidate Mr. Mark L Pryor	☐ Support ☒ Oppose	Office Sought: ☐ President ☒ Senate	District: 00 State: AR
Calendar Year-To-Date Per Election for Office Sought	292370.62	Disbursement For: 2014 ☐ Other (specify) ▶	☐ Primary ☒ General

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	105.00
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

Ms. Emily Buchanan

[Electronically Filed]

Date 05 / 18 / 2015

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1818 OF 3250
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC		FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on		M M M / D D D / Y Y Y Y Y Y	
Full Name of Payee Shantal C Culbreath		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 10 / 28 / 2014	
Mailing Address 4691 Hercules Lane		Amount 90.00	
City Woodbridge	State VA	Zip Code 22193	Transaction ID : fa15cdad-6f36-48d5-9
Purpose of Expenditure Salary	Category/Type 001	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 10 / 28 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose ☐ President ☒ Senate	
Office Sought: House		District: 00 State: LA	
Calendar Year-To-Date Per Election for Office Sought 554635.78		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Sasha L McClure		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 10 / 28 / 2014	
Mailing Address 2914 Anderson Rd		Amount 23.00	
City Burlington	State NC	Zip Code 27217	Transaction ID : 3af7f97d-484c-45b6-9
Purpose of Expenditure Salary	Category/Type 001	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 10 / 28 / 2014	
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose ☐ President ☒ Senate	
Office Sought: House		District: 00 State: NC	
Calendar Year-To-Date Per Election for Office Sought 1095959.94		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶		113.00	
(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.			
Signature Ms. Emily Buchanan		Date M M M / D D D / Y Y Y Y Y Y 05 / 18 / 2015	
		[Electronically Filed]	

Full Name of Payee Eugenio R McClure			Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 28 / 2014		
Mailing Address 2914 Anderson Rd			Amount 7.50		
City Burlington	State NC	Zip Code 27217	Transaction ID : aca7e168-4e64-4c92-b Date of Disbursement or Obligation MM / DD / YYYY 10 / 28 / 2014		
Purpose of Expenditure Mileage		Category/ Type 002			
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: NC		
Calendar Year-To-Date Per Election for Office Sought		1095959.94	Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ►		

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	30.50
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

05 / 18 / 2015

FEC Schedule E (Form 3X) Rev. 09/2013

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1820 OF 3250
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC		FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on		MM / DD / YYYY	

Full Name of Payee Joseph R English		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 28 / 2014	
Mailing Address 915 East Market Ave Apt 4		Amount 80.00	
City Searcy	State AR	Zip Code 72143	Transaction ID : 5b1f618d-c2b2-4b92-8
Purpose of Expenditure Salary		Category/Type 001	Date of Disbursement or Obligation MM / DD / YYYY 10 / 28 / 2014
Name of Federal Candidate Mr. Mark L Pryor		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: AR
Calendar Year-To-Date Per Election for Office Sought 292370.62		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	

Full Name of Payee Joseph R English		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 28 / 2014	
Mailing Address 915 East Market Ave Apt 4		Amount 34.50	
City Searcy	State AR	Zip Code 72143	Transaction ID : ed7e539a-81b4-48f7-b
Purpose of Expenditure Mileage		Category/Type 002	Date of Disbursement or Obligation MM / DD / YYYY 10 / 28 / 2014
Name of Federal Candidate Mr. Mark L Pryor		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: AR
Calendar Year-To-Date Per Election for Office Sought 292370.62		Disbursement For: ☐ Primary ☒ 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]

Signature

Date

MM / DD / YYYY
05 / 18 / 2015

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1821 OF 3250
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC		FEC IDENTIFICATION NUMBER ▼ C C00530766
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on		MM / DD / YYYY

Full Name of Payee ERIC TABARY		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 28 / 2014	
Mailing Address 6101 NORA ST		Amount 70.00	
City METAIRIE	State LA	Zip Code 70003	Transaction ID : 2c4bd7bc-a0d4-42de-b
Purpose of Expenditure Salary		Category/Type 001	Date of Disbursement or Obligation MM / DD / YYYY 10 / 28 / 2014
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: LA
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	

Full Name of Payee Christine Stevens		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 28 / 2014	
Mailing Address 100 Asbury Ct		Amount 80.00	
City Winchester	State VA	Zip Code 22602	Transaction ID : 109d4ec7-c038-4939-a
Purpose of Expenditure Salary		Category/Type 001	Date of Disbursement or Obligation MM / DD / YYYY 10 / 28 / 2014
Name of Federal Candidate Mr. Greg Orman		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: KS
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	150.00
(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]

Signature

Date

MM / DD / YYYY
05 / 18 / 2015

Full Name of Payee OLynda Walker		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 28 / 2014	
Mailing Address 10000 Mount Pleasant Rd		Amount 50.00	
City Midland	State NC	Zip Code 28107	Transaction ID : f736ebe4-81dd-48bc-a Date of Disbursement or Obligation MM / DD / YYYY 10 / 28 / 2014
Purpose of Expenditure Salary	Category/ Type 001		
Name of Federal Candidate Ms. Kay Hagan	☐ Support ☒ Oppose	Office Sought: ☐ President ☒ Senate	District: 00 State: NC
Calendar Year-To-Date Per Election for Office Sought	1095959.94	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	

Full Name of Payee OLynda Walker		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 28 / 2014	
Mailing Address 10000 Mount Pleasant Rd		Amount 15.90	
City Midland	State NC	Zip Code 28107	Transaction ID : a5989145-46c1-4d20-a Date of Disbursement or Obligation MM / DD / YYYY 10 / 28 / 2014
Purpose of Expenditure Mileage	Category/ Type	002	
Name of Federal Candidate Ms. Kay Hagan	☐ Support ☒ Oppose	Office Sought: ☐ President ☒ Senate	House District: 00 State: NC
Calendar Year-To-Date Per Election for Office Sought	1095959.94	Disbursement For: 2014 ☐ Primary ☒ General	☐ 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.

Date _____

Signature

MM / DD / YYYY

05 / 18 / 2015

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1823 OF 3250
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M / D D / Y Y Y Y Y Y					
Full Name of Payee Hannah J Landry			Date of Public Distribution/Dissemination 10 / 28 / 2014		
Mailing Address 1110 N Coolidge			Amount 102.50		
City Gonzales		State LA	Zip Code 70737		Transaction ID : 77c9ad14-1c76-4859-a
Purpose of Expenditure Salary		Category/ Type 001		Date of Disbursement or Obligation 10 / 28 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu			Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: LA		
Calendar Year-To-Date Per Election for Office Sought 554635.78			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
Full Name of Payee Hannah J Landry			Date of Public Distribution/Dissemination 10 / 28 / 2014		
Mailing Address 1110 N Coolidge			Amount 18.66		
City Gonzales		State LA	Zip Code 70737		Transaction ID : 0c8077b2-d8a2-48b0-8
Purpose of Expenditure Mileage		Category/ Type 002		Date of Disbursement or Obligation 10 / 28 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu			Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: LA		
Calendar Year-To-Date Per Election for Office Sought 554635.78			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			121.16		
(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.					
Signature Ms. Emily Buchanan			Date 05 / 18 / 2015		
[Electronically Filed]					

Full Name of Payee Mary C Lee		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 28 / 2014	
Mailing Address 1030 N Coolidge Ave		Amount 102.50	
City Gonzales	State LA	Zip Code 70737	Transaction ID : 48c655a0-463b-4c48-9 Date of Disbursement or Obligation MM / DD / YYYY 10 / 28 / 2014
Purpose of Expenditure Salary		Category/ Type 001	
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>LA</u>
Calendar Year-To-Date Per Election for Office Sought 554635.78		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ► _____	

Full Name of Payee Mary C Lee		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 28 / 2014	
Mailing Address 1030 N Coolidge Ave		Amount 18.66	
City Gonzales	State LA	Zip Code 70737	Transaction ID : 7dd2bf27-7aa2-450f-8 Date of Disbursement or Obligation MM / DD / YYYY 10 / 28 / 2014
Purpose of Expenditure Mileage	Category/ Type	002	
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: LA
Calendar Year-To-Date Per Election for Office Sought		554635.78	Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	121.16
(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.

Date _____

Signature

05 / 18 / 2015

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1825 OF 3250
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC		FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M / D D / Y Y Y Y			
Full Name of Payee Jazmine d Conner		Date of Public Distribution/Dissemination 10 / 28 / 2014	
Mailing Address 100 ASBURY CT		Amount 75.00	
City WINCHESTER	State VA	Zip Code 22602	Transaction ID : 1aa66881-211d-4b7e-8
Purpose of Expenditure Salary	Category/ Type	001	Date of Disbursement or Obligation 10 / 28 / 2014
Name of Federal Candidate Mr. Greg Orman		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>KS</u>
Calendar Year-To-Date Per Election for Office Sought		261541.03	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶
Full Name of Payee Jon E Conner		Date of Public Distribution/Dissemination 10 / 28 / 2014	
Mailing Address 100 Asbury Ct		Amount 80.00	
City Winchester	State VA	Zip Code 22602	Transaction ID : d341b8e2-1b77-415a-a
Purpose of Expenditure Salary	Category/ Type	001	Date of Disbursement or Obligation 10 / 28 / 2014
Name of Federal Candidate Mr. Greg Orman		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>KS</u>
Calendar Year-To-Date Per Election for Office Sought		261541.03	Disbursement For: ☐ Primary ☒ 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.			
Signature Ms. Emily Buchanan		Date 05 / 18 / 2015	
		[Electronically Filed]	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 1826 OF 3250
 FOR LINE 24 OF FORM 3X

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

Full Name of Payee Talia J DeGisi			Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 28 / 2014		
Mailing Address 9513 Beverly Dr			Amount 10.00		
City Overland Park	State KS	Zip Code 66207	Transaction ID : 356dad46-4bfc-4e06-9 Date of Disbursement or Obligation MM / DD / YYYY 10 / 28 / 2014		
Purpose of Expenditure Salary		Category/ Type 001	Name of Federal Candidate Mr. Greg Orman		
Calendar Year-To-Date Per Election for Office Sought 261541.03		Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: KS Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶			

Full Name of Payee Talia J DeGisi			Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 28 / 2014		
Mailing Address 9513 Beverly Dr			Amount 5.40		
City Overland Park	State KS	Zip Code 66207	Transaction ID : 25a4f933-7ccf-49da-8 Date of Disbursement or Obligation MM / DD / YYYY 10 / 28 / 2014		
Purpose of Expenditure Mileage		Category/ Type 002	Name of Federal Candidate Mr. Greg Orman		
Calendar Year-To-Date Per Election for Office Sought 261541.03		Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: KS Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶			

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	15.40
(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

MM / DD / YYYY
05 / 18 / 2015

Signature

Full Name of Payee Rodney D Culbreth		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 28 / 2014	
Mailing Address 100 Asbury CT 3200 Dam Neck Rd		Amount 80.00	
City Winchester	State VA	Zip Code 22602	Transaction ID : 1915d291-c724-4a0e-9 Date of Disbursement or Obligation MM / DD / YYYY 10 / 28 / 2014
Purpose of Expenditure Salary		Category/ Type 001	
Name of Federal Candidate Mr. Greg Orman		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: KS
Calendar Year-To-Date Per Election for Office Sought		261541.03	Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ►

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	160.00
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

FEC Schedule E (Form 3X) Rev. 09/2013

Full Name of Payee Brieshauna M Stevens		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 28 / 2014	
Mailing Address 1703 Torrey Pines Ct		Amount 70.00	
City Reston	State VA	Zip Code 20190	Transaction ID : b55c6210-e4e4-4fb7-8 Date of Disbursement or Obligation MM / DD / YYYY 10 / 28 / 2014
Purpose of Expenditure Salary	Category/ Type	001	
Name of Federal Candidate Mr. Greg Orman	☐ Support ☒ Oppose	Office Sought: ☐ President ☒ Senate	District: 00 State: KS
Calendar Year-To-Date Per Election for Office Sought	261541.03	Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	150.00
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

FEC Schedule E (Form 3X) Rev. 09/2013

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1829 OF 3250
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC		FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on		M M M / D D D / Y Y Y Y Y Y	
Full Name of Payee Francesca Blom		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 10 / 28 / 2014	
Mailing Address 101 Asbury Ct		Amount 77.50	
City Winchester	State VA	Zip Code 22602	Transaction ID : 6bf30e8f-125c-4426-b
Purpose of Expenditure Salary	Category/Type 001	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 10 / 28 / 2014	
Name of Federal Candidate Mr. Greg Orman		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: KS
Calendar Year-To-Date Per Election for Office Sought 261541.03		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Anthony Buchanan		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 10 / 28 / 2014	
Mailing Address 1090 McHone Rd		Amount 55.00	
City Spruce Pine	State NC	Zip Code 28777	Transaction ID : 58c48ad5-8c4e-47c7-9
Purpose of Expenditure Salary	Category/Type 001	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 10 / 28 / 2014	
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: NC
Calendar Year-To-Date Per Election for Office Sought 1095959.94		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶		132.50	
(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.			
Signature Ms. Emily Buchanan		[Electronically Filed] Date M M M / D D D / Y Y Y Y Y Y 05 / 18 / 2015	

Full Name of Payee Chris McCoy			Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 28 / 2014		
Mailing Address 1025 Cayley Ct			Amount 25.80		
City High Point	State NC	Zip Code 27260	Transaction ID : 264d1945-5149-4ed6-a Date of Disbursement or Obligation MM / DD / YYYY 10 / 28 / 2014		
Purpose of Expenditure Mileage		Category/ Type 002			
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House ☒ Senate ☐ President		
Calendar Year-To-Date Per Election for Office Sought 1095959.94		District: 00 State: NC Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ▶			

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	135.80
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

Ms. Emily Buchanan

[Electronically Filed]

Date 05 / 18 / 2015

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1831 OF 3250
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC		FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on		M M M / D D D / Y Y Y Y Y Y	
Full Name of Payee Phillip Williams		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 10 / 28 / 2014	
Mailing Address 3007 Darden Rd		Amount 80.00	
City Greensboro	State NC	Zip Code 27407	Transaction ID : df1c62ef-2e02-4ef9-b
Purpose of Expenditure Salary	Category/ Type	001	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 10 / 28 / 2014
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: NC
Calendar Year-To-Date Per Election for Office Sought		1095959.94	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶
Full Name of Payee Phillip Williams		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 10 / 28 / 2014	
Mailing Address 3007 Darden Rd		Amount 20.10	
City Greensboro	State NC	Zip Code 27407	Transaction ID : 6b5e81cd-2031-45cf-9
Purpose of Expenditure Mileage	Category/ Type	002	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 10 / 28 / 2014
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: NC
Calendar Year-To-Date Per Election for Office Sought		1095959.94	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures.....▶		100.10	
(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]	
Signature		Date M M M / D D D / Y Y Y Y Y Y 05 / 18 / 2015	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1832 OF 3250
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M / D D / Y Y Y Y				
Full Name of Payee Beverly Williams			Date of Public Distribution/Dissemination 10 / 28 / 2014	
Mailing Address 3007 Darden Rd			Amount 80.00	
City Greensboro	State NC	Zip Code 27407	Transaction ID : 97d6056c-0094-4c74-8	
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation 10 / 28 / 2014	
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: NC	
Calendar Year-To-Date Per Election for Office Sought		1095959.94	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Danielle McCoy			Date of Public Distribution/Dissemination 10 / 28 / 2014	
Mailing Address 1025 Cayley Ct			Amount 107.50	
City High Point	State NC	Zip Code 27260	Transaction ID : dd96fbea-bf59-4cec-9	
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation 10 / 28 / 2014	
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: NC	
Calendar Year-To-Date Per Election for Office Sought		1095959.94	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			187.50	
(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.				
Signature Ms. Emily Buchanan		[Electronically Filed]		Date 05 / 18 / 2015

Full Name of Payee Eleanor McCoy		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 28 / 2014	
Mailing Address 4902 Catawba Dr		Amount 110.00	
City Greensboro	State NC	Zip Code 27407	Transaction ID : 3c2fb8ee-5640-433f-9
Purpose of Expenditure Salary	Category/ Type	001	Date of Disbursement or Obligation MM / DD / YYYY 10 / 28 / 2014
Name of Federal Candidate Ms. Kay Hagan	☐ Support ☒ Oppose	Office Sought: ☐ President ☒ Senate	District: 00 State: NC
Calendar Year-To-Date Per Election for Office Sought	1095959.94	Disbursement For: ☐ Primary ☒ General	☐ Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶		134.60
(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.

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1834 OF 3250
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M / D D / Y Y Y Y Y Y					
Full Name of Payee Eleanor McCoy			Date of Public Distribution/Dissemination 10 / 28 / 2014		
Mailing Address 4902 Catawba Dr			Amount 25.50		
City Greensboro	State NC	Zip Code 27407	Transaction ID : 2d761eae-b0eb-413f-a Date of Disbursement or Obligation 10 / 28 / 2014		
Purpose of Expenditure Mileage		Category/ Type 002			
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: NC		
Calendar Year-To-Date Per Election for Office Sought		1095959.94	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
Full Name of Payee Aaron L Watson			Date of Public Distribution/Dissemination 10 / 28 / 2014		
Mailing Address 30217 Crook Rd			Amount 25.00		
City Cleveland	State MO	Zip Code 64734	Transaction ID : 736b7c42-be6f-4bf1-8 Date of Disbursement or Obligation 10 / 28 / 2014		
Purpose of Expenditure Salary		Category/ Type 001			
Name of Federal Candidate Mr. Greg Orman		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: KS		
Calendar Year-To-Date Per Election for Office Sought		261541.03	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			50.50		
(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.					
Signature Ms. Emily Buchanan		[Electronically Filed]		Date 05 / 18 / 2015	

Full Name of Payee Aaron L Watson			Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 28 / 2014		
Mailing Address 30217 Crook Rd			Amount 27.00		
City Cleveland	State MO	Zip Code 64734	Transaction ID : 0fa09371-90b0-4dbc-a Date of Disbursement or Obligation MM / DD / YYYY 10 / 28 / 2014		
Purpose of Expenditure Mileage		Category/ Type 002			
Name of Federal Candidate Mr. Greg Orman		☐ Support ☒ Oppose	Office Sought: ☐ House ☒ Senate District: 00 State: KS Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
Calendar Year-To-Date Per Election for Office Sought		261541.03			

Full Name of Payee Evelyn Lesaicherre		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 28 / 2014	
Mailing Address 629 Radiance Ave		Amount 80.00	
City Metairie	State LA	Zip Code 70001	Transaction ID : 45ce93db-40f0-4d5b-8
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation MM / DD / YYYY 10 / 28 / 2014
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: LA
Calendar Year-To-Date Per Election for Office Sought 554635.78		Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	107.00
(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.

Date _____

Signature

05 / 18 / 2015

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1836 OF 3250
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC		FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on		M M M / D D D / Y Y Y Y Y Y	
Full Name of Payee Evelyn Lesaicherre		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 10 / 28 / 2014	
Mailing Address 629 Radiance Ave		Amount 9.90	
City Metairie	State LA	Zip Code 70001	Transaction ID : 38e8d918-ba9c-4ed0-b
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 10 / 28 / 2014
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: LA
Calendar Year-To-Date Per Election for Office Sought 554635.78		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Irene R Hoyer		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 10 / 28 / 2014	
Mailing Address 4310 N Mission Rd		Amount 43.50	
City Bel Aire	State KS	Zip Code 67226	Transaction ID : a123bfd5-162d-4191-a
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 10 / 28 / 2014
Name of Federal Candidate Mr. Greg Orman		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: KS
Calendar Year-To-Date Per Election for Office Sought 261541.03		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶		53.40	
(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.			
Signature Ms. Emily Buchanan		[Electronically Filed] Date M M M / D D D / Y Y Y Y Y Y 05 / 18 / 2015	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1837 OF 3250
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC		FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on		M M M / D D D / Y Y Y Y Y Y	
Full Name of Payee Irene R Hoyer		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 10 / 28 / 2014	
Mailing Address 4310 N Mission Rd		Amount 7.65	
City Bel Aire	State KS	Zip Code 67226	Transaction ID : e58fd373-9016-454a-b
Purpose of Expenditure Mileage	Category/Type 002	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 10 / 28 / 2014	
Name of Federal Candidate Mr. Greg Orman		☐ Support ☒ Oppose	
Office Sought: ☐ President ☒ Senate		District: 00 State: KS	
Calendar Year-To-Date Per Election for Office Sought 261541.03		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Carl Brent		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 10 / 28 / 2014	
Mailing Address 6718 Lake Willow Dr		Amount 80.00	
City New Orleans	State LA	Zip Code 70126	Transaction ID : aedf6b3e-2cdb-45cc-a
Purpose of Expenditure Salary	Category/Type 001	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 10 / 28 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	
Office Sought: ☐ President ☒ Senate		District: 00 State: LA	
Calendar Year-To-Date Per Election for Office Sought 554635.78		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶		87.65	
(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.			
Signature Ms. Emily Buchanan		Date M M M / D D D / Y Y Y Y Y Y 05 / 18 / 2015	
		[Electronically Filed]	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1838 OF 3250
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC		FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on		M M M / D D D / Y Y Y Y Y Y	
Full Name of Payee Carl Brent		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 10 / 28 / 2014	
Mailing Address 6718 Lake Willow Dr		Amount 9.60	
City New Orleans	State LA	Zip Code 70126	Transaction ID : 9178adca-f19c-4c54-a
Purpose of Expenditure Mileage	Category/Type 002	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 10 / 28 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose ☐ President ☒ Senate	
Office Sought: District: 00 State: LA		Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ▶	
Calendar Year-To-Date Per Election for Office Sought 554635.78		2014	
Full Name of Payee Josiah B Beal		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 10 / 28 / 2014	
Mailing Address 2927 SW Hopkins Switch Rd		Amount 30.00	
City El Dorado	State KS	Zip Code 67042	Transaction ID : c4f59491-bf25-49c9-8
Purpose of Expenditure Salary	Category/Type 001	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 10 / 28 / 2014	
Name of Federal Candidate Mr. Greg Orman		☐ Support ☒ Oppose ☐ President ☒ Senate	
Office Sought: District: 00 State: KS		Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ▶	
Calendar Year-To-Date Per Election for Office Sought 261541.03		2014	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶		39.60	
(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.			
Signature Ms. Emily Buchanan		Date M M M / D D D / Y Y Y Y Y Y 05 / 18 / 2015	
[Electronically Filed]			

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1839 OF 3250
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC		FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on		M M M / D D D / Y Y Y Y Y Y	
Full Name of Payee Zachariah T Beal		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 10 / 28 / 2014	
Mailing Address 2927 SW Hopkins Switch Rd		Amount 30.00	
City El Dorado	State KS	Zip Code 67042	Transaction ID : 6a4eff91-e940-4afa-b
Purpose of Expenditure Salary	Category/ Type	001	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 10 / 28 / 2014
Name of Federal Candidate Mr. Greg Orman		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: KS
Calendar Year-To-Date Per Election for Office Sought		261541.03	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶
Full Name of Payee Zachariah T Beal		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 10 / 28 / 2014	
Mailing Address 2927 SW Hopkins Switch Rd		Amount 6.30	
City El Dorado	State KS	Zip Code 67042	Transaction ID : 8c32c77e-bea9-4019-a
Purpose of Expenditure Mileage	Category/ Type	002	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 10 / 28 / 2014
Name of Federal Candidate Mr. Greg Orman		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: KS
Calendar Year-To-Date Per Election for Office Sought		261541.03	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures.....▶		36.30	
(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]	
Signature		Date M M M / D D D / Y Y Y Y Y Y 05 / 18 / 2015	

Full Name of Payee Jeffrey Hampton			Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 28 / 2014		
Mailing Address 1700 E Part Ave			Amount 50.52		
City Searcy	State AR	Zip Code 72149	Transaction ID : d94662cf-7903-4deb-9 Date of Disbursement or Obligation MM / DD / YYYY 10 / 28 / 2014		
Purpose of Expenditure Mileage		Category/ Type 002			
Name of Federal Candidate Mr. Mark L Pryor		☐ Support ☒ Oppose	Office Sought: ☐ House ☒ Senate ☐ President District: 00 State: AR		
Calendar Year-To-Date Per Election for Office Sought		292370.62	Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ►		

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	110.52
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 1841 OF 3250
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M M / D D D / Y Y Y Y Y Y					
Full Name of Payee Kristina M Jinkens			Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 10 / 28 / 2014		
Mailing Address 2138 N 1000 Rd			Amount 25.00		
City Eudora	State KS	Zip Code 66025	Transaction ID : 897064a9-868a-4705-a Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 10 / 28 / 2014		
Purpose of Expenditure Salary		Category/ Type 001			
Name of Federal Candidate Mr. Greg Orman		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: KS		
Calendar Year-To-Date Per Election for Office Sought 261541.03			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
Full Name of Payee Jacob W Joosten			Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 10 / 28 / 2014		
Mailing Address 1906 S Pine Apt B			Amount 40.00		
City Pittsburg	State KS	Zip Code 66762	Transaction ID : 51fdaa80-288d-4851-9 Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 10 / 28 / 2014		
Purpose of Expenditure Salary		Category/ Type 001			
Name of Federal Candidate Mr. Greg Orman		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: KS		
Calendar Year-To-Date Per Election for Office Sought 261541.03			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			65.00		
(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.					
Signature Ms. Emily Buchanan		[Electronically Filed]		Date M M M / D D D / Y Y Y Y Y Y 05 / 18 / 2015	

Full Name of Payee Colton R Overcash			Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 28 / 2014		
Mailing Address 121 Ohara Dr			Amount 80.00		
City Salisbury	State NC	Zip Code 28147	Transaction ID : 05ba4cb9-b262-4008-b Date of Disbursement or Obligation MM / DD / YYYY 10 / 28 / 2014		
Purpose of Expenditure Salary		Category/ Type 001			
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House ☒ Senate ☐ President District: 00 State: NC		
Calendar Year-To-Date Per Election for Office Sought		1095959.94	Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ►		

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	100.40
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

Ms. Emily Buchanan

[Electronically Filed]

Date 05 / 18 / 2015

Signature _____

Full Name of Payee Brandon Wheeler		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 28 / 2014	
Mailing Address 10112 Piney Creek Ct		Amount 100.00	
City Charolette	State NC	Zip Code 28215	Transaction ID : 6252114e-64cf-4528-b
Purpose of Expenditure Salary	Category/ Type	001	Date of Disbursement or Obligation MM / DD / YYYY 10 / 28 / 2014
Name of Federal Candidate Mr. Mark L Pryor	☐ Support ☒ Oppose	Office Sought: ☐ President ☒ Senate	District: 00 State: AR
Calendar Year-To-Date Per Election for Office Sought	292370.62	Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	229.60
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

05 / 18 / 2015

FEC Schedule E (Form 3X) Rev. 09/2013

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1844 OF 3250
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M M / D D D / Y Y Y Y Y Y Y Y					
Full Name of Payee Brandon Wheeler			Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y Y Y 10 / 28 / 2014		
Mailing Address 10112 Piney Creek Ct			Amount 123.90		
City Charolette		State NC	Zip Code 28215		Transaction ID : c51ec789-84dd-429c-b
Purpose of Expenditure Mileage		Category/ Type 002		Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y Y Y 10 / 28 / 2014	
Name of Federal Candidate Mr. Mark L Pryor			☐ Support ☒ Oppose		Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: AR
Calendar Year-To-Date Per Election for Office Sought 292370.62			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
Full Name of Payee Nick Berryhill			Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y Y Y 10 / 28 / 2014		
Mailing Address 905 Lake Drive			Amount 100.00		
City Shelby		State NC	Zip Code 28152		Transaction ID : 3f772554-e2b7-4911-9
Purpose of Expenditure Salary		Category/ Type 001		Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y Y Y 10 / 28 / 2014	
Name of Federal Candidate Ms. Kay Hagan			☐ Support ☒ Oppose		Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: NC
Calendar Year-To-Date Per Election for Office Sought 1095959.94			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			223.90		
(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.					
Signature Ms. Emily Buchanan			[Electronically Filed]		Date M M M / D D D / Y Y Y Y Y Y Y Y 05 / 18 / 2015

Full Name of Payee Nick Berryhill		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 28 / 2014	
Mailing Address 905 Lake Drive		Amount 17.40	
City Shelby	State NC	Zip Code 28152	Transaction ID : e50196f4-dc6d-4e95-9 Date of Disbursement or Obligation MM / DD / YYYY 10 / 28 / 2014
Purpose of Expenditure Mileage		Category/ Type 002	
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House ☒ Senate ☐ President District: 00 State: NC
Calendar Year-To-Date Per Election for Office Sought 1095959.94		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	

Full Name of Payee Marisa E Surdyke		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 28 / 2014	
Mailing Address 1020 N 2nd Street		Amount 31.20	
City Atchison	State KS	Zip Code 66002	Transaction ID : ad5af6d4-d7e6-40a2-8 Date of Disbursement or Obligation MM / DD / YYYY 10 / 28 / 2014
Purpose of Expenditure Mileage	Category/ Type 002		
Name of Federal Candidate Mr. Greg Orman	☐ Support ☒ Oppose	Office Sought: ☐ President ☒ Senate ☐ Other (specify) ▶	District: 00 State: KS ☐ Primary ☒ General
Calendar Year-To-Date Per Election for Office Sought	261541.03		

(a) SUBTOTAL of Itemized Independent Expenditures.....	48.60
(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.

Date _____

Signature

Full Name of Payee Gabriela P Sosa		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 28 / 2014	
Mailing Address 2530 Brook Stone Dr		Amount 90.00	
City Clemmons	State NC	Zip Code 27012	Transaction ID : 4cdd138d-1003-40a0-a
Purpose of Expenditure Salary	Category/ Type	001	Date of Disbursement or Obligation MM / DD / YYYY 10 / 28 / 2014
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: NC
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ▶	

Full Name of Payee Gabriela P Sosa		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 28 / 2014	
Mailing Address 2530 Brook Stone Dr		Amount MM / DD / YYYY 15.90	
City Clemmons	State NC	Zip Code 27012	Transaction ID : be6d2d89-0870-4b30-8 Date of Disbursement or Obligation MM / DD / YYYY 10 / 28 / 2014
Purpose of Expenditure Mileage		Category/ Type	MM / DD / YYYY 002
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House ☒ Senate ☐ President ☐ Other
Calendar Year-To-Date Per Election for Office Sought		MM / DD / YYYY 1095959.94	District: <u>00</u> State: <u>NC</u> Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ▶ _____

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	105.90
(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.

Date _____

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1847 OF 3250
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M M / D D D / Y Y Y Y Y Y				
Full Name of Payee Kaleigh J Wagner			Date of Public Distribution/Dissemination 10 / 28 / 2014	
Mailing Address 18065 Wayne Rd			Amount 160.00	
City Odessa	State FL	Zip Code 33556	Transaction ID : 24820882-bd80-4955-9	
Purpose of Expenditure Salary		Category/Type 001	Date of Disbursement or Obligation 10 / 28 / 2014	
Name of Federal Candidate Mr. Mark L Pryor		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: AR	
Calendar Year-To-Date Per Election for Office Sought		292370.62	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Randy M Gold			Date of Public Distribution/Dissemination 10 / 28 / 2014	
Mailing Address 1436 Haigs Creek Dr			Amount 160.00	
City Elgin	State SC	Zip Code 29045	Transaction ID : 9513ffaa-9834-47ff-b	
Purpose of Expenditure Salary		Category/Type 001	Date of Disbursement or Obligation 10 / 28 / 2014	
Name of Federal Candidate Mr. Mark L Pryor		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: AR	
Calendar Year-To-Date Per Election for Office Sought		292370.62	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures.....▶			320.00	
(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.				
Signature Ms. Emily Buchanan		[Electronically Filed]		Date 05 / 18 / 2015

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1848 OF 3250
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC		FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on		M M M / D D D / Y Y Y Y Y Y	
Full Name of Payee Randy M Gold		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 10 / 28 / 2014	
Mailing Address 1436 Haigs Creek Dr		Amount 129.54	
City Elgin	State SC	Zip Code 29045	Transaction ID : 21da98e3-abd6-4318-8
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 10 / 28 / 2014
Name of Federal Candidate Mr. Mark L Pryor		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: AR
Calendar Year-To-Date Per Election for Office Sought 292370.62		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Stuart T Haley		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 10 / 28 / 2014	
Mailing Address 600 W Vine Ave		Amount 135.00	
City Searcy	State AR	Zip Code 72143	Transaction ID : 1d053f04-bd7a-46ff-b
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 10 / 28 / 2014
Name of Federal Candidate Mr. Mark L Pryor		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: AR
Calendar Year-To-Date Per Election for Office Sought 292370.62		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶		264.54	
(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.			
Signature Ms. Emily Buchanan		Date M M M / D D D / Y Y Y Y Y Y 05 / 18 / 2015	
		[Electronically Filed]	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1849 OF 3250
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC		FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M / D D / Y Y Y Y Y Y			
Full Name of Payee Joseph Dockers		Date of Public Distribution/Dissemination 10 / 28 / 2014	
Mailing Address 1000 Fairway Dr		Amount 40.00	
City chesapeake	State VA	Zip Code 23320	Transaction ID : acb9902c-1709-4fd5-b Date of Disbursement or Obligation 10 / 28 / 2014
Purpose of Expenditure Salary		Category/ Type 001	
Name of Federal Candidate Mr. Greg Orman		Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: KS ☐ Other (specify) ▶	
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Xavier Miller		Date of Public Distribution/Dissemination 10 / 28 / 2014	
Mailing Address 407 randall Dr		Amount 135.00	
City Searcy	State AR	Zip Code 72143	Transaction ID : e6450736-79e2-45b1-a Date of Disbursement or Obligation 10 / 28 / 2014
Purpose of Expenditure Salary		Category/ Type 001	
Name of Federal Candidate Mr. Mark L Pryor		Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: AR ☐ Other (specify) ▶	
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶		175.00	
(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.			
Signature Ms. Emily Buchanan		Date 05 / 18 / 2015 [Electronically Filed]	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1850 OF 3250
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC		FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on		M M M / D D D / Y Y Y Y Y Y	
Full Name of Payee Xavier Miller		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 10 / 28 / 2014	
Mailing Address 407 randall Dr		Amount 111.00	
City Searcy	State AR	Zip Code 72143	Transaction ID : 125a4fae-653c-4d6f-9
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 10 / 28 / 2014
Name of Federal Candidate Mr. Mark L Pryor		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: AR
Calendar Year-To-Date Per Election for Office Sought 292370.62		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee James E Dacus		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 10 / 28 / 2014	
Mailing Address 117 Cynthia Ave		Amount 20.00	
City Farmington	State AR	Zip Code 72730	Transaction ID : 6f569374-0a3f-43b0-a
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 10 / 28 / 2014
Name of Federal Candidate Mr. Mark L Pryor		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: AR
Calendar Year-To-Date Per Election for Office Sought 292370.62		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶		131.00	
(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.			
Signature Ms. Emily Buchanan		Date M M M / D D D / Y Y Y Y Y Y 05 / 18 / 2015	
		[Electronically Filed]	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1851 OF 3250
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC		FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M M / D D D / Y Y Y Y Y Y			
Full Name of Payee James E Dacus		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 10 / 28 / 2014	
Mailing Address 117 Cynthia Ave		Amount 3.30	
City Farmington	State AR	Zip Code 72730	Transaction ID : e02d8f21-cb9a-47bf-b Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 10 / 28 / 2014
Purpose of Expenditure Mileage		Category/ Type 002	
Name of Federal Candidate Mr. Mark L Pryor		Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>AR</u>	
Calendar Year-To-Date Per Election for Office Sought 292370.62		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶ _____	
Full Name of Payee LaVonna A Brown		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 10 / 28 / 2014	
Mailing Address 1211 Treaty Rd		Amount 30.00	
City Delphos	State KS	Zip Code 67436	Transaction ID : 4dab7f02-d38a-41b5-9 Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 10 / 28 / 2014
Purpose of Expenditure Salary		Category/ Type 001	
Name of Federal Candidate Mr. Greg Orman		Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>KS</u>	
Calendar Year-To-Date Per Election for Office Sought 261541.03		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶ _____	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶		33.30	
(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.			
Signature <i>Ms. Emily Buchanan</i>		Date M M M / D D D / Y Y Y Y Y Y 05 / 18 / 2015	
[Electronically Filed]			

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1852 OF 3250
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on / /					
Full Name of Payee LaVonna A Brown			Date of Public Distribution/Dissemination / / 10 / 28 / 2014		
Mailing Address 1211 Treaty Rd			Amount 7.20		
City Delphos	State KS	Zip Code 67436	Transaction ID : 11cb7455-684e-42c1-8 Date of Disbursement or Obligation / / 10 / 28 / 2014		
Purpose of Expenditure Mileage		Category/ Type 002			
Name of Federal Candidate Mr. Greg Orman			Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>KS</u>		
Calendar Year-To-Date Per Election for Office Sought 261541.03			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶ _____		
Full Name of Payee Amelia Brackett			Date of Public Distribution/Dissemination / / 10 / 28 / 2014		
Mailing Address 804 Roundabout Circle			Amount 135.00		
City Searcy	State AR	Zip Code 72143	Transaction ID : 13841d9d-1b44-4067-8 Date of Disbursement or Obligation / / 10 / 28 / 2014		
Purpose of Expenditure Salary		Category/ Type 001			
Name of Federal Candidate Mr. Mark L Pryor			Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>AR</u>		
Calendar Year-To-Date Per Election for Office Sought 292370.62			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶ _____		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			142.20		
(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.					
Signature <i>Ms. Emily Buchanan</i>			Date / / 05 / 18 / 2015		
[Electronically Filed]					

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1853 OF 3250
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M / D D / Y Y Y Y				
Full Name of Payee Kaitlyn B Allen			Date of Public Distribution/Dissemination 10 / 28 / 2014	
Mailing Address 2121 Daniel Dr			Amount 135.00	
City Searcy	State AR	Zip Code 72143	Transaction ID : 36b8486f-83fd-475e-9 Date of Disbursement or Obligation 10 / 28 / 2014	
Purpose of Expenditure Salary		Category/ Type 001		
Name of Federal Candidate Mr. Mark L Pryor		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>AR</u>	
Calendar Year-To-Date Per Election for Office Sought		292370.62	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Kaitlyn B Allen			Date of Public Distribution/Dissemination 10 / 28 / 2014	
Mailing Address 2121 Daniel Dr			Amount 147.00	
City Searcy	State AR	Zip Code 72143	Transaction ID : a29c0e89-5e37-4d48-8 Date of Disbursement or Obligation 10 / 28 / 2014	
Purpose of Expenditure Mileage		Category/ Type 002		
Name of Federal Candidate Mr. Mark L Pryor		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>AR</u>	
Calendar Year-To-Date Per Election for Office Sought		292370.62	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			282.00	
(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.				
Signature Ms. Emily Buchanan		[Electronically Filed]		Date 05 / 18 / 2015

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1854 OF 3250
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M / D D / Y Y Y Y					
Full Name of Payee Parker H Morrow			Date of Public Distribution/Dissemination 10 / 28 / 2014		
Mailing Address 506 N Horton Street			Amount 80.00		
City Searcy	State AR	Zip Code 72143	Transaction ID : a97016d1-c691-4bde-a		
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation 10 / 28 / 2014		
Name of Federal Candidate Mr. Mark L Pryor		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: AR		
Calendar Year-To-Date Per Election for Office Sought		292370.62	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
Full Name of Payee Parker H Morrow			Date of Public Distribution/Dissemination 10 / 28 / 2014		
Mailing Address 506 N Horton Street			Amount 25.20		
City Searcy	State AR	Zip Code 72143	Transaction ID : 8b0d8c04-5ba9-4cad-a		
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement or Obligation 10 / 28 / 2014		
Name of Federal Candidate Mr. Mark L Pryor		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: AR		
Calendar Year-To-Date Per Election for Office Sought		292370.62	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			105.20		
(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.					
Signature Ms. Emily Buchanan		[Electronically Filed]		Date 05 / 18 / 2015	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

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 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M / D D / Y Y Y Y					
Full Name of Payee Earl Stewart			Date of Public Distribution/Dissemination 10 / 28 / 2014		
Mailing Address 9455 Snow Camp Road			Amount 60.00		
City Snowcamp		State NC	Zip Code 27349		Transaction ID : 66359cf0-efa0-45b0-a
Purpose of Expenditure Salary		Category/Type 001		Date of Disbursement or Obligation 10 / 28 / 2014	
Name of Federal Candidate Ms. Kay Hagan			☐ Support ☒ Oppose Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>NC</u>		
Calendar Year-To-Date Per Election for Office Sought 1095959.94			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶ _____		
Full Name of Payee Earl Stewart			Date of Public Distribution/Dissemination 10 / 28 / 2014		
Mailing Address 9455 Snow Camp Road			Amount 8.40		
City Snowcamp		State NC	Zip Code 27349		Transaction ID : c3190592-eeeb-4a37-9
Purpose of Expenditure Mileage		Category/Type 002		Date of Disbursement or Obligation 10 / 28 / 2014	
Name of Federal Candidate Ms. Kay Hagan			☐ Support ☒ Oppose Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>NC</u>		
Calendar Year-To-Date Per Election for Office Sought 1095959.94			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶ _____		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			68.40		
(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.					
Signature <u>Ms. Emily Buchanan</u> [Electronically Filed]			Date 05 / 18 / 2015		

Full Name of Payee Ms. Dinah Beverly		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 29 / 2014	
Mailing Address 157 Bishop Drive		Amount 75.00	
City Avondale	State LA	Zip Code 70064	Transaction ID : 8e6264a2-800b-48e4-9 Date of Disbursement or Obligation MM / DD / YYYY 10 / 29 / 2014
Purpose of Expenditure Salary		Category/ Type 001	
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House ☒ Senate ☐ President District: 00 State: LA
Calendar Year-To-Date Per Election for Office Sought 554635.78		Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	
		150.00
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1857 OF 3250
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC		FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M / D D / Y Y Y Y			
Full Name of Payee Ms. Dinah Beverly		Date of Public Distribution/Dissemination 10 / 29 / 2014	
Mailing Address 157 Bishop Drive		Amount 4.50	
City Avondale	State LA	Zip Code 70064	Transaction ID : a120a670-c3fd-4506-8
Purpose of Expenditure Mileage	Category/ Type 002	Date of Disbursement or Obligation 10 / 29 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>LA</u>
Calendar Year-To-Date Per Election for Office Sought 554635.78		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Jeanne Tribou		Date of Public Distribution/Dissemination 10 / 28 / 2014	
Mailing Address 22369 Ponderosa Dr.		Amount 35.00	
City Mandeville	State LA	Zip Code 70471	Transaction ID : 23ccc14a-701a-4865-a
Purpose of Expenditure Salary	Category/ Type 001	Date of Disbursement or Obligation 10 / 28 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>LA</u>
Calendar Year-To-Date Per Election for Office Sought 554635.78		Disbursement For: ☐ Primary ☒ 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.			
Ms. Emily Buchanan		[Electronically Filed]	
Signature		Date 05 / 18 / 2015	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

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 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M / D D / Y Y Y Y					
Full Name of Payee Jeanne Tribou			Date of Public Distribution/Dissemination 10 / 28 / 2014		
Mailing Address 22369 Ponderosa Dr.			Amount 9.90		
City Mandeville		State LA	Zip Code 70471		Transaction ID : 4fe46f9a-b134-48e1-9
Purpose of Expenditure Mileage		Category/Type 002		Date of Disbursement or Obligation 10 / 28 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu			☐ Support ☒ Oppose Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>LA</u>		
Calendar Year-To-Date Per Election for Office Sought 554635.78			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶ _____		
Full Name of Payee Chance B Ross			Date of Public Distribution/Dissemination 10 / 29 / 2014		
Mailing Address 920 W Gracewood Apt 106			Amount 40.00		
City Fayetteville		State AR	Zip Code 72701		Transaction ID : 3e6a8f7f-bf1a-4411-b
Purpose of Expenditure Salary		Category/Type 001		Date of Disbursement or Obligation 10 / 29 / 2014	
Name of Federal Candidate Mr. Mark L Pryor			☐ Support ☒ Oppose Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>AR</u>		
Calendar Year-To-Date Per Election for Office Sought 292370.62			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶ _____		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			49.90		
(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.					
Signature <u>Ms. Emily Buchanan</u> [Electronically Filed]			Date 05 / 18 / 2015		

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1859 OF 3250
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC		FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M / D D / Y Y Y Y Y Y			
Full Name of Payee Chance B Ross		Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 10 / 29 / 2014	
Mailing Address 920 W Gracewood Apt 106		Amount 21.00	
City Fayetteville	State AR	Zip Code 72701	Transaction ID : af6c05fa-852e-409f-a Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 10 / 29 / 2014
Purpose of Expenditure Mileage		Category/ Type 002	
Name of Federal Candidate Mr. Mark L Pryor		Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>AR</u>	
Calendar Year-To-Date Per Election for Office Sought 292370.62		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶ _____	
Full Name of Payee Sarah Bassil		Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 10 / 29 / 2014	
Mailing Address 7650 Fallswood Way		Amount 30.00	
City Lorton	State VA	Zip Code 22079	Transaction ID : 0a6b6e7f-97ba-4234-9 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 10 / 29 / 2014
Purpose of Expenditure Salary		Category/ Type 001	
Name of Federal Candidate Mr. Greg Orman		Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>KS</u>	
Calendar Year-To-Date Per Election for Office Sought 261541.03		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶ _____	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶		51.00	
(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.			
Signature <i>Ms. Emily Buchanan</i>		Date M M / D D / Y Y Y Y Y Y 05 / 18 / 2015	
[Electronically Filed]			

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1860 OF 3250
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M / D D / Y Y Y Y				
Full Name of Payee Kaylan N Swanson			Date of Public Distribution/Dissemination 10 / 28 / 2014	
Mailing Address 633 Scott Dr			Amount 90.00	
City Gibsonville	State NC	Zip Code 27249	Transaction ID : 67ccaf11-f5ef-4572-9	
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation 10 / 28 / 2014	
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: NC	
Calendar Year-To-Date Per Election for Office Sought		1095959.94	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Hannah K Smith			Date of Public Distribution/Dissemination 10 / 28 / 2014	
Mailing Address 633 Scott Dr			Amount 90.00	
City Gibsonville	State NC	Zip Code 27249	Transaction ID : d7dfa1a7-658d-4a44-8	
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation 10 / 28 / 2014	
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: NC	
Calendar Year-To-Date Per Election for Office Sought		1095959.94	Disbursement For: ☐ Primary ☒ 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.				
Signature Ms. Emily Buchanan		[Electronically Filed]		Date 05 / 18 / 2015

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1861 OF 3250
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC		FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on		M M M / D D D / Y Y Y Y Y Y	
Full Name of Payee Hannah K Smith		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 10 / 28 / 2014	
Mailing Address 633 Scott Dr		Amount 11.40	
City Gibsonville	State NC	Zip Code 27249	Transaction ID : 35d86f94-1315-43b3-9
Purpose of Expenditure Mileage	Category/ Type 002	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 10 / 28 / 2014	
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	
Office Sought: ☐ President ☒ Senate		District: 00 State: NC	
Calendar Year-To-Date Per Election for Office Sought 1095959.94		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Eric J Smith		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 10 / 29 / 2014	
Mailing Address 4967 Dysartville		Amount 80.00	
City Morganton	State NC	Zip Code 28655	Transaction ID : 698818f5-2009-47e0-8
Purpose of Expenditure Salary	Category/ Type 001	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 10 / 29 / 2014	
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	
Office Sought: ☐ President ☒ Senate		District: 00 State: NC	
Calendar Year-To-Date Per Election for Office Sought 1095959.94		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶		91.40	
(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 Signature		[Electronically Filed] Date M M M / D D D / Y Y Y Y Y Y 05 / 18 / 2015	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1862 OF 3250
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M / D D / Y Y Y Y				
Full Name of Payee Jennifer E Smith			Date of Public Distribution/Dissemination 10 / 29 / 2014	
Mailing Address 4967 Dysartsville Rd			Amount 80.00	
City Morganton	State NC	Zip Code 28655	Transaction ID : 522b69f9-ce3a-4558-9	
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation 10 / 29 / 2014	
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>NC</u>	
Calendar Year-To-Date Per Election for Office Sought		1095959.94	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Jennifer E Smith			Date of Public Distribution/Dissemination 10 / 29 / 2014	
Mailing Address 4967 Dysartsville Rd			Amount 8.70	
City Morganton	State NC	Zip Code 28655	Transaction ID : 7e533239-313e-4822-a	
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement or Obligation 10 / 29 / 2014	
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>NC</u>	
Calendar Year-To-Date Per Election for Office Sought		1095959.94	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			88.70	
(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.				
Signature Ms. Emily Buchanan		[Electronically Filed]		Date 05 / 18 / 2015

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1863 OF 3250
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on MM / DD / YYYY				
Full Name of Payee Anselma A Trinidad			Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 28 / 2014	
Mailing Address 7915 Curtina Ln			Amount 90.00	
City Lewisville	State NC	Zip Code 27023	Transaction ID : 8c773e6c-fc9f-4127-a	
Purpose of Expenditure Salary		Category/Type 001	Date of Disbursement or Obligation MM / DD / YYYY 10 / 28 / 2014	
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: NC	
Calendar Year-To-Date Per Election for Office Sought		1095959.94	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee James Kindstedt			Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 29 / 2014	
Mailing Address 5510 Dogwood Dr			Amount 23.00	
City Winston Salem	State NC	Zip Code 27105	Transaction ID : 3d9f4772-eb37-4645-8	
Purpose of Expenditure Salary		Category/Type 001	Date of Disbursement or Obligation MM / DD / YYYY 10 / 29 / 2014	
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: NC	
Calendar Year-To-Date Per Election for Office Sought		1095959.94	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures.....▶			113.00	
(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.				
Signature Ms. Emily Buchanan		[Electronically Filed]		Date MM / DD / YYYY 05 / 18 / 2015

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1864 OF 3250
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on MM / DD / YYYY				
Full Name of Payee James Kindstedt			Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 29 / 2014	
Mailing Address 5510 Dogwood Dr			Amount 8.43	
City Winston Salem	State NC	Zip Code 27105	Transaction ID : b71f7cbe-16e4-4be1-b	
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement or Obligation MM / DD / YYYY 10 / 29 / 2014	
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>NC</u>	
Calendar Year-To-Date Per Election for Office Sought		1095959.94	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Joanna Kindstedt			Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 29 / 2014	
Mailing Address 2134 Tobaccoville Rd			Amount 23.00	
City Rural Hall	State NC	Zip Code 27045	Transaction ID : 0645389e-eece-4589-b	
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation MM / DD / YYYY 10 / 29 / 2014	
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>NC</u>	
Calendar Year-To-Date Per Election for Office Sought		1095959.94	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			31.43	
(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.				
Signature Ms. Emily Buchanan		[Electronically Filed]		Date MM / DD / YYYY 05 / 18 / 2015

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1865 OF 3250
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC		FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on		M M / D D / Y Y Y Y Y Y	
Full Name of Payee Chance B Ross		Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 10 / 28 / 2014	
Mailing Address 920 W Gracewood Apt 106		Amount 40.00	
City Fayetteville	State AR	Zip Code 72701	Transaction ID : e0165e0f-5d83-4a2e-a
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 10 / 28 / 2014
Name of Federal Candidate Mr. Mark L Pryor		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: AR
Calendar Year-To-Date Per Election for Office Sought 292370.62		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Chance B Ross		Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 10 / 28 / 2014	
Mailing Address 920 W Gracewood Apt 106		Amount 21.00	
City Fayetteville	State AR	Zip Code 72701	Transaction ID : 2c5abb8e-6a3a-4719-8
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 10 / 28 / 2014
Name of Federal Candidate Mr. Mark L Pryor		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: AR
Calendar Year-To-Date Per Election for Office Sought 292370.62		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶		61.00	
(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 Signature		[Electronically Filed] Date M M / D D / Y Y Y Y Y Y 05 / 18 / 2015	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1866 OF 3250
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC		FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on		M M M / D D D / Y Y Y Y Y Y	
Full Name of Payee Rhonda Moback		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 10 / 28 / 2014	
Mailing Address 2704 E Glen Oaks Dr		Amount 40.00	
City Wichita	State KS	Zip Code 67216	Transaction ID : c75e8776-fcd7-4b1f-9
Purpose of Expenditure Salary	Category/ Type	001	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 10 / 28 / 2014
Name of Federal Candidate Mr. Greg Orman		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>KS</u>
Calendar Year-To-Date Per Election for Office Sought		261541.03	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶
Full Name of Payee Rhonda Moback		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 10 / 28 / 2014	
Mailing Address 2704 E Glen Oaks Dr		Amount 16.20	
City Wichita	State KS	Zip Code 67216	Transaction ID : 132425f1-86ae-44cd-b
Purpose of Expenditure Mileage	Category/ Type	002	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 10 / 28 / 2014
Name of Federal Candidate Mr. Greg Orman		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>KS</u>
Calendar Year-To-Date Per Election for Office Sought		261541.03	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures.....		56.20	
(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.			
Signature <i>Ms. Emily Buchanan</i>		Date M M M / D D D / Y Y Y Y Y Y 05 / 18 / 2015	
		[Electronically Filed]	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1867 OF 3250
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC		FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on		M M M / D D D / Y Y Y Y Y Y	
Full Name of Payee Corban L Barnett		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 10 / 28 / 2014	
Mailing Address 1001 N Prospect		Amount 15.00	
City Liberal	State KS	Zip Code 67901	Transaction ID : 5249add1-938d-483e-9
Purpose of Expenditure Salary		Category/Type 001	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 10 / 28 / 2014
Name of Federal Candidate Mr. Greg Orman		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: KS
Calendar Year-To-Date Per Election for Office Sought 261541.03		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Corban L Barnett		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 10 / 28 / 2014	
Mailing Address 1001 N Prospect		Amount 0.90	
City Liberal	State KS	Zip Code 67901	Transaction ID : 200f4022-48b0-401d-8
Purpose of Expenditure Mileage		Category/Type 002	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 10 / 28 / 2014
Name of Federal Candidate Mr. Greg Orman		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: KS
Calendar Year-To-Date Per Election for Office Sought 261541.03		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶		15.90	
(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.			
Signature Ms. Emily Buchanan		Date M M M / D D D / Y Y Y Y Y Y 05 / 18 / 2015	
		[Electronically Filed]	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

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 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC		FEC IDENTIFICATION NUMBER ▼ C C00530766																								
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on <table border="1" style="display:inline-table; margin-left:10px"> <tr><td>M</td><td>M</td><td></td></tr> <tr><td></td><td></td><td></td></tr> </table> / <table border="1" style="display:inline-table; margin-left:10px"> <tr><td>D</td><td>D</td><td></td></tr> <tr><td></td><td></td><td></td></tr> </table> / <table border="1" style="display:inline-table; margin-left:10px"> <tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr> <tr><td></td><td></td><td></td><td></td><td></td><td></td></tr> </table>			M	M					D	D					Y	Y	Y	Y	Y	Y						
M	M																									
D	D																									
Y	Y	Y	Y	Y	Y																					

Full Name of Payee Chad Stieben		Date of Public Distribution/Dissemination <table border="1" style="display:inline-table"><tr><td>10</td></tr></table> / <table border="1" style="display:inline-table"><tr><td>28</td></tr></table> / <table border="1" style="display:inline-table"><tr><td>2014</td></tr></table>	10	28	2014
10					
28					
2014					
Mailing Address 16864 Stillwell Rd		Amount <table border="1" style="display:inline-table"><tr><td>10.00</td></tr></table>	10.00		
10.00					
City Bonner Springs	State KS	Zip Code 66012			
Purpose of Expenditure Salary	Category/Type 001	Transaction ID : de7efd1e-358f-4c37-a Date of Disbursement or Obligation <table border="1" style="display:inline-table"><tr><td>10</td></tr></table> / <table border="1" style="display:inline-table"><tr><td>28</td></tr></table> / <table border="1" style="display:inline-table"><tr><td>2014</td></tr></table>	10	28	2014
10					
28					
2014					
Name of Federal Candidate Mr. Greg Orman		☐ Support ☒ Oppose Office Sought: ☐ House ☒ Senate District: 00 ☐ President State: KS			
Calendar Year-To-Date Per Election for Office Sought <table border="1" style="display:inline-table"><tr><td>261541.03</td></tr></table>		261541.03	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
261541.03					

Full Name of Payee Chad Stieben		Date of Public Distribution/Dissemination <table border="1" style="display:inline-table"><tr><td>10</td></tr></table> / <table border="1" style="display:inline-table"><tr><td>28</td></tr></table> / <table border="1" style="display:inline-table"><tr><td>2014</td></tr></table>	10	28	2014
10					
28					
2014					
Mailing Address 16864 Stillwell Rd		Amount <table border="1" style="display:inline-table"><tr><td>6.00</td></tr></table>	6.00		
6.00					
City Bonner Springs	State KS	Zip Code 66012			
Purpose of Expenditure Mileage	Category/Type 002	Transaction ID : 1af55eee-73b3-4a38-8 Date of Disbursement or Obligation <table border="1" style="display:inline-table"><tr><td>10</td></tr></table> / <table border="1" style="display:inline-table"><tr><td>28</td></tr></table> / <table border="1" style="display:inline-table"><tr><td>2014</td></tr></table>	10	28	2014
10					
28					
2014					
Name of Federal Candidate Mr. Greg Orman		☐ Support ☒ Oppose Office Sought: ☐ House ☒ Senate District: 00 ☐ President State: KS			
Calendar Year-To-Date Per Election for Office Sought <table border="1" style="display:inline-table"><tr><td>261541.03</td></tr></table>		261541.03	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
261541.03					

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	<table border="1" style="display:inline-table"><tr><td>16.00</td></tr></table>	16.00
16.00		
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	<table border="1" style="display:inline-table"><tr><td></td></tr></table>	
(c) TOTAL Independent Expenditures.....▶	<table border="1" style="display:inline-table"><tr><td></td></tr></table>	

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

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Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1869 OF 3250
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC		FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on		M M M / D D D / Y Y Y Y Y Y	
Full Name of Payee Dianna R Williams		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 10 / 28 / 2014	
Mailing Address 1510 W Pawnee Apt 2103		Amount 40.00	
City Wichita	State KS	Zip Code 67213	Transaction ID : 078c0972-cea5-4439-8
Purpose of Expenditure Salary	Category/Type 001	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 10 / 28 / 2014	
Name of Federal Candidate Mr. Greg Orman		☐ Support ☒ Oppose	
Office Sought: ☐ House ☒ Senate		District: 00 State: KS	
Calendar Year-To-Date Per Election for Office Sought 261541.03		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Dianna R Williams		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 10 / 28 / 2014	
Mailing Address 1510 W Pawnee Apt 2103		Amount 6.30	
City Wichita	State KS	Zip Code 67213	Transaction ID : 78aa3e3a-20c0-4be5-a
Purpose of Expenditure Mileage	Category/Type 002	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 10 / 28 / 2014	
Name of Federal Candidate Mr. Greg Orman		☐ Support ☒ Oppose	
Office Sought: ☐ House ☒ Senate		District: 00 State: KS	
Calendar Year-To-Date Per Election for Office Sought 261541.03		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶		46.30	
(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.			
Signature Ms. Emily Buchanan		Date M M M / D D D / Y Y Y Y Y Y 05 / 18 / 2015	
		[Electronically Filed]	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1870 OF 3250
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on MM / DD / YYYY					
Full Name of Payee Andrea M Gatts			Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 28 / 2014		
Mailing Address 6894 106th			Amount 10.00		
City Ozawkie	State KS	Zip Code 66070	Transaction ID : 49852378-acd5-4abc-8		
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation MM / DD / YYYY 10 / 28 / 2014		
Name of Federal Candidate Mr. Greg Orman		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: KS		
Calendar Year-To-Date Per Election for Office Sought		261541.03	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
Full Name of Payee Andrea M Gatts			Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 28 / 2014		
Mailing Address 6894 106th			Amount 6.00		
City Ozawkie	State KS	Zip Code 66070	Transaction ID : 37cbfe59-7962-4367-b		
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement or Obligation MM / DD / YYYY 10 / 28 / 2014		
Name of Federal Candidate Mr. Greg Orman		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: KS		
Calendar Year-To-Date Per Election for Office Sought		261541.03	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			16.00		
(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.					
Signature Ms. Emily Buchanan		[Electronically Filed]		Date MM / DD / YYYY 05 / 18 / 2015	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

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 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC		FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on		MM / DD / YYYY MM / DD / YYYY MM / DD / YYYY	

Full Name of Payee Deborah L Fulthorp		Date of Public Distribution/Dissemination MM / DD / YYYY MM / DD / YYYY MM / DD / YYYY	
Mailing Address 4113 Melissa Dr		Amount MM / DD / YYYY MM / DD / YYYY MM / DD / YYYY	
City Farmville	State NC	Zip Code 27828	Transaction ID : da31e119-aca5-427e-b Date of Disbursement or Obligation MM / DD / YYYY MM / DD / YYYY MM / DD / YYYY
Purpose of Expenditure Salary		Category/Type 001	
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: NC
Calendar Year-To-Date Per Election for Office Sought		MM / DD / YYYY MM / DD / YYYY MM / DD / YYYY	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶

Full Name of Payee Deborah L Fulthorp		Date of Public Distribution/Dissemination MM / DD / YYYY MM / DD / YYYY MM / DD / YYYY	
Mailing Address 4113 Melissa Dr		Amount MM / DD / YYYY MM / DD / YYYY MM / DD / YYYY	
City Farmville	State NC	Zip Code 27828	Transaction ID : dec519d3-db1f-4fd5-b Date of Disbursement or Obligation MM / DD / YYYY MM / DD / YYYY MM / DD / YYYY
Purpose of Expenditure Mileage		Category/Type 002	
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: NC
Calendar Year-To-Date Per Election for Office Sought		MM / DD / YYYY MM / DD / YYYY MM / DD / YYYY	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	MM / DD / YYYY MM / DD / YYYY MM / DD / YYYY
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	MM / DD / YYYY MM / DD / YYYY MM / DD / YYYY
(c) TOTAL Independent Expenditures..... ▶	MM / DD / YYYY MM / DD / YYYY MM / DD / YYYY

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

MM / DD / YYYY

MM / DD / YYYY

MM / DD / YYYY

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1872 OF 3250
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC		FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on		M M M / D D D / Y Y Y Y Y Y	
Full Name of Payee Virginia M Stevens		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 10 / 29 / 2014	
Mailing Address 1691 Fork Mtn Rd		Amount 60.00	
City Bakersville	State NC	Zip Code 28705	Transaction ID : c8fa601d-48a8-4df3-b
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 10 / 29 / 2014
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: NC
Calendar Year-To-Date Per Election for Office Sought 1095959.94		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Virginia M Stevens		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 10 / 29 / 2014	
Mailing Address 1691 Fork Mtn Rd		Amount 25.20	
City Bakersville	State NC	Zip Code 28705	Transaction ID : 3a0cc053-39a9-4c2f-8
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 10 / 29 / 2014
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: NC
Calendar Year-To-Date Per Election for Office Sought 1095959.94		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶		85.20	
(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]	
Signature		Date M M M / D D D / Y Y Y Y Y Y 05 / 18 / 2015	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1873 OF 3250
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M / D D / Y Y Y Y					
Full Name of Payee Lorri Anderson			Date of Public Distribution/Dissemination 10 / 29 / 2014		
Mailing Address 7214 Duchamp Dr			Amount 35.00		
City Charlotte	State NC	Zip Code 23215	Transaction ID : 6e8748ae-4d4a-4aeb-9		
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation 10 / 29 / 2014		
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: NC		
Calendar Year-To-Date Per Election for Office Sought		1095959.94	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
Full Name of Payee Lorri Anderson			Date of Public Distribution/Dissemination 10 / 29 / 2014		
Mailing Address 7214 Duchamp Dr			Amount 3.60		
City Charlotte	State NC	Zip Code 23215	Transaction ID : c51f719f-e875-4e48-9		
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement or Obligation 10 / 29 / 2014		
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: NC		
Calendar Year-To-Date Per Election for Office Sought		1095959.94	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			38.60		
(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.					
Signature Ms. Emily Buchanan		[Electronically Filed]		Date 05 / 18 / 2015	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1874 OF 3250
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC		FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on		M M M / D D D / Y Y Y Y Y Y	
Full Name of Payee Aaron R Cowart		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 10 / 29 / 2014	
Mailing Address 184 South Military Rd		Amount 20.00	
City Slidell	State LA	Zip Code 70458	Transaction ID : dd12cb33-b1d0-4ed3-8
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 10 / 29 / 2014
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: LA
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Aaron R Cowart		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 10 / 29 / 2014	
Mailing Address 184 South Military Rd		Amount 9.00	
City Slidell	State LA	Zip Code 70458	Transaction ID : ded88a98-074a-4241-a
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 10 / 29 / 2014
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: LA
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶		29.00	
(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]	
Signature		Date M M M / D D D / Y Y Y Y Y Y 05 / 18 / 2015	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1875 OF 3250
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC		FEC IDENTIFICATION NUMBER ▼ C C00530766
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on		MM / DD / YYYY

Full Name of Payee Eugenio R McClure		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 29 / 2014
Mailing Address 2914 Anderson Rd		Amount 35.00
City Burlington	State NC	Zip Code 27217
Purpose of Expenditure Salary	Category/Type 001	Transaction ID : 8b063fd9-0977-442f-a Date of Disbursement or Obligation MM / DD / YYYY 10 / 29 / 2014
Name of Federal Candidate Ms. Kay Hagan		Office Sought: ☐ House District: 00 ☒ Senate State: NC
Calendar Year-To-Date Per Election for Office Sought 1095959.94		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶

Full Name of Payee Eugenio R McClure		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 29 / 2014
Mailing Address 2914 Anderson Rd		Amount 7.20
City Burlington	State NC	Zip Code 27217
Purpose of Expenditure Mileage	Category/Type 002	Transaction ID : 49b9555b-061b-4864-8 Date of Disbursement or Obligation MM / DD / YYYY 10 / 29 / 2014
Name of Federal Candidate Ms. Kay Hagan		Office Sought: ☐ House District: 00 ☒ Senate State: NC
Calendar Year-To-Date Per Election for Office Sought 1095959.94		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	42.20
(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]

Signature

Date

MM / DD / YYYY
05 / 18 / 2015

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1876 OF 3250
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on					
Full Name of Payee Linda J Fueling			Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 29 / 2014		
Mailing Address 6424 Purple Martin Ct			Amount 40.00		
City Wilmington		State NC	Zip Code 28411		Transaction ID : 171ba897-02a4-404e-b
Purpose of Expenditure Salary		Category/Type 001		Date of Disbursement or Obligation MM / DD / YYYY 10 / 29 / 2014	
Name of Federal Candidate Ms. Kay Hagan			☐ Support ☒ Oppose		Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: NC
Calendar Year-To-Date Per Election for Office Sought			1095959.94		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶
Full Name of Payee Linda J Fueling			Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 29 / 2014		
Mailing Address 6424 Purple Martin Ct			Amount 11.49		
City Wilmington		State NC	Zip Code 28411		Transaction ID : e0602a1d-c777-4cf8-b
Purpose of Expenditure Mileage		Category/Type 002		Date of Disbursement or Obligation MM / DD / YYYY 10 / 29 / 2014	
Name of Federal Candidate Ms. Kay Hagan			☐ Support ☒ Oppose		Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: NC
Calendar Year-To-Date Per Election for Office Sought			1095959.94		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			51.49		
(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.					
Signature <u>Ms. Emily Buchanan</u>			[Electronically Filed]		Date MM / DD / YYYY 05 / 18 / 2015

Full Name of Payee Nicholas O Wilcox			Date of Public Distribution/Dissemination M M / D D / Y Y Y Y 10 / 29 / 2014		
Mailing Address 1981 Cherokee St			Amount 6.12		
City Baton Rouge	State LA	Zip Code 70806	Transaction ID : 5113eb91-80a2-4cc9-8 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 10 / 29 / 2014		
Purpose of Expenditure Mileage		Category/ Type 002			
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House ☒ Senate ☐ President ☐ Other (specify) _____		
Calendar Year-To-Date Per Election for Office Sought		554635.78	Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ► _____		

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	58.12
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

Ms. Emily Buchanan

[Electronically Filed]

Date 05 / 18 / 2015

Signature

Full Name of Payee Andrea L Hammond		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 29 / 2014	
Mailing Address 12920 Kneeland Ln		Amount 33.00	
City Neosho	State MO	Zip Code 64850	Transaction ID : 0a56e566-4ec4-400a-8
Purpose of Expenditure Mileage	Category/ Type	002	Date of Disbursement or Obligation MM / DD / YYYY 10 / 29 / 2014
Name of Federal Candidate Mr. Mark L Pryor		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: AR
Calendar Year-To-Date Per Election for Office Sought		292370.62	Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....	133.00
(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.

Date _____

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1879 OF 3250
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M M / D D D / Y Y Y Y Y Y				
Full Name of Payee Judith A Murphy			Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 10 / 29 / 2014	
Mailing Address PO Box 37			Amount 55.00	
City East Bend		State NC	Zip Code 27018	
Purpose of Expenditure Salary		Category/ Type	Transaction ID : 0f6c5faa-ce98-476f-8 Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 10 / 29 / 2014	
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: NC	
Calendar Year-To-Date Per Election for Office Sought 1095959.94			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Judith A Murphy			Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 10 / 29 / 2014	
Mailing Address PO Box 37			Amount 11.85	
City East Bend		State NC	Zip Code 27018	
Purpose of Expenditure Mileage		Category/ Type	Transaction ID : 1f351d0c-c2e9-4edf-b Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 10 / 29 / 2014	
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: NC	
Calendar Year-To-Date Per Election for Office Sought 1095959.94			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			66.85	
(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.				
Signature Ms. Emily Buchanan		[Electronically Filed]		Date M M M / D D D / Y Y Y Y Y Y 05 / 18 / 2015

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1880 OF 3250
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC		FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on / /			
Full Name of Payee Claud B Murphy JR		Date of Public Distribution/Dissemination / / 10 / 29 / 2014	
Mailing Address PO Box 37		Amount 55.00	
City East Bend	State NC	Zip Code 27018	Transaction ID : 1726fc0b-5e82-4f29-b Date of Disbursement or Obligation / / 10 / 29 / 2014
Purpose of Expenditure Salary		Category/ Type 001	
Name of Federal Candidate Ms. Kay Hagan		Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>NC</u> ☐ Support ☒ Oppose	
Calendar Year-To-Date Per Election for Office Sought 1095959.94		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶ _____	
Full Name of Payee Corey S McKnight		Date of Public Distribution/Dissemination / / 10 / 29 / 2014	
Mailing Address 1510 Bailey St		Amount 75.00	
City West Monroe	State LA	Zip Code 71292	Transaction ID : 1277bf67-8b32-4624-8 Date of Disbursement or Obligation / / 10 / 29 / 2014
Purpose of Expenditure Salary		Category/ Type 001	
Name of Federal Candidate Ms. Mary L Landrieu		Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>LA</u> ☐ Support ☒ Oppose	
Calendar Year-To-Date Per Election for Office Sought 554635.78		Disbursement For: ☐ Primary ☒ 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. Signature <u>Ms. Emily Buchanan</u> [Electronically Filed] Date / / 05 / 18 / 2015			

Full Name of Payee John K Necaise III			Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 29 / 2014	
Mailing Address 1905 Franklin Ave			Amount 35.00	
City New Orleans	State LA	Zip Code 70117	Transaction ID : 1a29d14d-938d-45af-b Date of Disbursement or Obligation MM / DD / YYYY 10 / 29 / 2014	
Purpose of Expenditure Salary		Category/ Type 001		
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: LA	
Calendar Year-To-Date Per Election for Office Sought 554635.78		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		

Full Name of Payee John K Necaïse III		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 29 / 2014	
Mailing Address 1905 Franklin Ave		Amount 12.81	
City New Orleans	State LA	Zip Code 70117	Transaction ID : 15512c29-31a1-4182-9 Date of Disbursement or Obligation MM / DD / YYYY 10 / 29 / 2014
Purpose of Expenditure Mileage	Category/ Type 002		
Name of Federal Candidate Ms. Mary L Landrieu	☐ Support ☒ Oppose	Office Sought: ☐ President ☒ Senate	House District: 00 State: LA
Calendar Year-To-Date Per Election for Office Sought	554635.78	Disbursement For: 2014 ☐ Other (specify) ▶	
		☒ Primary ☒ General	

(a) SUBTOTAL of Itemized Independent Expenditures.....	47.81
(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.

Date _____

Signature

Three digital display units are shown, each with a 7-segment display. The first unit shows '05' with 'M' indicators above the segments. The second unit shows '18' with 'D' indicators above the segments. The third unit shows '2015' with 'Y' indicators above the segments. The units are separated by slashes.

Full Name of Payee David Ford			Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 29 / 2014		
Mailing Address 106 Hillside St			Amount Amount 40.53		
City Spindale	State NC	Zip Code 28160	Transaction ID : 5492f4ef-9f96-460e-9 Date of Disbursement or Obligation MM / DD / YYYY 10 / 29 / 2014		
Purpose of Expenditure Mileage		Category/ Type 002			
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House ☒ Senate District: 00 State: NC		
Calendar Year-To-Date Per Election for Office Sought		Amount 1095959.94	Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ▶		

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	108.03
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

Ms. Emily Buchanan

[Electronically Filed]

Date 05 / 18 / 2015

Signature

Full Name of Payee Anselma A Trinidad		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 29 / 2014	
Mailing Address 7915 Curtina Ln		Amount 70.00	
City Lewisville	State NC	Zip Code 27023	Transaction ID : 90ddbae5-1236-492f-a
Purpose of Expenditure Salary	Category/ Type	001	Date of Disbursement or Obligation MM / DD / YYYY 10 / 29 / 2014
Name of Federal Candidate Ms. Kay Hagan	☐ Support ☒ Oppose	Office Sought: ☐ President ☒ Senate	District: 00 State: NC
Calendar Year-To-Date Per Election for Office Sought	1095959.94	Disbursement For: 2014 ☐ Other (specify) ▶	☐ Primary ☒ General

Full Name of Payee Misty A Ledford		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 29 / 2014	
Mailing Address 44 Bell St		Amount 60.00	
City Spruce Pine	State NC	Zip Code 28777	Transaction ID : c7ed81b8-a2e8-47ea-b Date of Disbursement or Obligation MM / DD / YYYY 10 / 29 / 2014
Purpose of Expenditure Salary		Category/ Type 001	
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: NC
Calendar Year-To-Date Per Election for Office Sought		1095959.94	Disbursement For: ☐ Primary ☒ General ☐ 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.

Date _____

Signature

05 / 18 / 2015

Full Name of Payee Sarah Bassil		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 29 / 2014	
Mailing Address 7650 Fallswood Way		Amount 30.00	
City Lorton	State VA	Zip Code 22079	Transaction ID : 6befddae-0ecc-40bc-9
Purpose of Expenditure Salary	Category/ Type	001	Date of Disbursement or Obligation MM / DD / YYYY 10 / 29 / 2014
Name of Federal Candidate Mr. Greg Orman	☐ Support ☒ Oppose	Office Sought: ☐ President ☒ Senate	District: 00 State: KS
Calendar Year-To-Date Per Election for Office Sought	261541.03	Disbursement For: ☐ Primary ☒ General	☐ Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	51.60
(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.

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1885 OF 3250
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on			MM / DD / YYYY	
Full Name of Payee Heather A Smith		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 29 / 2014		
Mailing Address 995 Clairborne Rd		Amount 34.00		
City Calhoun	State LA	Zip Code 71225	Transaction ID : acb67946-726d-4e57-8	
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation MM / DD / YYYY 10 / 29 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: LA	
Calendar Year-To-Date Per Election for Office Sought		554635.78	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Heather A Smith		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 29 / 2014		
Mailing Address 995 Clairborne Rd		Amount 13.50		
City Calhoun	State LA	Zip Code 71225	Transaction ID : 37b4e2ed-0b97-4938-a	
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement or Obligation MM / DD / YYYY 10 / 29 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: LA	
Calendar Year-To-Date Per Election for Office Sought		554635.78	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures.....		47.50		
(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
Signature				MM / DD / YYYY 05 / 18 / 2015

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1886 OF 3250
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M M / D D D / Y Y Y Y Y Y				
Full Name of Payee Cecilia B Johnson			Date of Public Distribution/Dissemination 10 / 29 / 2014	
Mailing Address 638 Sawyer Rd			Amount 22.50	
City Hays		State NC	Zip Code 28635	Transaction ID : dfda9b78-429c-4cef-8 Date of Disbursement or Obligation 10 / 29 / 2014
Purpose of Expenditure Salary		Category/Type 001		
Name of Federal Candidate Ms. Kay Hagan			Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: NC ☒ Oppose	
Calendar Year-To-Date Per Election for Office Sought			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Cecilia B Johnson			Date of Public Distribution/Dissemination 10 / 29 / 2014	
Mailing Address 638 Sawyer Rd			Amount 8.40	
City Hays		State NC	Zip Code 28635	Transaction ID : 72b1ea63-dff3-4015-9 Date of Disbursement or Obligation 10 / 29 / 2014
Purpose of Expenditure Mileage		Category/Type 002		
Name of Federal Candidate Ms. Kay Hagan			Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: NC ☒ Oppose	
Calendar Year-To-Date Per Election for Office Sought			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			30.90	
(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.				
Signature Ms. Emily Buchanan			Date 05 / 18 / 2015 [Electronically Filed]	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1887 OF 3250
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M M / D D D / Y Y Y Y Y Y Y Y					
Full Name of Payee Samantha S Johnson			Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y Y Y 10 / 29 / 2014		
Mailing Address 638 Sawyer Rd			Amount 25.00		
City Hays		State NC	Zip Code 28635		Transaction ID : bdf1dbb2-e6a6-4503-8
Purpose of Expenditure Salary		Category/ Type 001		Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y Y Y 10 / 29 / 2014	
Name of Federal Candidate Ms. Kay Hagan			☐ Support ☒ Oppose		Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: NC
Calendar Year-To-Date Per Election for Office Sought			1095959.94		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶
Full Name of Payee Ashlee G Anderson			Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y Y Y 10 / 29 / 2014		
Mailing Address 2226 Enloe St			Amount 10.00		
City Fayetteville		State NC	Zip Code 28306		Transaction ID : 1e6fbfa6-6ae0-40aa-a
Purpose of Expenditure Salary		Category/ Type 001		Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y Y Y 10 / 29 / 2014	
Name of Federal Candidate Ms. Kay Hagan			☐ Support ☒ Oppose		Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: NC
Calendar Year-To-Date Per Election for Office Sought			1095959.94		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶					35.00
(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.					
Signature Ms. Emily Buchanan			[Electronically Filed]		Date M M M / D D D / Y Y Y Y Y Y Y Y 05 / 18 / 2015

Full Name of Payee Amanda Boley		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 29 / 2014	
Mailing Address Split Oak Drive		Amount 16.20	
City charlotte	State NC	Zip Code 28227	Transaction ID : a03f50ef-da2c-43bb-9 Date of Disbursement or Obligation MM / DD / YYYY 10 / 29 / 2014
Purpose of Expenditure Mileage		Category/ Type 002	
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: LA
Calendar Year-To-Date Per Election for Office Sought 554635.78		Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....	76.20
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures.....	

Signature

Full Name of Payee Thomas A Gawdun		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 29 / 2014	
Mailing Address 2207 SE 64th St		Amount 60.00	
City Topeka	State KS	Zip Code 66605	Transaction ID : f4a07958-5fab-43e2-a Date of Disbursement or Obligation MM / DD / YYYY 10 / 29 / 2014
Purpose of Expenditure Salary		Category/ Type 001	
Name of Federal Candidate Mr. Greg Orman		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: KS
Calendar Year-To-Date Per Election for Office Sought 261541.03		Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	95.00
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

05 / 18 / 2015

FEC Schedule E (Form 3X) Rev. 09/2013

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1890 OF 3250
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC		FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on		M M M / D D D / Y Y Y Y Y Y	
Full Name of Payee Thomas A Gawdun		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 10 / 29 / 2014	
Mailing Address 2207 SE 64th St		Amount 11.64	
City Topeka	State KS	Zip Code 66605	Transaction ID : 49067fbe-83b5-422f-a
Purpose of Expenditure Mileage	Category/Type 002	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 10 / 29 / 2014	
Name of Federal Candidate Mr. Greg Orman		☐ Support ☒ Oppose	
Office Sought: ☐ President ☒ Senate		District: 00 State: KS	
Calendar Year-To-Date Per Election for Office Sought 261541.03		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Daniel M Qauckenbush		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 10 / 29 / 2014	
Mailing Address 12062 NC 902 Hwy		Amount 60.00	
City Bear Creek	State NC	Zip Code 27207	Transaction ID : 5da60d77-ba4e-440a-a
Purpose of Expenditure Salary	Category/Type 001	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 10 / 29 / 2014	
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	
Office Sought: ☐ President ☒ Senate		District: 00 State: NC	
Calendar Year-To-Date Per Election for Office Sought 1095959.94		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶		71.64	
(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.			
Signature Ms. Emily Buchanan		Date M M M / D D D / Y Y Y Y Y Y 05 / 18 / 2015	
		[Electronically Filed]	

Full Name of Payee Kyler A Jost			Date of Public Distribution/Dissemination M M / D D / Y Y Y Y 10 / 29 / 2014		
Mailing Address 1830 College Height Rd			Amount 30.00		
City Manhattan	State KS	Zip Code 66502	Transaction ID : 5613d5b6-49a7-4048-b Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 10 / 29 / 2014		
Purpose of Expenditure Salary		Category/ Type 001			
Name of Federal Candidate Mr. Greg Orman		☐ Support ☒ Oppose	Office Sought: ☐ House ☒ Senate ☐ President District: 00 State: KS		
Calendar Year-To-Date Per Election for Office Sought		261541.03	Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ►		

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	50.40
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

FEC Schedule E (Form 3X) Rev. 09/2013

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1892 OF 3250
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC		FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on		M M M / D D D / Y Y Y Y Y Y	
Full Name of Payee Kyler A Jost		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 10 / 29 / 2014	
Mailing Address 1830 College Height Rd		Amount 8.10	
City Manhattan	State KS	Zip Code 66502	Transaction ID : 9c6b52eb-8fed-4d45-9
Purpose of Expenditure Mileage	Category/ Type 002	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 10 / 29 / 2014	
Name of Federal Candidate Mr. Greg Orman		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: KS
Calendar Year-To-Date Per Election for Office Sought 261541.03		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Zachary Vidrine		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 10 / 29 / 2014	
Mailing Address 202 Rue Des Cajun		Amount 45.00	
City Ville Platte	State LA	Zip Code 70586	Transaction ID : 98e6a48d-f9d7-40ce-b
Purpose of Expenditure Salary	Category/ Type 001	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 10 / 29 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: LA
Calendar Year-To-Date Per Election for Office Sought 554635.78		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶		53.10	
(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.			
Signature Ms. Emily Buchanan		Date M M M / D D D / Y Y Y Y Y Y 05 / 18 / 2015	
		[Electronically Filed]	

Full Name of Payee Virginia T Grant		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 29 / 2014	
Mailing Address 134 Shore Crest Circle		Amount 50.00	
City Carriere	State MS	Zip Code 39426	Transaction ID : 103fdaeab09448d9b Date of Disbursement or Obligation MM / DD / YYYY 10 / 29 / 2014
Purpose of Expenditure Salary		Category/ Type 001	
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: LA
Calendar Year-To-Date Per Election for Office Sought 554635.78		Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	64.70
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

05 / 18 / 2015

FEC Schedule E (Form 3X) Rev. 09/2013

Full Name of Payee Virginia T Grant			Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 29 / 2014		
Mailing Address 134 Shore Crest Circle			Amount 6.60		
City Carrire	State MS	Zip Code 39426	Transaction ID : 1868b707-a976-4cb6-b Date of Disbursement or Obligation MM / DD / YYYY 10 / 29 / 2014		
Purpose of Expenditure Mileage		Category/ Type 002			
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: LA		
Calendar Year-To-Date Per Election for Office Sought		554635.78	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		

Full Name of Payee Christine R McDonald		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 29 / 2014	
Mailing Address 3751 N Jeanette Ave		Amount 59.00	
City Wichita	State KS	Zip Code 67204	Transaction ID : 57b46921-122b-4017-a Date of Disbursement or Obligation MM / DD / YYYY 10 / 29 / 2014
Purpose of Expenditure Salary	Category/ Type 001		
Name of Federal Candidate Mr. Greg Orman	☐ Support ☒ Oppose	Office Sought: ☐ President ☒ Senate	House District: 00 State: KS
Calendar Year-To-Date Per Election for Office Sought	261541.03	Disbursement For: 2014 ☐ Primary ☒ General ☐ Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	65.60
(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.

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1895 OF 3250
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M / D D / Y Y Y Y					
Full Name of Payee Christine R McDonald			Date of Public Distribution/Dissemination 10 / 29 / 2014		
Mailing Address 3751 N Jeanette Ave			Amount 24.90		
City Wichita	State KS	Zip Code 67204	Transaction ID : 60436c3d-d91e-4970-8		
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement or Obligation 10 / 29 / 2014		
Name of Federal Candidate Mr. Greg Orman		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: KS		
Calendar Year-To-Date Per Election for Office Sought		261541.03	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
Full Name of Payee Sasha L McClure			Date of Public Distribution/Dissemination 10 / 29 / 2014		
Mailing Address 2914 Anderson Rd			Amount 35.00		
City Burlington	State NC	Zip Code 27217	Transaction ID : 4b075c7e-8212-4cb5-8		
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation 10 / 29 / 2014		
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: NC		
Calendar Year-To-Date Per Election for Office Sought		1095959.94	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			59.90		
(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.					
Signature Ms. Emily Buchanan		[Electronically Filed]		Date 05 / 18 / 2015	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1896 OF 3250
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC		FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on / /			
Full Name of Payee Lauren E Heffington		Date of Public Distribution/Dissemination / / 10 / 29 / 2014	
Mailing Address 488 Broadwell Dr		Amount 50.00	
City Nashville	State TN	Zip Code 37220	Transaction ID : 8963d99f-abc0-4b1a-9 Date of Disbursement or Obligation / / 10 / 29 / 2014
Purpose of Expenditure Salary		Category/ Type 001	
Name of Federal Candidate Mr. Mark L Pryor		Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>AR</u>	
Calendar Year-To-Date Per Election for Office Sought 292370.62		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶ _____	
Full Name of Payee Irene R Hoyer		Date of Public Distribution/Dissemination / / 10 / 29 / 2014	
Mailing Address 4310 N Mission Rd		Amount 53.50	
City Bel Aire	State KS	Zip Code 67226	Transaction ID : e51c7c37-d6c8-49e5-b Date of Disbursement or Obligation / / 10 / 29 / 2014
Purpose of Expenditure Salary		Category/ Type 001	
Name of Federal Candidate Mr. Greg Orman		Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>KS</u>	
Calendar Year-To-Date Per Election for Office Sought 261541.03		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶ _____	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶		 103.50	
(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.			
Signature <i>Ms. Emily Buchanan</i>		Date / / 05 / 18 / 2015	
[Electronically Filed]			

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1897 OF 3250
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC		FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on		M M M / D D D / Y Y Y Y Y Y	
Full Name of Payee Irene R Hoyer		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 10 / 29 / 2014	
Mailing Address 4310 N Mission Rd		Amount 16.11	
City Bel Aire	State KS	Zip Code 67226	Transaction ID : b2279e93-68fc-4760-b
Purpose of Expenditure Mileage		Category/Type 002	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 10 / 29 / 2014
Name of Federal Candidate Mr. Greg Orman		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: KS
Calendar Year-To-Date Per Election for Office Sought 261541.03		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Nathan D Stevens		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 10 / 29 / 2014	
Mailing Address 9653 Nations Dr		Amount 25.00	
City Springdale	State AR	Zip Code 72762	Transaction ID : f401b973-6c82-42c3-8
Purpose of Expenditure Salary		Category/Type 001	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 10 / 29 / 2014
Name of Federal Candidate Mr. Mark L Pryor		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: AR
Calendar Year-To-Date Per Election for Office Sought 292370.62		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures.....▶		41.11	
(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.			
Signature Ms. Emily Buchanan		Date M M M / D D D / Y Y Y Y Y Y 05 / 18 / 2015	
		[Electronically Filed]	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1898 OF 3250
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC		FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on		M M M / D D D / Y Y Y Y Y Y	
Full Name of Payee Nathan D Stevens		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 10 / 29 / 2014	
Mailing Address 9653 Nations Dr		Amount 14.70	
City Springdale	State AR	Zip Code 72762	Transaction ID : dea6c309-1949-4f52-b
Purpose of Expenditure Mileage	Category/ Type 002	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 10 / 29 / 2014	
Name of Federal Candidate Mr. Mark L Pryor		Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: AR	
Calendar Year-To-Date Per Election for Office Sought 292370.62		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Luke S Buren		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 10 / 29 / 2014	
Mailing Address 415 E Carroll		Amount 25.00	
City Macomb	State IL	Zip Code 61455	Transaction ID : 1f706151-f575-4a55-a
Purpose of Expenditure Salary	Category/ Type 001	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 10 / 29 / 2014	
Name of Federal Candidate Mr. Mark L Pryor		Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: AR	
Calendar Year-To-Date Per Election for Office Sought 292370.62		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶		39.70	
(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.			
Signature Ms. Emily Buchanan		Date M M M / D D D / Y Y Y Y Y Y 05 / 18 / 2015	
		[Electronically Filed]	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1899 OF 3250
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC		FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on / /			
Full Name of Payee Rachel L Anzalone		Date of Public Distribution/Dissemination / / 10 / 29 / 2014	
Mailing Address 2319 West Oak		Amount 50.00	
City El Dorado	State AR	Zip Code 71730	Transaction ID : a3e06648-1b55-4f82-b Date of Disbursement or Obligation / / 10 / 29 / 2014
Purpose of Expenditure Salary		Category/ Type 001	
Name of Federal Candidate Mr. Mark L Pryor		Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>AR</u> ☐ Support ☒ Oppose ☐ Other (specify) ▶ _____	
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: ☐ Primary ☒ General 292370.62	
Full Name of Payee Rachel L Anzalone		Date of Public Distribution/Dissemination / / 10 / 29 / 2014	
Mailing Address 2319 West Oak		Amount 5.82	
City El Dorado	State AR	Zip Code 71730	Transaction ID : 2cc538cd-58e5-49ec-a Date of Disbursement or Obligation / / 10 / 29 / 2014
Purpose of Expenditure Mileage		Category/ Type 002	
Name of Federal Candidate Mr. Mark L Pryor		Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>AR</u> ☐ Support ☒ Oppose ☐ Other (specify) ▶ _____	
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: ☐ Primary ☒ General 292370.62	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶		 55.82	
(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.			
Signature <i>Ms. Emily Buchanan</i>		Date / / 05 / 18 / 2015	
[Electronically Filed]			

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1900 OF 3250
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M M / D D D / Y Y Y Y Y Y					
Full Name of Payee Julia Perry			Date of Public Distribution/Dissemination 10 / 29 / 2014		
Mailing Address 2046 Perrin St Apt C			Amount 70.00		
City Shreveport	State LA	Zip Code 71101	Transaction ID : b7e0362a-cf4d-4b6c-a		
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation 10 / 29 / 2014		
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>LA</u>		
Calendar Year-To-Date Per Election for Office Sought		554635.78	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
Full Name of Payee Edmond D Rea			Date of Public Distribution/Dissemination 10 / 29 / 2014		
Mailing Address 416 Vine Dr			Amount 80.00		
City Lawrence	State KS	Zip Code 66049	Transaction ID : a392c81d-7191-4923-9		
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation 10 / 29 / 2014		
Name of Federal Candidate Mr. Greg Orman		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>KS</u>		
Calendar Year-To-Date Per Election for Office Sought		261541.03	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			150.00		
(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.					
Signature Ms. Emily Buchanan		[Electronically Filed]		Date 05 / 18 / 2015	

Full Name of Payee Edmond D Rea			Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 29 / 2014		
Mailing Address 416 Vine Dr			Amount 9.90		
City Lawrence	State KS	Zip Code 66049	Transaction ID : f99d5fd9-becd-4b38-a		
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement or Obligation MM / DD / YYYY 10 / 29 / 2014		
Name of Federal Candidate Mr. Greg Orman		☐ Support ☒ Oppose	Office Sought: ☐ House ☒ Senate District: 00 ☐ President State: KS		
Calendar Year-To-Date Per Election for Office Sought		261541.03	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		

Full Name of Payee Mattie Harris		Date of Public Distribution/Dissemination M M / D D / Y Y Y Y 10 / 29 / 2014	
Mailing Address 3654 Tara St		Amount 30.00	
City springdale	State AR	Zip Code 72762	Transaction ID : 821790c4-b295-4e60-a Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 10 / 29 / 2014
Purpose of Expenditure Salary		Category/ Type 001	
Name of Federal Candidate Mr. Mark L Pryor		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: AR
Calendar Year-To-Date Per Election for Office Sought		292370.62	Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ►

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	39.90
(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.

Signature

05 / 18 / 2015

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1902 OF 3250
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC		FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M M / D D D / Y Y Y Y Y Y			
Full Name of Payee Mattie Harris		Date of Public Distribution/Dissemination 10 / 29 / 2014	
Mailing Address 3654 Tara St		Amount 3.60	
City springdale	State AR	Zip Code 72762	Transaction ID : 6d6897ba-9eb8-4dd0-a Date of Disbursement or Obligation 10 / 29 / 2014
Purpose of Expenditure Mileage		Category/ Type 002	
Name of Federal Candidate Mr. Mark L Pryor		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: AR
Calendar Year-To-Date Per Election for Office Sought		292370.62	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶
Full Name of Payee Gary W Fuhrmann		Date of Public Distribution/Dissemination 10 / 29 / 2014	
Mailing Address 9425 Jessica Drive		Amount 40.00	
City Shreveport	State LA	Zip Code 71106	Transaction ID : 5d4793f0-eba5-4aa2-b Date of Disbursement or Obligation 10 / 29 / 2014
Purpose of Expenditure Salary		Category/ Type 001	
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: LA
Calendar Year-To-Date Per Election for Office Sought		554635.78	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶		43.60	
(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.			
Signature Ms. Emily Buchanan		Date 05 / 18 / 2015	
[Electronically Filed]			

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 1903 OF 3250
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M M / D D D / Y Y Y Y Y Y					
Full Name of Payee Gary W Fuhrmann			Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 10 / 29 / 2014		
Mailing Address 9425 Jessica Drive			Amount 14.10		
City Shreveport	State LA	Zip Code 71106	Transaction ID : 5cbac01-1069-4e5c-8 Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 10 / 29 / 2014		
Purpose of Expenditure Mileage		Category/ Type 002			
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: LA		
Calendar Year-To-Date Per Election for Office Sought		554635.78	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
Full Name of Payee Christopher L Gilbert			Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 10 / 29 / 2014		
Mailing Address 55 Lovell Johnson Rd			Amount 75.00		
City Picayune	State MS	Zip Code 39466	Transaction ID : 0a81cc97-e9a6-4c1a-9 Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 10 / 29 / 2014		
Purpose of Expenditure Salary		Category/ Type 001			
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: LA		
Calendar Year-To-Date Per Election for Office Sought		554635.78	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			89.10		
(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.					
Signature Ms. Emily Buchanan		[Electronically Filed]		Date M M M / D D D / Y Y Y Y Y Y 05 / 18 / 2015	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1904 OF 3250
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on / /					
Full Name of Payee Christopher L Gilbert			Date of Public Distribution/Dissemination / / 10 / 29 / 2014		
Mailing Address 55 Lovell Johnson Rd			Amount 42.60		
City Picayune		State MS	Zip Code 39466		Transaction ID : 4f2c1914-ce0b-4248-a
Purpose of Expenditure Mileage		Category/Type 002		Date of Disbursement or Obligation / / 10 / 29 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu			Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: LA		
Calendar Year-To-Date Per Election for Office Sought 554635.78			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
Full Name of Payee Diane Smith			Date of Public Distribution/Dissemination / / 10 / 29 / 2014		
Mailing Address 4006 Wolkswalk Place			Amount 10.00		
City Raleigh		State NC	Zip Code 27610		Transaction ID : cdda18f7-3f16-4bec-9
Purpose of Expenditure Salary		Category/Type 001		Date of Disbursement or Obligation / / 10 / 29 / 2014	
Name of Federal Candidate Ms. Kay Hagan			Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: NC		
Calendar Year-To-Date Per Election for Office Sought 1095959.94			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			 52.60		
(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.					
Signature Ms. Emily Buchanan			Date / / 05 / 18 / 2015		
[Electronically Filed]					

Full Name of Payee Eva M Johnston		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 29 / 2014	
Mailing Address 2517 N 47th St		Amount 45.00	
City Milwaukee	State WI	Zip Code 53210	Transaction ID : 0e3c3e86-6261-44d8-9 Date of Disbursement or Obligation MM / DD / YYYY 10 / 29 / 2014
Purpose of Expenditure Salary	Category/ Type	001	
Name of Federal Candidate Mr. Greg Orman		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: KS
Calendar Year-To-Date Per Election for Office Sought		261541.03	Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	51.30
(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.

Date _____

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1906 OF 3250
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on / /					
Full Name of Payee Lisa Booth			Date of Public Distribution/Dissemination / /		
Mailing Address 1434 South Avenue			Amount 100.00		
City Eden	State NC	Zip Code 27288	Transaction ID : 49739b5f-0813-4b49-8 Date of Disbursement or Obligation / /		
Purpose of Expenditure Salary		Category/ Type 001	/ /		
Name of Federal Candidate Ms. Kay Hagan			Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: NC		
Calendar Year-To-Date Per Election for Office Sought 1095959.94			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
Full Name of Payee Lisa Booth			Date of Public Distribution/Dissemination / /		
Mailing Address 1434 South Avenue			Amount 18.60		
City Eden	State NC	Zip Code 27288	Transaction ID : 700da0b5-019c-458a-9 Date of Disbursement or Obligation / /		
Purpose of Expenditure Mileage		Category/ Type 002	/ /		
Name of Federal Candidate Ms. Kay Hagan			Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: NC		
Calendar Year-To-Date Per Election for Office Sought 1095959.94			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			118.60		
(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.					
Signature <i>Ms. Emily Buchanan</i>			Date / / 05 / 18 / 2015		
[Electronically Filed]					

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1907 OF 3250
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M / D D / Y Y Y Y Y Y					
Full Name of Payee William M Criswell			Date of Public Distribution/Dissemination 10 / 29 / 2014		
Mailing Address 115 Burns Mitchell Drive			Amount 80.00		
City Belmont	State NC	Zip Code 28012	Transaction ID : e3ed4cbb-fa30-4d62-b		
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation 10 / 29 / 2014		
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: NC		
Calendar Year-To-Date Per Election for Office Sought		1095959.94	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
Full Name of Payee William M Criswell			Date of Public Distribution/Dissemination 10 / 29 / 2014		
Mailing Address 115 Burns Mitchell Drive			Amount 9.00		
City Belmont	State NC	Zip Code 28012	Transaction ID : 83e7a5a8-70b7-4a3a-9		
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement or Obligation 10 / 29 / 2014		
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: NC		
Calendar Year-To-Date Per Election for Office Sought		1095959.94	Disbursement For: ☐ Primary ☒ 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 05 / 18 / 2015		
Signature					

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

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 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M / D D / Y Y Y Y					
Full Name of Payee Jane M Kesinger			Date of Public Distribution/Dissemination 10 / 29 / 2014		
Mailing Address 209 Hillside Dr			Amount 10.00		
City Baldwin City		State KS	Zip Code 66006		Transaction ID : 063317c1-c178-46d9-b
Purpose of Expenditure Salary		Category/ Type 001		Date of Disbursement or Obligation 10 / 29 / 2014	
Name of Federal Candidate Mr. Greg Orman			☐ Support ☒ Oppose Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>KS</u>		
Calendar Year-To-Date Per Election for Office Sought 261541.03			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
Full Name of Payee Jane M Kesinger			Date of Public Distribution/Dissemination 10 / 29 / 2014		
Mailing Address 209 Hillside Dr			Amount 1.56		
City Baldwin City		State KS	Zip Code 66006		Transaction ID : aa1f9f3e-73a5-4941-8
Purpose of Expenditure Mileage		Category/ Type 002		Date of Disbursement or Obligation 10 / 29 / 2014	
Name of Federal Candidate Mr. Greg Orman			☐ Support ☒ Oppose Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>KS</u>		
Calendar Year-To-Date Per Election for Office Sought 261541.03			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			11.56		
(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.					
Signature <u>Ms. Emily Buchanan</u> [Electronically Filed]			Date 05 / 18 / 2015		

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1909 OF 3250
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M M / D D D / Y Y Y Y Y Y				
Full Name of Payee Zachary R McCleese			Date of Public Distribution/Dissemination 10 / 29 / 2014	
Mailing Address 323 Rolling Pines Dr			Amount 60.00	
City Spring Lake	State NC	Zip Code 28390	Transaction ID : c933753f-0fee-4fa0-b Date of Disbursement or Obligation 10 / 29 / 2014	
Purpose of Expenditure Salary		Category/ Type 001		
Name of Federal Candidate Mr. Mark L Pryor		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>AR</u>	
Calendar Year-To-Date Per Election for Office Sought		292370.62	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Zachary R McCleese			Date of Public Distribution/Dissemination 10 / 29 / 2014	
Mailing Address 323 Rolling Pines Dr			Amount 24.90	
City Spring Lake	State NC	Zip Code 28390	Transaction ID : 8adc26a7-a835-47b5-9 Date of Disbursement or Obligation 10 / 29 / 2014	
Purpose of Expenditure Mileage		Category/ Type 002		
Name of Federal Candidate Mr. Mark L Pryor		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>AR</u>	
Calendar Year-To-Date Per Election for Office Sought		292370.62	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			84.90	
(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 05 / 18 / 2015	
Signature				

Full Name of Payee Marsha Barnell		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 29 / 2014	
Mailing Address 3847 SW Atwood Terrace		Amount 30.00	
City Topeka	State KS	Zip Code 66610	Transaction ID : f25d20f0-e9db-47da-9 Date of Disbursement or Obligation MM / DD / YYYY 10 / 29 / 2014
Purpose of Expenditure Salary		Category/ Type 001	
Name of Federal Candidate Mr. Greg Orman		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: KS
Calendar Year-To-Date Per Election for Office Sought		261541.03	Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	65.00
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

Ms. Emily Buchanan

[Electronically Filed]

Date 05 / 18 / 2015

Signature _____

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1911 OF 3250
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M / D D / Y Y Y Y					
Full Name of Payee Marsha Barnell			Date of Public Distribution/Dissemination 10 / 29 / 2014		
Mailing Address 3847 SW Atwood Terrace			Amount 17.40		
City Topeka	State KS	Zip Code 66610	Transaction ID : 41b16f3f-ab83-47ca-9		
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement or Obligation 10 / 29 / 2014		
Name of Federal Candidate Mr. Greg Orman		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: KS		
Calendar Year-To-Date Per Election for Office Sought		261541.03	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
Full Name of Payee Jonathan P Barnell			Date of Public Distribution/Dissemination 10 / 29 / 2014		
Mailing Address 3847 SW Atwood Terrace			Amount 45.00		
City Topeka	State KS	Zip Code 66610	Transaction ID : b95fd5a0-7e2b-493a-a		
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation 10 / 29 / 2014		
Name of Federal Candidate Mr. Greg Orman		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: KS		
Calendar Year-To-Date Per Election for Office Sought		261541.03	Disbursement For: ☐ Primary ☒ 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.					
Signature Ms. Emily Buchanan		[Electronically Filed]		Date 05 / 18 / 2015	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

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 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on MM / DD / YYYY					
Full Name of Payee Katelyn Stringer			Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 29 / 2014		
Mailing Address 2134 Oxford Dr			Amount 30.00		
City Salina	State KS	Zip Code 67401	Transaction ID : 2ce733cc-591a-44e1-a Date of Disbursement or Obligation MM / DD / YYYY 10 / 29 / 2014		
Purpose of Expenditure Salary		Category/ Type 001			
Name of Federal Candidate Mr. Greg Orman			Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: KS ☐ Support ☒ Oppose		
Calendar Year-To-Date Per Election for Office Sought 261541.03			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
Full Name of Payee Katelyn Stringer			Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 29 / 2014		
Mailing Address 2134 Oxford Dr			Amount 1.11		
City Salina	State KS	Zip Code 67401	Transaction ID : abf8db70-31ea-4930-9 Date of Disbursement or Obligation MM / DD / YYYY 10 / 29 / 2014		
Purpose of Expenditure Mileage		Category/ Type 002			
Name of Federal Candidate Mr. Greg Orman			Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: KS ☐ Support ☒ Oppose		
Calendar Year-To-Date Per Election for Office Sought 261541.03			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			31.11		
(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.					
Signature Ms. Emily Buchanan			Date MM / DD / YYYY 05 / 18 / 2015		
[Electronically Filed]					

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1913 OF 3250
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC		FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on		MM / DD / YYYY	
Full Name of Payee Leona Martin		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 29 / 2014	
Mailing Address 9901 Floyd St		Amount 60.00	
City Overland Park	State KS	Zip Code 66212	Transaction ID : 620702fa-0fe7-4f37-a
Purpose of Expenditure Salary	Category/Type 001	Date of Disbursement or Obligation MM / DD / YYYY 10 / 29 / 2014	
Name of Federal Candidate Mr. Greg Orman		Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: KS	
Calendar Year-To-Date Per Election for Office Sought 261541.03		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Leona Martin		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 29 / 2014	
Mailing Address 9901 Floyd St		Amount 12.30	
City Overland Park	State KS	Zip Code 66212	Transaction ID : b77de3df-7743-428c-b
Purpose of Expenditure Mileage	Category/Type 002	Date of Disbursement or Obligation MM / DD / YYYY 10 / 29 / 2014	
Name of Federal Candidate Mr. Greg Orman		Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: KS	
Calendar Year-To-Date Per Election for Office Sought 261541.03		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶		72.30	
(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.			
Signature Ms. Emily Buchanan		Date MM / DD / YYYY 05 / 18 / 2015	
		[Electronically Filed]	

Full Name of Payee Cecilia A Rebrick		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 29 / 2014	
Mailing Address 5003 Allison Lane		Amount 1.50	
City Ft. Smith	State AR	Zip Code 72901	Transaction ID : 3393463b-7e08-45b4-8
Purpose of Expenditure Mileage	Category/ Type	002	Date of Disbursement or Obligation MM / DD / YYYY 10 / 29 / 2014
Name of Federal Candidate Mr. Mark L Pryor	☐ Support ☒ Oppose	Office Sought: ☐ President ☒ Senate	District: 00 State: AR
Calendar Year-To-Date Per Election for Office Sought	292370.62	Disbursement For: 2014 ☐ Other (specify) ▶	☐ Primary ☒ General

(a) SUBTOTAL of Itemized Independent Expenditures.....	71.50
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures.....	

Signature

Full Name of Payee Bailey R Blair		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 29 / 2014	
Mailing Address 402A N 10th St		Amount 1.80	
City Manhattan	State KS	Zip Code 66502	Transaction ID : 488187c7-57bd-46eb-8 Date of Disbursement or Obligation MM / DD / YYYY 10 / 29 / 2014
Purpose of Expenditure Mileage	Category/ Type 002		
Name of Federal Candidate Mr. Greg Orman	☐ Support ☒ Oppose	Office Sought: ☐ President ☒ Senate ☐ Other (specify) ▶	District: 00 State: KS ☐ House ☒ Senate
Calendar Year-To-Date Per Election for Office Sought	261541.03		Disbursement For: 2014 ☐ Primary ☒ General

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	21.80
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

05 / 18 / 2015

FEC Schedule E (Form 3X) Rev. 09/2013

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1916 OF 3250
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M / D D / Y Y Y Y					
Full Name of Payee Caelan J Blair			Date of Public Distribution/Dissemination 10 / 29 / 2014		
Mailing Address 510 Haymaker Hall			Amount 20.00		
City Manhattan	State KS	Zip Code 66506	Transaction ID : 70fcbd4e-593d-404e-a		
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation 10 / 29 / 2014		
Name of Federal Candidate Mr. Greg Orman		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>KS</u>		
Calendar Year-To-Date Per Election for Office Sought		261541.03	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
Full Name of Payee Caelan J Blair			Date of Public Distribution/Dissemination 10 / 29 / 2014		
Mailing Address 510 Haymaker Hall			Amount 1.50		
City Manhattan	State KS	Zip Code 66506	Transaction ID : 27c4ffe9-53ba-4bc4-9		
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement or Obligation 10 / 29 / 2014		
Name of Federal Candidate Mr. Greg Orman		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>KS</u>		
Calendar Year-To-Date Per Election for Office Sought		261541.03	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			21.50		
(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.					
Signature Ms. Emily Buchanan		[Electronically Filed]		Date 05 / 18 / 2015	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1917 OF 3250
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC		FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on		M M M / D D D / Y Y Y Y Y Y	
Full Name of Payee Josiah B Beal		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 10 / 29 / 2014	
Mailing Address 2927 SW Hopkins Switch Rd		Amount 35.00	
City El Dorado	State KS	Zip Code 67042	Transaction ID : d36cf543-5580-4988-a
Purpose of Expenditure Salary		Category/Type 001	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 10 / 29 / 2014
Name of Federal Candidate Mr. Greg Orman		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: KS
Calendar Year-To-Date Per Election for Office Sought 261541.03		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Edward N Walker		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 10 / 29 / 2014	
Mailing Address 3 Girard St		Amount 70.00	
City Ft Smith	State AR	Zip Code 72901	Transaction ID : 42a204ff-8dea-4960-a
Purpose of Expenditure Salary		Category/Type 001	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 10 / 29 / 2014
Name of Federal Candidate Mr. Mark L Pryor		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: AR
Calendar Year-To-Date Per Election for Office Sought 292370.62		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶		105.00	
(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]	
Signature		Date M M M / D D D / Y Y Y Y Y Y 05 / 18 / 2015	

Full Name of Payee Zachariah T Beal		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 29 / 2014	
Mailing Address 2927 SW Hopkins Switch Rd		Amount 35.00	
City El Dorado	State KS	Zip Code 67042	Transaction ID : 1b7d4cc9-d0dc-48b2-a
Purpose of Expenditure Salary	Category/ Type	001	Date of Disbursement or Obligation MM / DD / YYYY 10 / 29 / 2014
Name of Federal Candidate Mr. Greg Orman	☐ Support ☒ Oppose	Office Sought: ☐ President ☒ Senate	District: 00 State: KS
Calendar Year-To-Date Per Election for Office Sought	261541.03		Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....	53.60
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures.....	

05 / 18 / 2015

FEC Schedule E (Form 3X) Rev. 09/2013

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1919 OF 3250
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC		FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M M / D D D / Y Y Y Y Y Y			
Full Name of Payee Zachariah T Beal		Date of Public Distribution/Dissemination 10 / 29 / 2014	
Mailing Address 2927 SW Hopkins Switch Rd		Amount 7.80	
City El Dorado	State KS	Zip Code 67042	Transaction ID : c15b3729-e96a-4dc4-8 Date of Disbursement or Obligation 10 / 29 / 2014
Purpose of Expenditure Mileage		Category/ Type 002	
Name of Federal Candidate Mr. Greg Orman		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: KS
Calendar Year-To-Date Per Election for Office Sought		261541.03	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶
Full Name of Payee Sue G Walker		Date of Public Distribution/Dissemination 10 / 29 / 2014	
Mailing Address 3 Girard		Amount 90.00	
City Fort Smith	State AR	Zip Code 72901	Transaction ID : 73d824db-9eb4-41fe-b Date of Disbursement or Obligation 10 / 29 / 2014
Purpose of Expenditure Salary		Category/ Type 001	
Name of Federal Candidate Mr. Mark L Pryor		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: AR
Calendar Year-To-Date Per Election for Office Sought		292370.62	Disbursement For: ☐ Primary ☒ 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.			
Signature <i>Ms. Emily Buchanan</i>		Date 05 / 18 / 2015	
[Electronically Filed]			

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

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 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M / D D / Y Y Y Y					
Full Name of Payee Sue G Walker			Date of Public Distribution/Dissemination 10 / 29 / 2014		
Mailing Address 3 Girard			Amount 23.40		
City Fort Smith		State AR	Zip Code 72901		Transaction ID : a176ffcc-1916-4844-9
Purpose of Expenditure Mileage		Category/Type 002		Date of Disbursement or Obligation 10 / 29 / 2014	
Name of Federal Candidate Mr. Mark L Pryor			☐ Support ☒ Oppose Office Sought: ☐ House ☒ Senate District: 00 ☐ President State: AR		
Calendar Year-To-Date Per Election for Office Sought 292370.62			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
Full Name of Payee Katie A Barros			Date of Public Distribution/Dissemination 10 / 29 / 2014		
Mailing Address PO Box 398			Amount 50.00		
City Neosho		State MO	Zip Code 64850		Transaction ID : 5a463b0c-de72-4ee9-8
Purpose of Expenditure Salary		Category/Type 001		Date of Disbursement or Obligation 10 / 29 / 2014	
Name of Federal Candidate Mr. Mark L Pryor			☐ Support ☒ Oppose Office Sought: ☐ House ☒ Senate District: 00 ☐ President State: AR		
Calendar Year-To-Date Per Election for Office Sought 292370.62			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			73.40		
(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.					
Signature <u>Ms. Emily Buchanan</u> [Electronically Filed]			Date 05 / 18 / 2015		

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1921 OF 3250
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M M / D D D / Y Y Y Y Y Y					
Full Name of Payee Katie A Barros			Date of Public Distribution/Dissemination 10 / 29 / 2014		
Mailing Address PO Box 398			Amount 42.60		
City Neosho		State MO	Zip Code 64850		Transaction ID : c2a5853a-4b07-4f61-b
Purpose of Expenditure Mileage		Category/ Type 002		Date of Disbursement or Obligation 10 / 29 / 2014	
Name of Federal Candidate Mr. Mark L Pryor			Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: AR		
Calendar Year-To-Date Per Election for Office Sought 292370.62			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
Full Name of Payee Mary R Kirkland			Date of Public Distribution/Dissemination 10 / 29 / 2014		
Mailing Address 504 Green Meadow Dr			Amount 50.00		
City Boyd		State TX	Zip Code 76023		Transaction ID : 5bb39c46-274b-4872-b
Purpose of Expenditure Salary		Category/ Type 001		Date of Disbursement or Obligation 10 / 29 / 2014	
Name of Federal Candidate Mr. Mark L Pryor			Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: AR		
Calendar Year-To-Date Per Election for Office Sought 292370.62			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			92.60		
(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.					
Signature Ms. Emily Buchanan			Date 05 / 18 / 2015		
[Electronically Filed]					

Full Name of Payee Janet Morris		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 29 / 2014	
Mailing Address 620 Old Barbome Rd Lot 2		Amount 40.00	
City West Monroe	State LA	Zip Code 71291	Transaction ID : 2bc4314a-0c89-4788-a Date of Disbursement or Obligation MM / DD / YYYY 10 / 29 / 2014
Purpose of Expenditure Salary	Category/ Type	001	
Name of Federal Candidate Ms. Mary L Landrieu	☐ Support ☒ Oppose	Office Sought: ☐ President ☒ Senate	District: 00 State: LA
Calendar Year-To-Date Per Election for Office Sought	554635.78	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	

Full Name of Payee Heather Ainsworth		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 29 / 2014	
Mailing Address 9685 Paula St		Amount 80.00	
City Keithville	State LA	Zip Code 71047	Transaction ID : 7edeb8df-e708-4b63-a Date of Disbursement or Obligation MM / DD / YYYY 10 / 29 / 2014
Purpose of Expenditure Salary	Category/ Type	001	
Name of Federal Candidate Ms. Mary L Landrieu	☐ Support ☒ Oppose	Office Sought: ☐ President ☒ Senate	House District: 00 State: LA
Calendar Year-To-Date Per Election for Office Sought	554635.78	Disbursement For: 2014 ☐ Primary ☒ General ☐ 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.

Date _____

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1923 OF 3250
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M / D D / Y Y Y Y Y Y					
Full Name of Payee Heather Ainsworth			Date of Public Distribution/Dissemination 10 / 29 / 2014		
Mailing Address 9685 Paula St			Amount 35.70		
City Keithville	State LA	Zip Code 71047	Transaction ID : 1d51100d-29f7-4c49-8		
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement or Obligation 10 / 29 / 2014		
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: LA		
Calendar Year-To-Date Per Election for Office Sought		554635.78	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
Full Name of Payee Mary Catherine Toburen			Date of Public Distribution/Dissemination 10 / 29 / 2014		
Mailing Address 1222 SE 44 St			Amount 80.00		
City Topeka	State KS	Zip Code 66609	Transaction ID : 01920d79-6f2b-4e57-9		
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation 10 / 29 / 2014		
Name of Federal Candidate Mr. Greg Orman		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: KS		
Calendar Year-To-Date Per Election for Office Sought		261541.03	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			115.70		
(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.					
Signature Ms. Emily Buchanan		[Electronically Filed]		Date 05 / 18 / 2015	

Full Name of Payee Mary Catherine Toburen		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 29 / 2014	
Mailing Address 1222 SE 44 St		Amount 1.50	
City Topeka	State KS	Zip Code 66609	Transaction ID : 1d4754af-4f1a-4a96-8
Purpose of Expenditure Mileage		Category/ Type	Date of Disbursement or Obligation MM / DD / YYYY 10 / 29 / 2014
Name of Federal Candidate Mr. Greg Orman		☐ Support ☒ Oppose	Office Sought: ☐ House ☒ Senate ☐ President ☒ Senate District: 00 State: KS
Calendar Year-To-Date Per Election for Office Sought		261541.03	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶

Full Name of Payee Aleksandra B Padua		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 29 / 2014	
Mailing Address 110 Bridge gate Dr		Amount 52.50	
City Cary	State NC	Zip Code 27519	Transaction ID : f772e7bc-3457-49a8-9 Date of Disbursement or Obligation MM / DD / YYYY 10 / 29 / 2014
Purpose of Expenditure Salary		Category/ Type 001	
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: NC
Calendar Year-To-Date Per Election for Office Sought 1095959.94		Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	54.00
(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.

Date _____

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1925 OF 3250
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M M / D D D / Y Y Y Y Y Y					
Full Name of Payee Aleksandra B Padua			Date of Public Distribution/Dissemination 10 / 29 / 2014		
Mailing Address 110 Bridge gate Dr			Amount 9.66		
City Cary	State NC	Zip Code 27519	Transaction ID : e5c55434-5d3a-42a1-8		
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement or Obligation 10 / 29 / 2014		
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>NC</u>		
Calendar Year-To-Date Per Election for Office Sought		1095959.94	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
Full Name of Payee Ms. Tonya Boyd			Date of Public Distribution/Dissemination 10 / 29 / 2014		
Mailing Address 2357 Fancy Cap Rd			Amount 85.00		
City Mt. Airy	State NC	Zip Code 27030	Transaction ID : e61348ea-e319-484f-b		
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation 10 / 29 / 2014		
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>NC</u>		
Calendar Year-To-Date Per Election for Office Sought		1095959.94	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			94.66		
(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.					
Signature <i>Ms. Emily Buchanan</i>		[Electronically Filed]		Date 05 / 18 / 2015	

Full Name of Payee Vonniqua Jackson			Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 29 / 2014		
Mailing Address 111 Westchester Blvd Apt D4			Amount 60.00		
City Slidell	State LA	Zip Code 70458	Transaction ID : 2466960a-d391-4bbf-b Date of Disbursement or Obligation MM / DD / YYYY 10 / 29 / 2014		
Purpose of Expenditure Salary		Category/ Type 001			
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House ☒ Senate ☐ President ☒ Senate		
District: <u>00</u> State: <u>LA</u>					
Calendar Year-To-Date Per Election for Office Sought		554635.78	Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ►		

(a) SUBTOTAL of Itemized Independent Expenditures.....	72.84
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures.....	

FEC Schedule E (Form 3X) Rev. 09/2013

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1927 OF 3250
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on MM / DD / YYYY				
Full Name of Payee Felicia A Jones			Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 29 / 2014	
Mailing Address 4106 Martha St			Amount 80.00	
City Shreveport	State LA	Zip Code 71109	Transaction ID : 44060ec2-7698-499e-9	
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation MM / DD / YYYY 10 / 29 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>LA</u>	
Calendar Year-To-Date Per Election for Office Sought		554635.78	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Felicia A Jones			Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 29 / 2014	
Mailing Address 4106 Martha St			Amount 9.60	
City Shreveport	State LA	Zip Code 71109	Transaction ID : 799049d7-70a6-442f-9	
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement or Obligation MM / DD / YYYY 10 / 29 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>LA</u>	
Calendar Year-To-Date Per Election for Office Sought		554635.78	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			89.60	
(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.				
Signature Ms. Emily Buchanan		[Electronically Filed]		Date MM / DD / YYYY 05 / 18 / 2015

Full Name of Payee Patricia F Arnold		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 29 / 2014	
Mailing Address 1117 Clipper Dr		Amount 1.50	
City Slidell	State LA	Zip Code 70458	Transaction ID : acb5c5b4-d57c-4bd8-9 Date of Disbursement or Obligation MM / DD / YYYY 10 / 29 / 2014
Purpose of Expenditure Mileage		Category/ Type 002	
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: LA
Calendar Year-To-Date Per Election for Office Sought 554635.78		Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ►	

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	20.50
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

Ms. Emily Buchanan

[Electronically Filed]

Date 05 / 18 / 2015

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1929 OF 3250
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M / D D / Y Y Y Y					
Full Name of Payee Jon Linch			Date of Public Distribution/Dissemination 10 / 29 / 2014		
Mailing Address 6108 Harkins Ave			Amount 85.00		
City Little Rock		State AR	Zip Code 72210		Transaction ID : a8d37f0c-df2e-45c7-8
Purpose of Expenditure Salary		Category/ Type	Date of Disbursement or Obligation 10 / 29 / 2014		
Name of Federal Candidate Mr. Mark L Pryor		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: AR		
Calendar Year-To-Date Per Election for Office Sought		292370.62		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Jon Linch			Date of Public Distribution/Dissemination 10 / 29 / 2014		
Mailing Address 6108 Harkins Ave			Amount 32.40		
City Little Rock		State AR	Zip Code 72210		Transaction ID : 447d565b-948c-48f7-b
Purpose of Expenditure Mileage		Category/ Type	Date of Disbursement or Obligation 10 / 29 / 2014		
Name of Federal Candidate Mr. Mark L Pryor		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: AR		
Calendar Year-To-Date Per Election for Office Sought		292370.62		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			117.40		
(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.					
Signature Ms. Emily Buchanan		[Electronically Filed]		Date 05 / 18 / 2015	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1930 OF 3250
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC		FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on		M M M / D D D / Y Y Y Y Y Y	
Full Name of Payee Aaron L Watson		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 10 / 29 / 2014	
Mailing Address 30217 Crook Rd		Amount 25.00	
City Cleveland	State MO	Zip Code 64734	Transaction ID : f4bebbc0-d10c-414c-a
Purpose of Expenditure Salary	Category/ Type	001	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 10 / 29 / 2014
Name of Federal Candidate Mr. Greg Orman		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: KS
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Aaron L Watson		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 10 / 29 / 2014	
Mailing Address 30217 Crook Rd		Amount 15.30	
City Cleveland	State MO	Zip Code 64734	Transaction ID : ba3ad7f0-c7af-409a-8
Purpose of Expenditure Mileage	Category/ Type	002	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 10 / 29 / 2014
Name of Federal Candidate Mr. Greg Orman		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: KS
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures.....		40.30	
(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.			
Signature Ms. Emily Buchanan		Date M M M / D D D / Y Y Y Y Y Y 05 / 18 / 2015	
		[Electronically Filed]	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1931 OF 3250
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on MM / DD / YYYY				
Full Name of Payee Leslie D Moore			Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 29 / 2014	
Mailing Address 1903 Swan Dr			Amount 115.00	
City Lenoir	State NC	Zip Code 28645	Transaction ID : fa3bcb1d-cf35-4ee4-a Date of Disbursement or Obligation MM / DD / YYYY 10 / 29 / 2014	
Purpose of Expenditure Salary		Category/ Type 001		
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>NC</u>	
Calendar Year-To-Date Per Election for Office Sought		1095959.94	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Leslie D Moore			Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 29 / 2014	
Mailing Address 1903 Swan Dr			Amount 7.20	
City Lenoir	State NC	Zip Code 28645	Transaction ID : cec7370c-4eb3-48ad-9 Date of Disbursement or Obligation MM / DD / YYYY 10 / 29 / 2014	
Purpose of Expenditure Mileage		Category/ Type 002		
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>NC</u>	
Calendar Year-To-Date Per Election for Office Sought		1095959.94	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			122.20	
(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.				
Signature <i>Ms. Emily Buchanan</i>		[Electronically Filed]		Date MM / DD / YYYY 05 / 18 / 2015

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1933 OF 3250
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on MM / DD / YYYY				
Full Name of Payee Peggy A Sides			Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 29 / 2014	
Mailing Address 2183 Spokane Rd			Amount 70.00	
City Fayetteville	State NC	Zip Code 28304	Transaction ID : d6b30c76-dfbd-46cd-9	
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation MM / DD / YYYY 10 / 29 / 2014	
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: NC	
Calendar Year-To-Date Per Election for Office Sought		1095959.94	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Peggy A Sides			Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 29 / 2014	
Mailing Address 2183 Spokane Rd			Amount 12.00	
City Fayetteville	State NC	Zip Code 28304	Transaction ID : f5227463-6cde-4e39-9	
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement or Obligation MM / DD / YYYY 10 / 29 / 2014	
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: NC	
Calendar Year-To-Date Per Election for Office Sought		1095959.94	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			82.00	
(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 MM / DD / YYYY 05 / 18 / 2015	
Signature				

Full Name of Payee Dylan J Sparks			Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 29 / 2014		
Mailing Address 915 East Market Ave			Amount 70.20		
City	State	Zip Code	Transaction ID : cdf88c11-ef79-4b35-b Date of Disbursement or Obligation MM / DD / YYYY 10 / 29 / 2014		
Searcy	AR	72149			
Purpose of Expenditure Mileage		Category/ Type	002		
Name of Federal Candidate Mr. Mark L Pryor		☐ Support ☒ Oppose	Office Sought: ☐ House ☒ Senate ☐ President ☒ Senate		
Calendar Year-To-Date Per Election for Office Sought		292370.62	District: <u>00</u> State: <u>AR</u> Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ► _____		

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	170.20
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1935 OF 3250
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC		FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on		M M M / D D D / Y Y Y Y Y Y	
Full Name of Payee Gabriela P Sosa		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 10 / 29 / 2014	
Mailing Address 2530 Brook Stone Dr		Amount 70.00	
City Clemmons	State NC	Zip Code 27012	Transaction ID : 211bf0a1-13bb-40b5-a
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 10 / 29 / 2014
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>NC</u>
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Gabriela P Sosa		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 10 / 29 / 2014	
Mailing Address 2530 Brook Stone Dr		Amount 26.10	
City Clemmons	State NC	Zip Code 27012	Transaction ID : 31006dc0-1ddb-4707-8
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 10 / 29 / 2014
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>NC</u>
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶		96.10	
(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]	
Signature		Date M M M / D D D / Y Y Y Y Y Y 05 / 18 / 2015	

Full Name of Payee Kathy Anderson			Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 29 / 2014		
Mailing Address 3041 SW Burlingame Rd			Amount 12.30		
City Topeka	State KS	Zip Code 66611	Transaction ID : 40a09f51-5adf-4d21-a Date of Disbursement or Obligation MM / DD / YYYY 10 / 29 / 2014		
Purpose of Expenditure Mileage		Category/ Type 002			
Name of Federal Candidate Mr. Greg Orman		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: KS		
Calendar Year-To-Date Per Election for Office Sought		261541.03	Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ►		

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	79.80
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1937 OF 3250
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC		FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on		M M M / D D D / Y Y Y Y Y Y	
Full Name of Payee Sandra C Montalbano		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 10 / 29 / 2014	
Mailing Address 4177 Lowerline St		Amount 40.00	
City Slidell	State LA	Zip Code 70461	Transaction ID : 75508782-3cd4-47c2-b
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 10 / 29 / 2014
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: LA
Calendar Year-To-Date Per Election for Office Sought 554635.78		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Sandra C Montalbano		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 10 / 29 / 2014	
Mailing Address 4177 Lowerline St		Amount 4.50	
City Slidell	State LA	Zip Code 70461	Transaction ID : 07dcf394-81ee-4b44-8
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 10 / 29 / 2014
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: LA
Calendar Year-To-Date Per Election for Office Sought 554635.78		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶		44.50	
(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]	
Signature		Date M M M / D D D / Y Y Y Y Y Y 05 / 18 / 2015	

Full Name of Payee Ashley n Thompson		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 29 / 2014	
Mailing Address 272 Westgate Ct Apt 6		Amount MM / DD / YYYY 20.00	
City Lexington	State NC	Zip Code 27295	Transaction ID : 52eca0ef-a68c-44d8-9 Date of Disbursement or Obligation MM / DD / YYYY 10 / 29 / 2014
Purpose of Expenditure Salary	Category/ Type	001	
Name of Federal Candidate Ms. Kay Hagan	☐ Support ☒ Oppose	Office Sought: ☐ House ☒ Senate ☐ President ☒ Senate	District: 00 State: NC
Calendar Year-To-Date Per Election for Office Sought	MM / DD / YYYY 1095959.94		Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	80.00
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

05 / 18 / 2015

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SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1939 OF 3250
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M M / D D D / Y Y Y Y Y Y				
Full Name of Payee Ashley n Thompson			Date of Public Distribution/Dissemination 10 / 29 / 2014	
Mailing Address 272 Westgate Ct Apt 6			Amount 3.00	
City Lexington	State NC	Zip Code 27295	Transaction ID : a9a9c5fc-e8c9-4f2a-8 Date of Disbursement or Obligation 10 / 29 / 2014	
Purpose of Expenditure Mileage		Category/ Type 002		
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>NC</u>	
Calendar Year-To-Date Per Election for Office Sought		1095959.94	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Mary Johnson			Date of Public Distribution/Dissemination 10 / 29 / 2014	
Mailing Address 105 South Dale St			Amount 60.00	
City Spruce Pine	State NC	Zip Code 28777	Transaction ID : e7f82137-cd73-4d01-b Date of Disbursement or Obligation 10 / 29 / 2014	
Purpose of Expenditure Salary		Category/ Type 001		
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>NC</u>	
Calendar Year-To-Date Per Election for Office Sought		1095959.94	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			63.00	
(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.				
Signature Ms. Emily Buchanan		[Electronically Filed]		Date 05 / 18 / 2015

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1940 OF 3250
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on / /					
Full Name of Payee Lilly Green			Date of Public Distribution/Dissemination / / 10 / 29 / 2014		
Mailing Address 205 Medallion Circle			Amount 80.00		
City Shreveport		State LA	Zip Code 71119		Transaction ID : 5804c835-503f-4529-9 Date of Disbursement or Obligation / / 10 / 29 / 2014
Purpose of Expenditure Salary		Category/ Type 001			
Name of Federal Candidate Ms. Mary L Landrieu			☐ Support ☒ Oppose		Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>LA</u>
Calendar Year-To-Date Per Election for Office Sought 554635.78			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶ _____		
Full Name of Payee Lilly Green			Date of Public Distribution/Dissemination / / 10 / 29 / 2014		
Mailing Address 205 Medallion Circle			Amount 36.90		
City Shreveport		State LA	Zip Code 71119		Transaction ID : 48b73e98-a9b3-4e37-8 Date of Disbursement or Obligation / / 10 / 29 / 2014
Purpose of Expenditure Mileage		Category/ Type 002			
Name of Federal Candidate Ms. Mary L Landrieu			☐ Support ☒ Oppose		Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>LA</u>
Calendar Year-To-Date Per Election for Office Sought 554635.78			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶ _____		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			116.90		
(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.					
Signature <i>Ms. Emily Buchanan</i>			[Electronically Filed]		Date / / 05 / 18 / 2015

Full Name of Payee Randy G Lookabill		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 29 / 2014	
Mailing Address 200 Carawood Lane		Amount 67.50	
City Lexington	State NC	Zip Code 27295	Transaction ID : b99c1598-fa10-4b27-9 Date of Disbursement or Obligation MM / DD / YYYY 10 / 29 / 2014
Purpose of Expenditure Salary	Category/ Type 001		
Name of Federal Candidate Ms. Kay Hagan	☐ Support ☒ Oppose	Office Sought: ☐ President ☒ Senate ☐ Other (specify) ▶	District: 00 State: NC ☐ Primary ☒ General
Calendar Year-To-Date Per Election for Office Sought	1095959.94		

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	132.50
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

05 / 18 / 2015

FEC Schedule E (Form 3X) Rev. 09/2013

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1942 OF 3250
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC		FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on		M M M / D D D / Y Y Y Y Y Y	
Full Name of Payee Randy G Lookabill		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 10 / 29 / 2014	
Mailing Address 200 Carawood Lane		Amount 29.70	
City Lexington	State NC	Zip Code 27295	Transaction ID : 7ab84122-021e-48d9-8
Purpose of Expenditure Mileage	Category/Type 002	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 10 / 29 / 2014	
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose ☐ President ☒ Senate	
Office Sought: ☐ House ☒ Senate		District: 00 State: NC	
Calendar Year-To-Date Per Election for Office Sought 1095959.94		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Rhonda Moback		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 10 / 29 / 2014	
Mailing Address 2704 E Glen Oaks Dr		Amount 50.00	
City Wichita	State KS	Zip Code 67216	Transaction ID : 11f6b8e8-4293-46ad-8
Purpose of Expenditure Salary	Category/Type 001	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 10 / 29 / 2014	
Name of Federal Candidate Mr. Greg Orman		☐ Support ☒ Oppose ☐ President ☒ Senate	
Office Sought: ☐ House ☒ Senate		District: 00 State: KS	
Calendar Year-To-Date Per Election for Office Sought 261541.03		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶		79.70	
(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.			
Signature Ms. Emily Buchanan		Date M M M / D D D / Y Y Y Y Y Y 05 / 18 / 2015	
		[Electronically Filed]	

Full Name of Payee Karen Congema		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 29 / 2014	
Mailing Address 813 Worthington Way		Amount 12.50	
City Wilmington	State NC	Zip Code 28411	Transaction ID : c09c2466-6e2e-4d7f-a Date of Disbursement or Obligation MM / DD / YYYY 10 / 29 / 2014
Purpose of Expenditure Salary	Category/ Type 001		
Name of Federal Candidate Ms. Kay Hagan	☐ Support ☒ Oppose	Office Sought: ☐ President ☒ Senate	District: 00 State: NC
Calendar Year-To-Date Per Election for Office Sought	1095959.94	Disbursement For: 2014 ☐ Primary ☒ General ☐ Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	19.10
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

05 / 18 / 2015

FEC Schedule E (Form 3X) Rev. 09/2013

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1944 OF 3250
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC		FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on		M M M / D D D / Y Y Y Y Y Y	
Full Name of Payee Karen Congema		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 10 / 29 / 2014	
Mailing Address 813 Worthington Way		Amount 3.00	
City Wilmington	State NC	Zip Code 28411	Transaction ID : fbfc8705-b6dd-4fe5-8
Purpose of Expenditure Mileage		Category/Type 002	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 10 / 29 / 2014
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: NC
Calendar Year-To-Date Per Election for Office Sought 1095959.94		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Kristina M Jinkens		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 10 / 29 / 2014	
Mailing Address 2138 N 1000 Rd		Amount 60.00	
City Eudora	State KS	Zip Code 66025	Transaction ID : f3b8fefc-545b-4f54-9
Purpose of Expenditure Salary		Category/Type 001	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 10 / 29 / 2014
Name of Federal Candidate Mr. Greg Orman		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: KS
Calendar Year-To-Date Per Election for Office Sought 261541.03		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures.....▶		63.00	
(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.			
Signature Ms. Emily Buchanan		Date M M M / D D D / Y Y Y Y Y Y 05 / 18 / 2015	
		[Electronically Filed]	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1945 OF 3250
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on MM / DD / YYYY					
Full Name of Payee Gregory Green			Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 29 / 2014		
Mailing Address 2506 Bolch Street			Amount 80.00		
City Shreveport	State LA	Zip Code 71104	Transaction ID : fc8c1217-245d-4b69-8		
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation MM / DD / YYYY 10 / 29 / 2014		
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: LA		
Calendar Year-To-Date Per Election for Office Sought		554635.78	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
Full Name of Payee Gregory Green			Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 29 / 2014		
Mailing Address 2506 Bolch Street			Amount 48.60		
City Shreveport	State LA	Zip Code 71104	Transaction ID : 3bb17352-02dc-44d4-a		
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement or Obligation MM / DD / YYYY 10 / 29 / 2014		
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: LA		
Calendar Year-To-Date Per Election for Office Sought		554635.78	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			128.60		
(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 MM / DD / YYYY 05 / 18 / 2015		
Signature					

Full Name of Payee Monique Guillory		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 29 / 2014	
Mailing Address 409 LaSalle Drive		Amount 80.00	
City Little Rock	State AR	Zip Code 72211	Transaction ID : c8bcb263-ac4b-4822-b
Purpose of Expenditure Salary	Category/ Type	001	Date of Disbursement or Obligation MM / DD / YYYY 10 / 29 / 2014
Name of Federal Candidate Mr. Mark L Pryor		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: AR
Calendar Year-To-Date Per Election for Office Sought		292370.62	Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ▶

Full Name of Payee Monique Guillory		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 29 / 2014	
Mailing Address 409 LaSalle Drive		Amount 6.00	
City Little Rock	State AR	Zip Code 72211	Transaction ID : 537fb636-5af3-40a9-b Date of Disbursement or Obligation MM / DD / YYYY 10 / 29 / 2014
Purpose of Expenditure Mileage		Category/ Type	002
Name of Federal Candidate Mr. Mark L Pryor		☐ Support ☒ Oppose	Office Sought: ☐ House ☒ Senate ☐ President ☒ Senate District: 00 State: AR
Calendar Year-To-Date Per Election for Office Sought		292370.62	Disbursement For: ☐ Primary ☒ General ☐ 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.

Signature

Full Name of Payee Rachel H Young		Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y 10 / 29 / 2014	
Mailing Address Box #11543 915 E Market Ave		Amount 4.38	
City Searcy	State AR	Zip Code 72149	Transaction ID : f196e66b-a9eb-463c-b Date of Disbursement or Obligation M M / D D / Y Y Y Y Y 10 / 29 / 2014
Purpose of Expenditure Mileage		Category/ Type 002	
Name of Federal Candidate Mr. Mark L Pryor		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: AR
Calendar Year-To-Date Per Election for Office Sought		292370.62	Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ►

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	19.38
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

Ms. Emily Buchanan

[Electronically Filed]

Date 05 / 18 / 2015

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1948 OF 3250
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M / D D / Y Y Y Y Y Y					
Full Name of Payee Alice K Salazar			Date of Public Distribution/Dissemination 10 / 29 / 2014		
Mailing Address 605 W Houston St			Amount 80.00		
City Marshall		State TX	Zip Code 75633		Transaction ID : d09ffd5a-15ef-405a-b
Purpose of Expenditure Salary		Category/ Type 001		Date of Disbursement or Obligation 10 / 29 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu			Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: LA		
Calendar Year-To-Date Per Election for Office Sought 554635.78			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
Full Name of Payee Alice K Salazar			Date of Public Distribution/Dissemination 10 / 29 / 2014		
Mailing Address 605 W Houston St			Amount 50.40		
City Marshall		State TX	Zip Code 75633		Transaction ID : 03a34ac3-4f49-47d0-b
Purpose of Expenditure Mileage		Category/ Type 002		Date of Disbursement or Obligation 10 / 29 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu			Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: LA		
Calendar Year-To-Date Per Election for Office Sought 554635.78			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			130.40		
(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.					
Signature Ms. Emily Buchanan			Date 05 / 18 / 2015		
[Electronically Filed]					

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1949 OF 3250
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC		FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on		MM / DD / YYYY	
Full Name of Payee Michael A Toomey		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 29 / 2014	
Mailing Address 4120 Bon Aire Dr Apt 6307		Amount 50.00	
City Monroe	State LA	Zip Code 71212	Transaction ID : 686b4b9b-8f2c-40d3-8
Purpose of Expenditure Salary	Category/Type 001	Date of Disbursement or Obligation MM / DD / YYYY 10 / 29 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	
Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: LA			
Calendar Year-To-Date Per Election for Office Sought 554635.78		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Michael A Toomey		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 29 / 2014	
Mailing Address 4120 Bon Aire Dr Apt 6307		Amount 4.20	
City Monroe	State LA	Zip Code 71212	Transaction ID : f0ebd038-bbd9-4ed1-8
Purpose of Expenditure Mileage	Category/Type 002	Date of Disbursement or Obligation MM / DD / YYYY 10 / 29 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	
Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: LA			
Calendar Year-To-Date Per Election for Office Sought 554635.78		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶		54.20	
(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]	
Signature		Date MM / DD / YYYY 05 / 18 / 2015	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1950 OF 3250
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC		FEC IDENTIFICATION NUMBER ▼ C C00530766
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on		MM / DD / YYYY

Full Name of Payee Logan B Piper		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 29 / 2014
Mailing Address 3205 Pebble Beach Rd		Amount 52.00
City Conway	State AR	Zip Code 72034
Purpose of Expenditure Salary	Category/Type 001	Transaction ID : 46b93d8d-3df7-4ba6-9 Date of Disbursement or Obligation MM / DD / YYYY 10 / 29 / 2014
Name of Federal Candidate Mr. Mark L Pryor		Office Sought: ☐ House District: 00 ☒ Senate State: AR
Calendar Year-To-Date Per Election for Office Sought 292370.62		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶

Full Name of Payee Logan B Piper		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 29 / 2014
Mailing Address 3205 Pebble Beach Rd		Amount 26.28
City Conway	State AR	Zip Code 72034
Purpose of Expenditure Mileage	Category/Type 002	Transaction ID : 7b1baf80-272f-4d89-8 Date of Disbursement or Obligation MM / DD / YYYY 10 / 29 / 2014
Name of Federal Candidate Mr. Mark L Pryor		Office Sought: ☐ House District: 00 ☒ Senate State: AR
Calendar Year-To-Date Per Election for Office Sought 292370.62		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	78.28
(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]

Signature

Date

MM / DD / YYYY
05 / 18 / 2015

Full Name of Payee Lydia H DeGisi		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 29 / 2014	
Mailing Address 9513 Beverly Dr		Amount 22.50	
City Overland Park	State KS	Zip Code 66207	Transaction ID : 620b27e3-23b8-4dec-8 Date of Disbursement or Obligation MM / DD / YYYY 10 / 29 / 2014
Purpose of Expenditure Salary		Category/ Type 001	
Name of Federal Candidate Mr. Greg Orman		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: KS
Calendar Year-To-Date Per Election for Office Sought 261541.03		Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ▶	

Full Name of Payee Lydia H DeGisi			Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 29 / 2014		
Mailing Address 9513 Beverly Dr			Amount 7.50		
City Overland Park	State KS	Zip Code 66207	Transaction ID : 6f17fa3a-886f-4522-a Date of Disbursement or Obligation MM / DD / YYYY 10 / 29 / 2014		
Purpose of Expenditure Mileage		Category/ Type 002			
Name of Federal Candidate Mr. Greg Orman		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: KS		
Calendar Year-To-Date Per Election for Office Sought		261541.03	Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ►		

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	30.00
(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.

Date _____

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1952 OF 3250
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC		FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on		M M M / D D D / Y Y Y Y Y Y	
Full Name of Payee Christopher Marquess		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 10 / 29 / 2014	
Mailing Address 110 W Pecan St		Amount 50.00	
City Ville Platte	State LA	Zip Code 70586	Transaction ID : 20219080-15a7-474c-b
Purpose of Expenditure Salary	Category/Type 001	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 10 / 29 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose ☐ President ☒ Senate	
Office Sought: ☐ House ☒ Senate District: 00 State: LA		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Calendar Year-To-Date Per Election for Office Sought 554635.78			
Full Name of Payee Christopher Marquess		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 10 / 29 / 2014	
Mailing Address 110 W Pecan St		Amount 34.50	
City Ville Platte	State LA	Zip Code 70586	Transaction ID : 0a621194-df26-4d6b-9
Purpose of Expenditure Mileage	Category/Type 002	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 10 / 29 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose ☐ President ☒ Senate	
Office Sought: ☐ House ☒ Senate District: 00 State: LA		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Calendar Year-To-Date Per Election for Office Sought 554635.78			
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶		84.50	
(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]	
Signature		Date M M M / D D D / Y Y Y Y Y Y 05 / 18 / 2015	

Full Name of Payee Theresa a Youngblood		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 29 / 2014	
Mailing Address 102 S Main Street Apt A2		Amount 20.00	
City Berryville	State VA	Zip Code 22611	Transaction ID : b17639c5-a0cd-4627-b Date of Disbursement or Obligation MM / DD / YYYY 10 / 29 / 2014
Purpose of Expenditure Salary		Category/ Type 001	
Name of Federal Candidate Mr. Greg Orman		☐ Support ☒ Oppose	Office Sought: ☐ House ☒ Senate ☐ President ☐ Other
Calendar Year-To-Date Per Election for Office Sought 261541.03		District: 00 State: KS Disbursement For: ☐ Primary ☒ General ☐ Other (specify)	

Full Name of Payee Sheri J Peace			Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 29 / 2014		
Mailing Address 9685 Paula St			Amount 85.00		
City Keithville	State LA	Zip Code 71047	Transaction ID : a0bc3fde-ce29-4577-b Date of Disbursement or Obligation MM / DD / YYYY 10 / 29 / 2014		
Purpose of Expenditure Salary		Category/ Type 001			
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: LA		
Calendar Year-To-Date Per Election for Office Sought		554635.78	Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ►		

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	105.00
(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.

Date _____

Signature

05 / 18 / 2015

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1954 OF 3250
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC		FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on		M M M / D D D / Y Y Y Y Y Y	
Full Name of Payee Sheri J Peace		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 10 / 29 / 2014	
Mailing Address 9685 Paula St		Amount 24.00	
City Keithville	State LA	Zip Code 71047	Transaction ID : 7ab13460-ca35-46ac-8
Purpose of Expenditure Mileage	Category/Type 002	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 10 / 29 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose ☐ President ☒ Senate	
Office Sought: House		District: 00 State: LA	
Calendar Year-To-Date Per Election for Office Sought 554635.78		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Jacob Bernas		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 10 / 29 / 2014	
Mailing Address 458 S Glendale		Amount 50.00	
City Wichita	State KS	Zip Code 67218	Transaction ID : b3477858-2b13-41f5-b
Purpose of Expenditure Salary	Category/Type 001	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 10 / 29 / 2014	
Name of Federal Candidate Mr. Greg Orman		☐ Support ☒ Oppose ☐ President ☒ Senate	
Office Sought: House		District: 00 State: KS	
Calendar Year-To-Date Per Election for Office Sought 261541.03		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶		74.00	
(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.			
Signature Ms. Emily Buchanan		Date M M M / D D D / Y Y Y Y Y Y 05 / 18 / 2015	
		[Electronically Filed]	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1955 OF 3250
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC		FEC IDENTIFICATION NUMBER ▼ C C00530766
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on		MM / DD / YYYY

Full Name of Payee Jacob Bernas		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 29 / 2014	
Mailing Address 458 S Glendale		Amount 9.00	
City Wichita	State KS	Zip Code 67218	Transaction ID : cbe8dc7c-a013-4d49-8
Purpose of Expenditure Mileage		Category/Type 002	Date of Disbursement or Obligation MM / DD / YYYY 10 / 29 / 2014
Name of Federal Candidate Mr. Greg Orman		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: KS
Calendar Year-To-Date Per Election for Office Sought 261541.03		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	

Full Name of Payee Jessica A Felix		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 29 / 2014	
Mailing Address 873 Stoneykirk Dr		Amount 15.00	
City Fayetteville	State NC	Zip Code 28314	Transaction ID : 79ec054a-a643-4ec6-8
Purpose of Expenditure Salary		Category/Type 001	Date of Disbursement or Obligation MM / DD / YYYY 10 / 29 / 2014
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: NC
Calendar Year-To-Date Per Election for Office Sought 1095959.94		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	24.00
(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]

Signature

Date

MM / DD / YYYY
05 / 18 / 2015

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1956 OF 3250
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC		FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on		M M M / D D D / Y Y Y Y Y Y	
Full Name of Payee Jessica A Felix		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 10 / 29 / 2014	
Mailing Address 873 Stoneykirk Dr		Amount 4.65	
City Fayetteville	State NC	Zip Code 28314	Transaction ID : 8094c751-a9d6-4e07-b
Purpose of Expenditure Mileage	Category/ Type 002	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 10 / 29 / 2014	
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	
Office Sought: ☐ President ☒ Senate		District: 00 State: NC	
Calendar Year-To-Date Per Election for Office Sought 1095959.94		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Jackson S Tuttle		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 10 / 29 / 2014	
Mailing Address 404 Chancery Park Ct		Amount 45.00	
City Kernersville	State NC	Zip Code 27284	Transaction ID : 4d7fe4a6-983e-4bef-b
Purpose of Expenditure Salary	Category/ Type 001	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 10 / 29 / 2014	
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	
Office Sought: ☐ President ☒ Senate		District: 00 State: NC	
Calendar Year-To-Date Per Election for Office Sought 1095959.94		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶		49.65	
(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.			
Signature Ms. Emily Buchanan		Date M M M / D D D / Y Y Y Y Y Y 05 / 18 / 2015	
		[Electronically Filed]	

Full Name of Payee Jessica R Resendiz		Date of Public Distribution/Dissemination 10 29 2014	
Mailing Address 9685 Paula St		Amount 90.00	
City Keithville	State LA	Zip Code 71047	Transaction ID : c8ea0248-ad5e-480e-9 Date of Disbursement or Obligation 10 29 2014
Purpose of Expenditure Salary	Category/ Type	001	
Name of Federal Candidate Ms. Mary L Landrieu	☐ Support ☒ Oppose	Office Sought: ☐ President ☒ Senate	District: <u>00</u> State: <u>LA</u>
Calendar Year-To-Date Per Election for Office Sought	554635.78		Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ▶ _____

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	90.60
(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 _____

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1958 OF 3250
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M / D D / Y Y Y Y				
Full Name of Payee Jessica R Resendiz			Date of Public Distribution/Dissemination 10 / 29 / 2014	
Mailing Address 9685 Paula St			Amount 42.00	
City Keithville	State LA	Zip Code 71047	Transaction ID : 2f303759-9038-46fd-8	
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement or Obligation 10 / 29 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: LA	
Calendar Year-To-Date Per Election for Office Sought		554635.78	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Giordon A Pergola			Date of Public Distribution/Dissemination 10 / 29 / 2014	
Mailing Address 101 Golden Pheasant Dr			Amount 25.00	
City Slidell	State LA	Zip Code 70461	Transaction ID : af84989d-1bec-4965-9	
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation 10 / 29 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: LA	
Calendar Year-To-Date Per Election for Office Sought		554635.78	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures.....▶			67.00	
(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 05 / 18 / 2015	
Signature				

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1959 OF 3250
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC		FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M M / D D D / Y Y Y Y Y Y			
Full Name of Payee Deanna Candler		Date of Public Distribution/Dissemination 10 / 29 / 2014	
Mailing Address 5116 Highland Rd Apt 79		Amount 30.00	
City Baton Rouge	State LA	Zip Code 70808	Transaction ID : 31ba4d18-5035-4ee4-b Date of Disbursement or Obligation 10 / 29 / 2014
Purpose of Expenditure Salary		Category/ Type	001
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: LA
Calendar Year-To-Date Per Election for Office Sought		554635.78 Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Hannah J Landry		Date of Public Distribution/Dissemination 10 / 29 / 2014	
Mailing Address 1110 N Coolidge		Amount 102.50	
City Gonzales	State LA	Zip Code 70737	Transaction ID : 8bde2d07-d6d7-4d55-b Date of Disbursement or Obligation 10 / 29 / 2014
Purpose of Expenditure Salary		Category/ Type	001
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: LA
Calendar Year-To-Date Per Election for Office Sought		554635.78 Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶		132.50	
(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.			
Signature Ms. Emily Buchanan		Date 05 / 18 / 2015	
[Electronically Filed]			

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1960 OF 3250
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M M / D D D / Y Y Y Y Y Y					
Full Name of Payee Hannah J Landry			Date of Public Distribution/Dissemination 10 / 29 / 2014		
Mailing Address 1110 N Coolidge			Amount 15.93		
City Gonzales		State LA	Zip Code 70737		Transaction ID : c657bfb1-5a1b-43b3-a
Purpose of Expenditure Mileage		Category/ Type 002		Date of Disbursement or Obligation 10 / 29 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu			Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: LA		
Calendar Year-To-Date Per Election for Office Sought 554635.78			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
Full Name of Payee Mary C Lee			Date of Public Distribution/Dissemination 10 / 29 / 2014		
Mailing Address 1030 N Coolidge Ave			Amount 102.50		
City Gonzales		State LA	Zip Code 70737		Transaction ID : d9da50c7-7c5d-4705-b
Purpose of Expenditure Salary		Category/ Type 001		Date of Disbursement or Obligation 10 / 29 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu			Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: LA		
Calendar Year-To-Date Per Election for Office Sought 554635.78			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			118.43		
(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.					
Signature Ms. Emily Buchanan			Date 05 / 18 / 2015		
[Electronically Filed]					

Full Name of Payee Mary D Meens		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 29 / 2014	
Mailing Address 5724 SW Arrowhead Ct		Amount Amount 27.50	
City Topeka	State KS	Zip Code 66614	Transaction ID : f21bb60d-cc97-4d17-8 Date of Disbursement or Obligation MM / DD / YYYY 10 / 29 / 2014
Purpose of Expenditure Salary		Category/ Type 001	
Name of Federal Candidate Mr. Greg Orman		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: KS
Calendar Year-To-Date Per Election for Office Sought		Amount 261541.03	Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	43.43
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

05 / 18 / 2015

FEC Schedule E (Form 3X) Rev. 09/2013

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1962 OF 3250
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on MM / DD / YYYY					
Full Name of Payee Mary D Meens			Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 29 / 2014		
Mailing Address 5724 SW Arrowhead Ct			Amount 11.10		
City Topeka		State KS	Zip Code 66614		Transaction ID : 70c13988-09be-4ba7-8 Date of Disbursement or Obligation MM / DD / YYYY 10 / 29 / 2014
Purpose of Expenditure Mileage		Category/Type 002			
Name of Federal Candidate Mr. Greg Orman			Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: KS		
Calendar Year-To-Date Per Election for Office Sought 261541.03			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
Full Name of Payee Kathryn M Wolfe			Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 29 / 2014		
Mailing Address 204 W 9th St			Amount 30.00		
City Pittsburg		State KS	Zip Code 66762		Transaction ID : 35cf2f10-f917-47cb-8 Date of Disbursement or Obligation MM / DD / YYYY 10 / 29 / 2014
Purpose of Expenditure Salary		Category/Type 001			
Name of Federal Candidate Mr. Greg Orman			Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: KS		
Calendar Year-To-Date Per Election for Office Sought 261541.03			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			41.10		
(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.					
Signature <i>Ms. Emily Buchanan</i>			Date MM / DD / YYYY 05 / 18 / 2015		
			[Electronically Filed]		

Full Name of Payee Joshua D Syrotchen		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 29 / 2014	
Mailing Address 915 East Market Ave		Amount 100.00	
City	State	Zip Code	Transaction ID : 2fff1a42-a4a3-4aac-9 Date of Disbursement or Obligation MM / DD / YYYY 10 / 29 / 2014
Searcy	AR	72149	
Purpose of Expenditure Salary		Category/ Type	001
Name of Federal Candidate Mr. Mark L Pryor		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: AR
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ▶	
		292370.62	

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	122.20
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1964 OF 3250
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M M / D D D / Y Y Y Y Y Y					
Full Name of Payee Joshua D Syrotchen			Date of Public Distribution/Dissemination 10 / 29 / 2014		
Mailing Address 915 East Market Ave			Amount 80.40		
City Searcy	State AR	Zip Code 72149	Transaction ID : 4bec5777-b9bd-49b7-9		
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement or Obligation 10 / 29 / 2014		
Name of Federal Candidate Mr. Mark L Pryor		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: AR		
Calendar Year-To-Date Per Election for Office Sought		292370.62	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
Full Name of Payee Randy M Gold			Date of Public Distribution/Dissemination 10 / 29 / 2014		
Mailing Address 1436 Haigs Creek Dr			Amount 80.00		
City Elgin	State SC	Zip Code 29045	Transaction ID : 62eb5135-6383-4392-b		
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation 10 / 29 / 2014		
Name of Federal Candidate Mr. Mark L Pryor		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: AR		
Calendar Year-To-Date Per Election for Office Sought		292370.62	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			160.40		
(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.					
Signature Ms. Emily Buchanan		[Electronically Filed]		Date 05 / 18 / 2015	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1965 OF 3250
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M M / D D D / Y Y Y Y Y Y					
Full Name of Payee Randy M Gold			Date of Public Distribution/Dissemination 10 / 29 / 2014		
Mailing Address 1436 Haigs Creek Dr			Amount 32.37		
City Elgin	State SC	Zip Code 29045	Transaction ID : 75a1f689-651f-4cd1-8		
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement or Obligation 10 / 29 / 2014		
Name of Federal Candidate Mr. Mark L Pryor		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: AR		
Calendar Year-To-Date Per Election for Office Sought		292370.62	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
Full Name of Payee Kaleigh J Wagner			Date of Public Distribution/Dissemination 10 / 29 / 2014		
Mailing Address 18065 Wayne Rd			Amount 45.00		
City Odessa	State FL	Zip Code 33556	Transaction ID : bfbc8669-f0aa-49d5-b		
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation 10 / 29 / 2014		
Name of Federal Candidate Mr. Mark L Pryor		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: AR		
Calendar Year-To-Date Per Election for Office Sought		292370.62	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures.....▶			77.37		
(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.					
Signature Ms. Emily Buchanan		[Electronically Filed]		Date 05 / 18 / 2015	

Full Name of Payee Kendyl H Browder		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 29 / 2014	
Mailing Address 4429 Lagan Circle		Amount Amount 6.30	
City Winterville	State NC	Zip Code 28590	Transaction ID : 8d2061e2-d624-4413-9 Date of Disbursement or Obligation MM / DD / YYYY 10 / 29 / 2014
Purpose of Expenditure Mileage		Category/ Type 002	
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: NC
Calendar Year-To-Date Per Election for Office Sought		Amount 1095959.94	Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....		31.30
(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.

Date _____

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

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 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M / D D / Y Y Y Y					
Full Name of Payee Todd Ellis			Date of Public Distribution/Dissemination 10 / 29 / 2014		
Mailing Address P.O. Box 712			Amount 110.00		
City Alexander		State AR	Zip Code 72002		Transaction ID : b19ef19b-c7fd-4a28-b
Purpose of Expenditure Salary		Category/Type 001		Date of Disbursement or Obligation 10 / 29 / 2014	
Name of Federal Candidate Mr. Mark L Pryor			☐ Support ☒ Oppose Office Sought: ☐ House ☒ Senate District: <u>00</u> ☐ President State: <u>AR</u>		
Calendar Year-To-Date Per Election for Office Sought 292370.62			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶ _____		
Full Name of Payee Todd Ellis			Date of Public Distribution/Dissemination 10 / 29 / 2014		
Mailing Address P.O. Box 712			Amount 52.20		
City Alexander		State AR	Zip Code 72002		Transaction ID : 3c8e0b12-53d1-4c75-8
Purpose of Expenditure Mileage		Category/Type 002		Date of Disbursement or Obligation 10 / 29 / 2014	
Name of Federal Candidate Mr. Mark L Pryor			☐ Support ☒ Oppose Office Sought: ☐ House ☒ Senate District: <u>00</u> ☐ President State: <u>AR</u>		
Calendar Year-To-Date Per Election for Office Sought 292370.62			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶ _____		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			162.20		
(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.					
Signature <u>Ms. Emily Buchanan</u> [Electronically Filed]			Date 05 / 18 / 2015		

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1968 OF 3250
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC	FEC IDENTIFICATION NUMBER ▼ C C00530766
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M / D D / Y Y Y Y	

Full Name of Payee Lyndsey R Tarr		Date of Public Distribution/Dissemination 10 / 29 / 2014	
Mailing Address 109 Essex Cv		Amount 10.00	
City Jacksonville	State AR	Zip Code 72076	Transaction ID : bbf1e824-7cd0-4292-b
Purpose of Expenditure Salary	Category/ Type 001	Date of Disbursement or Obligation 10 / 29 / 2014	
Name of Federal Candidate Mr. Mark L Pryor		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>AR</u>
Calendar Year-To-Date Per Election for Office Sought 292370.62		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	

Full Name of Payee Lyndsey R Tarr		Date of Public Distribution/Dissemination 10 / 29 / 2014	
Mailing Address 109 Essex Cv		Amount 4.20	
City Jacksonville	State AR	Zip Code 72076	Transaction ID : c0c043c5-5377-483d-b
Purpose of Expenditure Mileage	Category/ Type 002	Date of Disbursement or Obligation 10 / 29 / 2014	
Name of Federal Candidate Mr. Mark L Pryor		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>AR</u>
Calendar Year-To-Date Per Election for Office Sought 292370.62		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	14.20
(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]

Signature

Date

05 / 18 / 2015

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1969 OF 3250
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC		FEC IDENTIFICATION NUMBER ▼ C C00530766
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on		MM / DD / YYYY

Full Name of Payee Chance B Ross		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 29 / 2014
Mailing Address 920 W Gracewood Apt 106		Amount 10.00
City Fayetteville	State AR	Zip Code 72701
Purpose of Expenditure Salary	Category/Type 001	Transaction ID : 9f25b62f-4b42-4f95-8 Date of Disbursement or Obligation MM / DD / YYYY 10 / 29 / 2014
Name of Federal Candidate Mr. Mark L Pryor		Office Sought: ☐ House District: 00 ☒ Senate State: AR
Calendar Year-To-Date Per Election for Office Sought 292370.62		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶

Full Name of Payee Chance B Ross		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 29 / 2014
Mailing Address 920 W Gracewood Apt 106		Amount 6.00
City Fayetteville	State AR	Zip Code 72701
Purpose of Expenditure Mileage	Category/Type 002	Transaction ID : 924428e1-e62e-40af-9 Date of Disbursement or Obligation MM / DD / YYYY 10 / 29 / 2014
Name of Federal Candidate Mr. Mark L Pryor		Office Sought: ☐ House District: 00 ☒ Senate State: AR
Calendar Year-To-Date Per Election for Office Sought 292370.62		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	16.00
(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]

Signature

Date

MM / DD / YYYY
05 / 18 / 2015

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1970 OF 3250
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC		FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M M / D D D / Y Y Y Y Y Y			
Full Name of Payee Maria A Britt		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 10 / 29 / 2014	
Mailing Address 4894 Thunder Bolt		Amount 80.00	
City Concord	State NC	Zip Code 28205	Transaction ID : f047bc1c-5d21-477f-8 Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 10 / 29 / 2014
Purpose of Expenditure Salary		Category/ Type 001	
Name of Federal Candidate Ms. Kay Hagan		Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>NC</u>	
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶ _____	
Full Name of Payee Jeffrey S Hauge		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 10 / 29 / 2014	
Mailing Address 211 N Ashley Park		Amount 67.50	
City Wichita	State KS	Zip Code 67212	Transaction ID : af983f3e-7b55-49ca-b Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 10 / 29 / 2014
Purpose of Expenditure Salary		Category/ Type 001	
Name of Federal Candidate Mr. Greg Orman		Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>KS</u>	
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶ _____	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶		147.50	
(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.			
Signature Ms. Emily Buchanan		Date M M M / D D D / Y Y Y Y Y Y 05 / 18 / 2015	
[Electronically Filed]			

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1971 OF 3250
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC		FEC IDENTIFICATION NUMBER ▼ C C00530766
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on		MM / DD / YYYY

Full Name of Payee Jeffrey S Hauge		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 29 / 2014
Mailing Address 211 N Ashley Park		Amount 12.90
City Wichita	State KS	Zip Code 67212
Purpose of Expenditure Mileage	Category/Type 002	Transaction ID : 90f3a33e-e52b-4804-8 Date of Disbursement or Obligation MM / DD / YYYY 10 / 29 / 2014
Name of Federal Candidate Mr. Greg Orman		Office Sought: ☐ House District: 00 ☒ Senate State: KS
Calendar Year-To-Date Per Election for Office Sought 261541.03		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶

Full Name of Payee OLynda Walker		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 29 / 2014
Mailing Address 10000 Mount Pleasant Rd		Amount 80.00
City Midland	State NC	Zip Code 28107
Purpose of Expenditure Salary	Category/Type 001	Transaction ID : f0cacdc0-8630-498b-a Date of Disbursement or Obligation MM / DD / YYYY 10 / 29 / 2014
Name of Federal Candidate Ms. Kay Hagan		Office Sought: ☐ House District: 00 ☒ Senate State: NC
Calendar Year-To-Date Per Election for Office Sought 1095959.94		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	92.90
(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]

Signature

Date

MM / DD / YYYY
05 / 18 / 2015

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 1972 OF 3250
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M / D D / Y Y Y Y Y Y					
Full Name of Payee OLynda Walker			Date of Public Distribution/Dissemination 10 / 29 / 2014		
Mailing Address 10000 Mount Pleasant Rd			Amount 20.70		
City Midland		State NC	Zip Code 28107		Transaction ID : c0248b29-b511-4047-b
Purpose of Expenditure Mileage		Category/ Type 002		Date of Disbursement or Obligation 10 / 29 / 2014	
Name of Federal Candidate Ms. Kay Hagan			☐ Support ☒ Oppose		
Office Sought: ☐ President ☒ Senate			District: <u>00</u> State: <u>NC</u>		
Calendar Year-To-Date Per Election for Office Sought 1095959.94			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
Full Name of Payee Jordyn Kilbury			Date of Public Distribution/Dissemination 10 / 29 / 2014		
Mailing Address 5416 S Santa Fe Street			Amount 120.00		
City Wichita		State KS	Zip Code 67216		Transaction ID : 620a37a3-3788-4c52-9
Purpose of Expenditure Salary		Category/ Type 001		Date of Disbursement or Obligation 10 / 29 / 2014	
Name of Federal Candidate Mr. Greg Orman			☐ Support ☒ Oppose		
Office Sought: ☐ President ☒ Senate			District: <u>00</u> State: <u>KS</u>		
Calendar Year-To-Date Per Election for Office Sought 261541.03			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			140.70		
(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.					
Signature Ms. Emily Buchanan			Date 05 / 18 / 2015		

[Electronically Filed]

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1973 OF 3250
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M M / D D D / Y Y Y Y Y Y				
Full Name of Payee Jordyn Kilbury			Date of Public Distribution/Dissemination 10 / 29 / 2014	
Mailing Address 5416 S Santa Fe Street			Amount 20.40	
City Wichita	State KS	Zip Code 67216	Transaction ID : 492359a8-014c-461e-8 Date of Disbursement or Obligation 10 / 29 / 2014	
Purpose of Expenditure Mileage		Category/ Type 002		
Name of Federal Candidate Mr. Greg Orman		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: KS	
Calendar Year-To-Date Per Election for Office Sought		261541.03	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Chelsi M Cox			Date of Public Distribution/Dissemination 10 / 29 / 2014	
Mailing Address 4254 Eagle Lake Ct			Amount 20.00	
City Bel Aire	State KS	Zip Code 67220	Transaction ID : 6ab62b00-5c6a-41db-9 Date of Disbursement or Obligation 10 / 29 / 2014	
Purpose of Expenditure Salary		Category/ Type 001		
Name of Federal Candidate Mr. Greg Orman		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: KS	
Calendar Year-To-Date Per Election for Office Sought		261541.03	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures.....▶			40.40	
(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.				
Signature Ms. Emily Buchanan		[Electronically Filed]		Date 05 / 18 / 2015

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

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 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M / D D / Y Y Y Y					
Full Name of Payee Chelsi M Cox			Date of Public Distribution/Dissemination 10 / 29 / 2014		
Mailing Address 4254 Eagle Lake Ct			Amount 6.30		
City Bel Aire	State KS	Zip Code 67220	Transaction ID : e2aae84f-66f2-4b41-b Date of Disbursement or Obligation 10 / 29 / 2014		
Purpose of Expenditure Mileage		Category/ Type 002			
Name of Federal Candidate Mr. Greg Orman			☐ Support ☒ Oppose Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: KS		
Calendar Year-To-Date Per Election for Office Sought 261541.03			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
Full Name of Payee Marilyn Galliardt			Date of Public Distribution/Dissemination 10 / 29 / 2014		
Mailing Address 410 Wedgewood Ct			Amount 90.00		
City Hesston	State KS	Zip Code 67062	Transaction ID : eeae89e8-8dfd-4e51-9 Date of Disbursement or Obligation 10 / 29 / 2014		
Purpose of Expenditure Salary		Category/ Type 001			
Name of Federal Candidate Mr. Greg Orman			☐ Support ☒ Oppose Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: KS		
Calendar Year-To-Date Per Election for Office Sought 261541.03			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			96.30		
(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.					
Signature <u>Ms. Emily Buchanan</u> [Electronically Filed]			Date 05 / 18 / 2015		

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

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 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M M D D D Y Y Y Y Y Y					
Full Name of Payee Marilyn Galliard			Date of Public Distribution/Dissemination 10 29 2014		
Mailing Address 410 Wedgewood Ct			Amount 37.50		
City Hesston	State KS	Zip Code 67062	Transaction ID : 7dc4c4fd-04d2-4cbe-b Date of Disbursement or Obligation 10 29 2014		
Purpose of Expenditure Mileage		Category/ Type 002			
Name of Federal Candidate Mr. Greg Orman			☐ Support Office Sought: ☐ House District: 00 ☒ Oppose ☐ President ☒ Senate State: KS		
Calendar Year-To-Date Per Election for Office Sought 261541.03			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
Full Name of Payee Jake Mathews			Date of Public Distribution/Dissemination 10 29 2014		
Mailing Address 6418 East 12 St			Amount 67.50		
City Wichita	State KS	Zip Code 67206	Transaction ID : 2f3ef6c1-124c-48d1-b Date of Disbursement or Obligation 10 29 2014		
Purpose of Expenditure Salary		Category/ Type 001			
Name of Federal Candidate Mr. Greg Orman			☐ Support Office Sought: ☐ House District: 00 ☒ Oppose ☐ President ☒ Senate State: KS		
Calendar Year-To-Date Per Election for Office Sought 261541.03			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			105.00		
(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 _____ Signature			[Electronically Filed] Date 05 18 2015		

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1976 OF 3250
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC		FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on		M M M / D D D / Y Y Y Y Y Y	
Full Name of Payee Jake Mathews		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 10 / 29 / 2014	
Mailing Address 6418 East 12 St		Amount 12.90	
City Wichita	State KS	Zip Code 67206	Transaction ID : ca5f726d-ed58-4a73-9
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 10 / 29 / 2014
Name of Federal Candidate Mr. Greg Orman		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: KS
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Shirley R Gladstone		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 10 / 29 / 2014	
Mailing Address 619 W 51st Street South		Amount 40.00	
City Wichita	State KS	Zip Code 67217	Transaction ID : 8b7757b4-1066-4561-9
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 10 / 29 / 2014
Name of Federal Candidate Mr. Greg Orman		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: KS
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶		52.90	
(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.			
Signature <i>Ms. Emily Buchanan</i>		Date M M M / D D D / Y Y Y Y Y Y 05 / 18 / 2015	
		[Electronically Filed]	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1977 OF 3250
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M M / D D D / Y Y Y Y Y Y				
Full Name of Payee Shirley R Gladstone			Date of Public Distribution/Dissemination 10 / 29 / 2014	
Mailing Address 619 W 51st Street South			Amount 5.70	
City Wichita		State KS	Zip Code 67217	
Purpose of Expenditure Mileage			Category/Type 002	
Name of Federal Candidate Mr. Greg Orman			Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: KS	
Calendar Year-To-Date Per Election for Office Sought			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Kelly Dolan			Date of Public Distribution/Dissemination 10 / 29 / 2014	
Mailing Address 543 S 2nd St			Amount 80.00	
City Bellaire		State NC	Zip Code 77401	
Purpose of Expenditure Salary			Category/Type 001	
Name of Federal Candidate Ms. Kay Hagan			Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: NC	
Calendar Year-To-Date Per Election for Office Sought			Disbursement For: ☐ Primary ☒ 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.				
Signature Ms. Emily Buchanan			Date 05 / 18 / 2015	
[Electronically Filed]				

Full Name of Payee Stuart T Haley		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 29 / 2014	
Mailing Address 600 W Vine Ave		Amount 110.00	
City Searcy	State AR	Zip Code 72143	Transaction ID : b5fbdc75-a888-4bda-a Date of Disbursement or Obligation MM / DD / YYYY 10 / 29 / 2014
Purpose of Expenditure Salary	Category/ Type 001		
Name of Federal Candidate Mr. Mark L Pryor	☐ Support ☒ Oppose	Office Sought: ☐ President ☒ Senate	District: 00 State: AR
Calendar Year-To-Date Per Election for Office Sought	292370.62	Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	
(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.

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1979 OF 3250
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M M / D D D / Y Y Y Y Y Y					
Full Name of Payee Stuart T Haley			Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 10 / 29 / 2014		
Mailing Address 600 W Vine Ave			Amount 30.00		
City Searcy		State AR	Zip Code 72143		Transaction ID : 8809a10b-c5c2-4899-9
Purpose of Expenditure Mileage		Category/ Type 002		Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 10 / 29 / 2014	
Name of Federal Candidate Mr. Mark L Pryor			☐ Support ☒ Oppose		Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: AR
Calendar Year-To-Date Per Election for Office Sought			292370.62 Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
Full Name of Payee Benjamin L Heitman			Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 10 / 29 / 2014		
Mailing Address 2520 Helmstetler Rd			Amount 65.70		
City Lexington		State NC	Zip Code 27295		Transaction ID : 5b680b46-0784-48a0-a
Purpose of Expenditure Salary		Category/ Type 001		Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 10 / 29 / 2014	
Name of Federal Candidate Ms. Kay Hagan			☐ Support ☒ Oppose		Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: NC
Calendar Year-To-Date Per Election for Office Sought			1095959.94 Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			95.70		
(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.					
Signature Ms. Emily Buchanan			[Electronically Filed]		Date M M M / D D D / Y Y Y Y Y Y 05 / 18 / 2015

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1980 OF 3250
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC		FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on		M M M / D D D / Y Y Y Y Y Y	
Full Name of Payee Benjamin L Heitman		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 10 / 29 / 2014	
Mailing Address 2520 Helmstetler Rd		Amount 10.80	
City Lexington	State NC	Zip Code 27295	Transaction ID : b28cc7cd-32ff-4ad0-9
Purpose of Expenditure Mileage	Category/ Type	002	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 10 / 29 / 2014
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>NC</u>
Calendar Year-To-Date Per Election for Office Sought		1095959.94	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶
Full Name of Payee Hannah K Smith		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 10 / 29 / 2014	
Mailing Address 633 Scott Dr		Amount 70.00	
City Gibsonville	State NC	Zip Code 27249	Transaction ID : 3e995eb4-e9ab-4db7-a
Purpose of Expenditure Salary	Category/ Type	001	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 10 / 29 / 2014
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>NC</u>
Calendar Year-To-Date Per Election for Office Sought		1095959.94	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶		80.80	
(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.			
Signature Ms. Emily Buchanan		[Electronically Filed] Date M M M / D D D / Y Y Y Y Y Y 05 / 18 / 2015	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1981 OF 3250
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC		FEC IDENTIFICATION NUMBER ▼ C C00530766
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M / D D / Y Y Y Y Y Y		

Full Name of Payee Hannah K Smith		Date of Public Distribution/Dissemination 10 / 29 / 2014
Mailing Address 633 Scott Dr		Amount 12.90
City Gibsonville	State NC	Zip Code 27249
Purpose of Expenditure Mileage	Category/ Type 002	Transaction ID : b1253eed-eb11-4aae-a Date of Disbursement or Obligation 10 / 29 / 2014
Name of Federal Candidate Ms. Kay Hagan		Office Sought: ☐ House District: <u>00</u> ☒ Senate State: <u>NC</u>
Calendar Year-To-Date Per Election for Office Sought 1095959.94		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶

Full Name of Payee Kaylan N Swanson		Date of Public Distribution/Dissemination 10 / 29 / 2014
Mailing Address 633 Scott Dr		Amount 70.00
City Gibsonville	State NC	Zip Code 27249
Purpose of Expenditure Salary	Category/ Type 001	Transaction ID : 572e43bc-6adf-4bcb-8 Date of Disbursement or Obligation 10 / 29 / 2014
Name of Federal Candidate Ms. Kay Hagan		Office Sought: ☐ House District: <u>00</u> ☒ Senate State: <u>NC</u>
Calendar Year-To-Date Per Election for Office Sought 1095959.94		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	82.90
(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

05 / 18 / 2015

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1982 OF 3250
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M M / D D D / Y Y Y Y Y Y					
Full Name of Payee Michael A Stieben			Date of Public Distribution/Dissemination 10 / 29 / 2014		
Mailing Address 16864 Stillwell			Amount 70.00		
City Bonner Springs		State KS	Zip Code 66012		Transaction ID : b0f6856b-121e-47b4-a
Purpose of Expenditure Salary		Category/ Type 001		Date of Disbursement or Obligation 10 / 29 / 2014	
Name of Federal Candidate Mr. Greg Orman			Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>KS</u>		
Calendar Year-To-Date Per Election for Office Sought 261541.03			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶ _____		
Full Name of Payee Michael A Stieben			Date of Public Distribution/Dissemination 10 / 29 / 2014		
Mailing Address 16864 Stillwell			Amount 18.90		
City Bonner Springs		State KS	Zip Code 66012		Transaction ID : 8afb65ac-6e2a-4169-a
Purpose of Expenditure Mileage		Category/ Type 002		Date of Disbursement or Obligation 10 / 29 / 2014	
Name of Federal Candidate Mr. Greg Orman			Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>KS</u>		
Calendar Year-To-Date Per Election for Office Sought 261541.03			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶ _____		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			88.90		
(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.					
Signature Ms. Emily Buchanan			Date 05 / 18 / 2015		
[Electronically Filed]					

Full Name of Payee Phillip Williams		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 29 / 2014	
Mailing Address 3007 Darden Rd		Amount 80.00	
City Greensboro	State NC	Zip Code 27407	Transaction ID : a2976df0-ba79-44a9-9 Date of Disbursement or Obligation MM / DD / YYYY 10 / 29 / 2014
Purpose of Expenditure Salary	Category/ Type 001		
Name of Federal Candidate Ms. Kay Hagan	☐ Support ☒ Oppose	Office Sought: ☐ President ☒ Senate	District: 00 State: NC
Calendar Year-To-Date Per Election for Office Sought	1095959.94	Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	162.50
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

05 / 18 / 2015

FEC Schedule E (Form 3X) Rev. 09/2013

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1984 OF 3250
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on MM / DD / YYYY				
Full Name of Payee Phillip Williams			Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 29 / 2014	
Mailing Address 3007 Darden Rd			Amount 21.60	
City Greensboro	State NC	Zip Code 27407	Transaction ID : 62503e7f-a6bc-4f90-b	
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement or Obligation MM / DD / YYYY 10 / 29 / 2014	
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>NC</u>	
Calendar Year-To-Date Per Election for Office Sought		1095959.94	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Beverly Williams			Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 29 / 2014	
Mailing Address 3007 Darden Rd			Amount 80.00	
City Greensboro	State NC	Zip Code 27407	Transaction ID : d9385787-8dc5-487d-a	
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation MM / DD / YYYY 10 / 29 / 2014	
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>NC</u>	
Calendar Year-To-Date Per Election for Office Sought		1095959.94	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			101.60	
(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.				
Signature <i>Ms. Emily Buchanan</i>		[Electronically Filed]		Date MM / DD / YYYY 05 / 18 / 2015

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1985 OF 3250
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M M / D D D / Y Y Y Y Y Y					
Full Name of Payee Michael D English			Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 10 / 29 / 2014		
Mailing Address F4 Benton Ave Apt 4			Amount 60.00		
City Searcy		State AR	Zip Code 72149		Transaction ID : 523687e8-a5f8-44e8-9
Purpose of Expenditure Salary		Category/ Type 001		Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 10 / 29 / 2014	
Name of Federal Candidate Mr. Mark L Pryor			☐ Support ☒ Oppose		Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: AR
Calendar Year-To-Date Per Election for Office Sought			292370.62 Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
Full Name of Payee Michael D English			Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 10 / 29 / 2014		
Mailing Address F4 Benton Ave Apt 4			Amount 13.20		
City Searcy		State AR	Zip Code 72149		Transaction ID : 34470021-ee91-4c6a-b
Purpose of Expenditure Mileage		Category/ Type 002		Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 10 / 29 / 2014	
Name of Federal Candidate Mr. Mark L Pryor			☐ Support ☒ Oppose		Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: AR
Calendar Year-To-Date Per Election for Office Sought			292370.62 Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			73.20		
(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.					
Signature Ms. Emily Buchanan			[Electronically Filed]		Date M M M / D D D / Y Y Y Y Y Y 05 / 18 / 2015

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1986 OF 3250
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC		FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on		MM / DD / YYYY	
Full Name of Payee Courtney Goldstein		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 29 / 2014	
Mailing Address 1809 N Woodlawn		Amount 80.00	
City Metairie	State LA	Zip Code 70001	Transaction ID : 87d3f0aa-abf9-4642-b
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation MM / DD / YYYY 10 / 29 / 2014
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: LA
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Courtney Goldstein		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 29 / 2014	
Mailing Address 1809 N Woodlawn		Amount 6.60	
City Metairie	State LA	Zip Code 70001	Transaction ID : fe8646bc-305a-4b23-a
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement or Obligation MM / DD / YYYY 10 / 29 / 2014
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: LA
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶		86.60	
(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]	
Signature		Date MM / DD / YYYY 05 / 18 / 2015	

Full Name of Payee Joseph R English		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 29 / 2014	
Mailing Address 915 East Market Ave Apt 4		Amount 45.00	
City	State	Zip Code	Transaction ID : 911ffa3c-bb2a-4a7c-9 Date of Disbursement or Obligation MM / DD / YYYY 10 / 29 / 2014
Searcy	AR	72143	
Purpose of Expenditure Mileage		Category/ Type	002
Name of Federal Candidate Mr. Mark L Pryor		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: AR
Calendar Year-To-Date Per Election for Office Sought		292370.62	Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	115.00
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

05 / 18 / 2015

FEC Schedule E (Form 3X) Rev. 09/2013

Full Name of Payee Ryan Drake		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 29 / 2014	
Mailing Address 29637 Park St		Amount 18.00	
City Walker	State LA	Zip Code 70785	Transaction ID : 71b6699c-81f0-46f6-b Date of Disbursement or Obligation MM / DD / YYYY 10 / 29 / 2014
Purpose of Expenditure Mileage		Category/ Type 002	
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: LA
Calendar Year-To-Date Per Election for Office Sought 554635.78		Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	68.00
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

Ms. Emily Buchanan

[Electronically Filed]

Date 05 / 18 / 2015

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 1989 OF 3250
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M / D D / Y Y Y Y Y Y					
Full Name of Payee Mry S Everly			Date of Public Distribution/Dissemination 10 / 29 / 2014		
Mailing Address 787 N 1851 Diagonal Rd			Amount 35.00		
City Lecompton	State KS	Zip Code 66050	Transaction ID : ccf50b73-a6ea-4c19-b Date of Disbursement or Obligation 10 / 29 / 2014		
Purpose of Expenditure Salary		Category/Type 001			
Name of Federal Candidate Mr. Greg Orman			Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>KS</u> ☐ Support ☒ Oppose		
Calendar Year-To-Date Per Election for Office Sought 261541.03			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
Full Name of Payee Mry S Everly			Date of Public Distribution/Dissemination 10 / 29 / 2014		
Mailing Address 787 N 1851 Diagonal Rd			Amount 4.50		
City Lecompton	State KS	Zip Code 66050	Transaction ID : 0b913277-c052-4fb8-b Date of Disbursement or Obligation 10 / 29 / 2014		
Purpose of Expenditure Mileage		Category/Type 002			
Name of Federal Candidate Mr. Greg Orman			Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>KS</u> ☐ Support ☒ Oppose		
Calendar Year-To-Date Per Election for Office Sought 261541.03			Disbursement For: ☐ Primary ☒ 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.					
Signature <u>Ms. Emily Buchanan</u> [Electronically Filed]			Date 05 / 18 / 2015		

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1990 OF 3250
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M / D D / Y Y Y Y				
Full Name of Payee Danielle E Grindstaff			Date of Public Distribution/Dissemination 10 / 29 / 2014	
Mailing Address 147 Possum Trot Rd			Amount 125.00	
City Bakersville	State NC	Zip Code 28705	Transaction ID : 5b205670-4967-4c09-b	
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation 10 / 29 / 2014	
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>NC</u>	
Calendar Year-To-Date Per Election for Office Sought		1095959.94	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Danielle E Grindstaff			Date of Public Distribution/Dissemination 10 / 29 / 2014	
Mailing Address 147 Possum Trot Rd			Amount 14.40	
City Bakersville	State NC	Zip Code 28705	Transaction ID : 4a998fe2-f725-4054-b	
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement or Obligation 10 / 29 / 2014	
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>NC</u>	
Calendar Year-To-Date Per Election for Office Sought		1095959.94	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			139.40	
(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 05 / 18 / 2015	
Signature				

Full Name of Payee Chris McCoy		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 29 / 2014	
Mailing Address 1025 Cayley Ct		Amount 75.00	
City High Point	State NC	Zip Code 27260	Transaction ID : 17be43cd-d65d-4066-a Date of Disbursement or Obligation MM / DD / YYYY 10 / 29 / 2014
Purpose of Expenditure Salary	Category/ Type 001		
Name of Federal Candidate Ms. Kay Hagan	☐ Support ☒ Oppose	Office Sought: ☐ President ☒ Senate ☐ Other (specify) ▶	District: 00 State: NC ☐ Primary ☒ General
Calendar Year-To-Date Per Election for Office Sought	1095959.94		

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	90.00
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

Ms. Emily Buchanan

[Electronically Filed]

Date 05 / 18 / 2015

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1992 OF 3250
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on			M M M / D D D / Y Y Y Y Y Y	
Full Name of Payee Chris McCoy		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 10 / 29 / 2014		
Mailing Address 1025 Cayley Ct		Amount 23.70		
City High Point	State NC	Zip Code 27260	Transaction ID : 692f7b56-6171-403c-b	
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 10 / 29 / 2014	
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: NC	
Calendar Year-To-Date Per Election for Office Sought		1095959.94	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Danielle McCoy		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 10 / 29 / 2014		
Mailing Address 1025 Cayley Ct		Amount 77.50		
City High Point	State NC	Zip Code 27260	Transaction ID : b833f67c-d0b8-4da2-a	
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 10 / 29 / 2014	
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: NC	
Calendar Year-To-Date Per Election for Office Sought		1095959.94	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures.....		101.20		
(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.				
Signature Ms. Emily Buchanan		[Electronically Filed] Date M M M / D D D / Y Y Y Y Y Y 05 / 18 / 2015		

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1993 OF 3250
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M / D D / Y Y Y Y				
Full Name of Payee Danielle McCoy			Date of Public Distribution/Dissemination 10 / 29 / 2014	
Mailing Address 1025 Cayley Ct			Amount 21.90	
City High Point	State NC	Zip Code 27260	Transaction ID : eb684d17-0f3e-4ae1-a Date of Disbursement or Obligation 10 / 29 / 2014	
Purpose of Expenditure Mileage		Category/ Type 002		
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>NC</u>	
Calendar Year-To-Date Per Election for Office Sought		1095959.94	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Eleanor McCoy			Date of Public Distribution/Dissemination 10 / 29 / 2014	
Mailing Address 4902 Catawba Dr			Amount 65.00	
City Greensboro	State NC	Zip Code 27407	Transaction ID : 395ea914-740f-4dbf-9 Date of Disbursement or Obligation 10 / 29 / 2014	
Purpose of Expenditure Salary		Category/ Type 001		
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>NC</u>	
Calendar Year-To-Date Per Election for Office Sought		1095959.94	Disbursement For: ☐ Primary ☒ 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 05 / 18 / 2015	
Signature				

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1994 OF 3250
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on MM / DD / YYYY				
Full Name of Payee Eleanor McCoy			Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 29 / 2014	
Mailing Address 4902 Catawba Dr			Amount 21.60	
City Greensboro	State NC	Zip Code 27407	Transaction ID : 6061bee5-6d89-4351-8	
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement or Obligation MM / DD / YYYY 10 / 29 / 2014	
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: NC	
Calendar Year-To-Date Per Election for Office Sought		1095959.94	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Carol L Walters			Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 29 / 2014	
Mailing Address 1900 Glen West Way			Amount 90.00	
City Fort Smith	State AR	Zip Code 72916	Transaction ID : f307c9b9-28e1-4c3a-8	
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation MM / DD / YYYY 10 / 29 / 2014	
Name of Federal Candidate Mr. Mark L Pryor		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: AR	
Calendar Year-To-Date Per Election for Office Sought		292370.62	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			111.60	
(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 MM / DD / YYYY 05 / 18 / 2015	
Signature				

Full Name of Payee Brandon Wheeler		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 29 / 2014	
Mailing Address 10112 Piney Creek Ct		Amount 60.00	
City Charolette	State NC	Zip Code 28215	Transaction ID : a9ee352a-9db1-4cc8-a Date of Disbursement or Obligation MM / DD / YYYY 10 / 29 / 2014
Purpose of Expenditure Salary		Category/ Type 001	
Name of Federal Candidate Mr. Mark L Pryor		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: AR
Calendar Year-To-Date Per Election for Office Sought 292370.62		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	66.60
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

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 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M / D D / Y Y Y Y					
Full Name of Payee Brandon Wheeler			Date of Public Distribution/Dissemination 10 / 29 / 2014		
Mailing Address 10112 Piney Creek Ct			Amount 13.50		
City Charolette		State NC	Zip Code 28215		Transaction ID : 195e0333-328c-4eb8-8
Purpose of Expenditure Mileage		Category/Type 002		Date of Disbursement or Obligation 10 / 29 / 2014	
Name of Federal Candidate Mr. Mark L Pryor			☐ Support ☒ Oppose Office Sought: ☐ House ☒ Senate District: 00 ☐ President State: AR		
Calendar Year-To-Date Per Election for Office Sought 292370.62			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
Full Name of Payee Brogan A Benoit			Date of Public Distribution/Dissemination 10 / 29 / 2014		
Mailing Address 7144 South River Rd			Amount 60.00		
City Addis		State LA	Zip Code 70710		Transaction ID : 03fde9a7-9c78-4e07-b
Purpose of Expenditure Salary		Category/Type 001		Date of Disbursement or Obligation 10 / 29 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu			☐ Support ☒ Oppose Office Sought: ☐ House ☒ Senate District: 00 ☐ President State: LA		
Calendar Year-To-Date Per Election for Office Sought 554635.78			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			73.50		
(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.					
Signature <u>Ms. Emily Buchanan</u> [Electronically Filed]			Date 05 / 18 / 2015		

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1997 OF 3250
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M / D D / Y Y Y Y Y Y					
Full Name of Payee Brogan A Benoit			Date of Public Distribution/Dissemination 10 / 29 / 2014		
Mailing Address 7144 South River Rd			Amount 14.10		
City Addis		State LA	Zip Code 70710		Transaction ID : 060cc63d-69ce-4b5f-b
Purpose of Expenditure Mileage		Category/ Type 002		Date of Disbursement or Obligation 10 / 29 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu			☐ Support ☒ Oppose		Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: LA
Calendar Year-To-Date Per Election for Office Sought			554635.78 Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
Full Name of Payee Amy J McMillion			Date of Public Distribution/Dissemination 10 / 29 / 2014		
Mailing Address 1325 S Collegiate Dr Apt 202G			Amount 26.70		
City Wilkesboro		State NC	Zip Code 28697		Transaction ID : 54d8e241-1a4d-4395-9
Purpose of Expenditure Salary		Category/ Type 001		Date of Disbursement or Obligation 10 / 29 / 2014	
Name of Federal Candidate Ms. Kay Hagan			☐ Support ☒ Oppose		Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: NC
Calendar Year-To-Date Per Election for Office Sought			1095959.94 Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			40.80		
(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.					
Signature Ms. Emily Buchanan			[Electronically Filed]		Date 05 / 18 / 2015

Full Name of Payee Kaitlyn B Allen			Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 29 / 2014		
Mailing Address 2121 Daniel Dr			Amount 100.00		
City	State	Zip Code	Transaction ID : 1c96d3d6-c465-4b7b-8 Date of Disbursement or Obligation MM / DD / YYYY 10 / 29 / 2014		
Searcy	AR	72143			
Purpose of Expenditure Salary		Category/ Type	001		
Name of Federal Candidate Mr. Mark L Pryor		☐ Support ☒ Oppose	Office Sought: ☐ House ☒ Senate ☐ President ☒ Senate		
Calendar Year-To-Date Per Election for Office Sought		292370.62	District: 00 State: AR Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ▶		

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	106.90
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

05 / 18 / 2015

FEC Schedule E (Form 3X) Rev. 09/2013

Full Name of Payee Kaitlyn B Allen			Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 29 / 2014		
Mailing Address 2121 Daniel Dr			Amount 42.93		
City	State	Zip Code	Transaction ID : 1ae99e11-876b-47f3-b Date of Disbursement or Obligation MM / DD / YYYY 10 / 29 / 2014		
Searcy	AR	72143			
Purpose of Expenditure Mileage		Category/ Type	002		
Name of Federal Candidate Mr. Mark L Pryor		☐ Support ☒ Oppose	Office Sought: ☐ House ☒ Senate District: 00 ☐ President State: AR		
Calendar Year-To-Date Per Election for Office Sought		292370.62		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	

Full Name of Payee Carl Brent			Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y 10 / 29 / 2014		
Mailing Address 6718 Lake Willow Dr			Amount 80.00		
City New Orleans	State LA	Zip Code 70126	Transaction ID : cf6f6778-f1ad-49ad-8 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y 10 / 29 / 2014		
Purpose of Expenditure Salary		Category/ Type 001			
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: LA		
Calendar Year-To-Date Per Election for Office Sought		554635.78	Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ►		

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	122.93
(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.

Date _____

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 2000 OF 3250
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on MM / DD / YYYY				
Full Name of Payee Carl Brent			Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 29 / 2014	
Mailing Address 6718 Lake Willow Dr			Amount 10.20	
City New Orleans	State LA	Zip Code 70126	Transaction ID : 5d61d39d-26a2-422e-8	
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement or Obligation MM / DD / YYYY 10 / 29 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: LA	
Calendar Year-To-Date Per Election for Office Sought		554635.78	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Amelia Brackett			Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 29 / 2014	
Mailing Address 804 Roundabout Circle			Amount 100.00	
City Searcy	State AR	Zip Code 72143	Transaction ID : 5679493a-7a34-4af8-b	
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation MM / DD / YYYY 10 / 29 / 2014	
Name of Federal Candidate Mr. Mark L Pryor		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: AR	
Calendar Year-To-Date Per Election for Office Sought		292370.62	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			110.20	
(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.				
Signature Ms. Emily Buchanan		[Electronically Filed]		Date MM / DD / YYYY 05 / 18 / 2015

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 0001 OF 3250
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on					
Full Name of Payee Jacob T Craig			Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 29 / 2014		
Mailing Address 1410 Bushville Dr			Amount 65.00		
City Lenoir		State NC	Zip Code 28645		Transaction ID : 533c695e-fe4d-4164-b
Purpose of Expenditure Salary		Category/Type 001		Date of Disbursement or Obligation MM / DD / YYYY 10 / 29 / 2014	
Name of Federal Candidate Ms. Kay Hagan			☐ Support ☒ Oppose		Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: NC
Calendar Year-To-Date Per Election for Office Sought			1095959.94		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶
Full Name of Payee Brenda L McCune			Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 29 / 2014		
Mailing Address 1254 Fleming St Apt 6			Amount 110.00		
City Conway		State AR	Zip Code 72032		Transaction ID : bc9d428a-cf8d-4c69-8
Purpose of Expenditure Salary		Category/Type 001		Date of Disbursement or Obligation MM / DD / YYYY 10 / 29 / 2014	
Name of Federal Candidate Mr. Mark L Pryor			☐ Support ☒ Oppose		Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: AR
Calendar Year-To-Date Per Election for Office Sought			292370.62		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			175.00		
(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.					
Signature <u>Ms. Emily Buchanan</u>			[Electronically Filed]		Date MM / DD / YYYY 05 / 18 / 2015

Full Name of Payee Jeffrey Hampton		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 29 / 2014	
Mailing Address 1700 E Part Ave		Amount 37.00	
City	State	Zip Code	Transaction ID : 0eb0c91e-7f90-4d36-8 Date of Disbursement or Obligation MM / DD / YYYY 10 / 29 / 2014
Searcy	AR	72149	
Purpose of Expenditure Salary		Category/ Type	001
Name of Federal Candidate Mr. Mark L Pryor		☐ Support ☒ Oppose	Office Sought: ☐ House ☒ Senate ☐ President ☒ Senate District: 00 State: AR
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ▶	
		292370.62	

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	105.10
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

Ms. Emily Buchanan

[Electronically Filed]

Date 05 / 18 / 2015

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 2003 OF 3250
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on / /					
Full Name of Payee Jeffrey Hampton			Date of Public Distribution/Dissemination / / 10 / 29 / 2014		
Mailing Address 1700 E Part Ave			Amount 16.68		
City Searcy	State AR	Zip Code 72149	Transaction ID : f72841fa-44b4-43b3-a Date of Disbursement or Obligation / / 10 / 29 / 2014		
Purpose of Expenditure Mileage		Category/ Type 002			
Name of Federal Candidate Mr. Mark L Pryor			Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>AR</u>		
Calendar Year-To-Date Per Election for Office Sought 292370.62			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶ _____		
Full Name of Payee Karen R Myers			Date of Public Distribution/Dissemination / / 10 / 29 / 2014		
Mailing Address 14566 NW 110th St			Amount 82.50		
City Whitewater	State KS	Zip Code 67154	Transaction ID : 851fb3fc-8c06-4391-a Date of Disbursement or Obligation / / 10 / 29 / 2014		
Purpose of Expenditure Salary		Category/ Type 001			
Name of Federal Candidate Mr. Greg Orman			Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>KS</u>		
Calendar Year-To-Date Per Election for Office Sought 261541.03			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶ _____		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			 99.18		
(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.					
Signature Ms. Emily Buchanan			Date / / 05 / 18 / 2015		
[Electronically Filed]					

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 2004 OF 3250
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M M / D D D / Y Y Y Y Y Y					
Full Name of Payee Karen R Myers			Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 10 / 29 / 2014		
Mailing Address 14566 NW 110th St			Amount 24.30		
City Whitewater		State KS	Zip Code 67154		Transaction ID : 88e3b9cd-0bd1-4b79-a
Purpose of Expenditure Mileage		Category/ Type 002		Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 10 / 29 / 2014	
Name of Federal Candidate Mr. Greg Orman			☐ Support ☒ Oppose		Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>KS</u>
Calendar Year-To-Date Per Election for Office Sought 261541.03			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶ _____		
Full Name of Payee Evelyn Lesaicherre			Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 10 / 29 / 2014		
Mailing Address 629 Radiance Ave			Amount 80.00		
City Metairie		State LA	Zip Code 70001		Transaction ID : 83de0bd5-f392-40a7-8
Purpose of Expenditure Salary		Category/ Type 001		Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 10 / 29 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu			☐ Support ☒ Oppose		Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>LA</u>
Calendar Year-To-Date Per Election for Office Sought 554635.78			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶ _____		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶					104.30
(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.					
Signature Ms. Emily Buchanan			[Electronically Filed]		Date M M M / D D D / Y Y Y Y Y Y 05 / 18 / 2015

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 2005 OF 3250
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC		FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on		M M M / D D D / Y Y Y Y Y Y	
Full Name of Payee Evelyn Lesaicherre		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 10 / 29 / 2014	
Mailing Address 629 Radiance Ave		Amount 10.50	
City Metairie	State LA	Zip Code 70001	Transaction ID : ab182b9e-f992-457a-a
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 10 / 29 / 2014
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: LA
Calendar Year-To-Date Per Election for Office Sought 554635.78		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Lee R Carter		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 10 / 29 / 2014	
Mailing Address 3110 Brentwood Rd		Amount 80.00	
City Raleigh	State NC	Zip Code 27604	Transaction ID : 0ea2af54-c4c2-4760-a
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 10 / 29 / 2014
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: NC
Calendar Year-To-Date Per Election for Office Sought 1095959.94		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures.....▶		90.50	
(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.			
Signature Ms. Emily Buchanan		[Electronically Filed] Date M M M / D D D / Y Y Y Y Y Y 05 / 18 / 2015	

Full Name of Payee Lee R Carter		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 29 / 2014	
Mailing Address 3110 Brentwood Rd		Amount 6.60	
City Raleigh	State NC	Zip Code 27604	Transaction ID : b01d8a16-382f-41d4-a
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement or Obligation MM / DD / YYYY 10 / 29 / 2014
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: NC
Calendar Year-To-Date Per Election for Office Sought		1095959.94	Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ▶

Full Name of Payee Helen Celestine		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 29 / 2014	
Mailing Address 38346 Quinn Rd		Amount 30.00	
City Pearl River	State LA	Zip Code 70452	Transaction ID : 9f6ff9d6-a748-4310-b Date of Disbursement or Obligation MM / DD / YYYY 10 / 29 / 2014
Purpose of Expenditure Salary	Category/ Type	001	
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House ☒ Senate ☐ President ☒ Senate District: 00 State: LA
Calendar Year-To-Date Per Election for Office Sought		554635.78	Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	
(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.

Date _____

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 2007 OF 3250
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M / D D / Y Y Y Y					
Full Name of Payee Helen Celestine			Date of Public Distribution/Dissemination 10 / 29 / 2014		
Mailing Address 38346 Quinn Rd			Amount 4.50		
City Pearl River	State LA	Zip Code 70452	Transaction ID : c91ae926-b59b-468c-9 Date of Disbursement or Obligation 10 / 29 / 2014		
Purpose of Expenditure Mileage		Category/ Type 002			
Name of Federal Candidate Ms. Mary L Landrieu			☐ Support ☒ Oppose Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>LA</u>		
Calendar Year-To-Date Per Election for Office Sought 554635.78			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
Full Name of Payee Debra Lindsey			Date of Public Distribution/Dissemination 10 / 29 / 2014		
Mailing Address 119 Goldenwood Dr			Amount 30.00		
City Slidell	State LA	Zip Code 70461	Transaction ID : eaecd837-3806-4461-a Date of Disbursement or Obligation 10 / 29 / 2014		
Purpose of Expenditure Salary		Category/ Type 001			
Name of Federal Candidate Ms. Mary L Landrieu			☐ Support ☒ Oppose Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>LA</u>		
Calendar Year-To-Date Per Election for Office Sought 554635.78			Disbursement For: ☐ Primary ☒ 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 _____ Signature			[Electronically Filed] Date 05 / 18 / 2015		

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 2008 OF 3250
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M / D D / Y Y Y Y					
Full Name of Payee Debra Lindsey			Date of Public Distribution/Dissemination 10 / 29 / 2014		
Mailing Address 119 Goldenwood Dr			Amount 4.50		
City Slidell	State LA	Zip Code 70461	Transaction ID : 587b68f0-0bd6-4dff-b Date of Disbursement or Obligation 10 / 29 / 2014		
Purpose of Expenditure Mileage		Category/ Type 002			
Name of Federal Candidate Ms. Mary L Landrieu			Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>LA</u>		
Calendar Year-To-Date Per Election for Office Sought 554635.78			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
Full Name of Payee Kinsey E Beck			Date of Public Distribution/Dissemination 10 / 29 / 2014		
Mailing Address 103 Glenhaven Ct			Amount 25.00		
City Harvest	State AL	Zip Code 35749	Transaction ID : 15f258d1-5646-426f-b Date of Disbursement or Obligation 10 / 29 / 2014		
Purpose of Expenditure Salary		Category/ Type 001			
Name of Federal Candidate Mr. Mark L Pryor			Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>AR</u>		
Calendar Year-To-Date Per Election for Office Sought 292370.62			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			29.50		
(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.					
Signature <u>Ms. Emily Buchanan</u>			Date 05 / 18 / 2015		
[Electronically Filed]					

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 2010 OF 3250
 FOR LINE 24 OF FORM 3X

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

Full Name of Payee Heather N Montgomery			Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 29 / 2014		
Mailing Address 106 Wyncrest Ct			Amount 55.00		
City Hendersonville	State TN	Zip Code 37075	Transaction ID : 843be734-ded4-42f5-9 Date of Disbursement or Obligation MM / DD / YYYY 10 / 29 / 2014		
Purpose of Expenditure Salary		Category/ Type 001			
Name of Federal Candidate Mr. Mark L Pryor			☐ Support ☒ Oppose Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: AR		
Calendar Year-To-Date Per Election for Office Sought 292370.62			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		

Full Name of Payee Heather N Montgomery			Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 29 / 2014		
Mailing Address 106 Wyncrest Ct			Amount 8.10		
City Hendersonville	State TN	Zip Code 37075	Transaction ID : 564b08e2-a7be-46a7-b Date of Disbursement or Obligation MM / DD / YYYY 10 / 29 / 2014		
Purpose of Expenditure Mileage		Category/ Type 002			
Name of Federal Candidate Mr. Mark L Pryor			☐ Support ☒ Oppose Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: AR		
Calendar Year-To-Date Per Election for Office Sought 292370.62			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	63.10
(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

MM / DD / YYYY
05 / 18 / 2015

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 2012 OF 3250
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC		FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on		M M M / D D D / Y Y Y Y Y Y	
Full Name of Payee Christine Stevens		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 10 / 29 / 2014	
Mailing Address 100 Asbury Ct		Amount 80.00	
City Winchester	State VA	Zip Code 22602	Transaction ID : 0ab8d82f-9f95-4a74-a
Purpose of Expenditure Salary	Category/Type 001	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 10 / 29 / 2014	
Name of Federal Candidate Mr. Greg Orman		Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: KS	
Calendar Year-To-Date Per Election for Office Sought 261541.03		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Jazmine d Conner		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 10 / 29 / 2014	
Mailing Address 100 ASBURY CT		Amount 70.00	
City WINCHESTER	State VA	Zip Code 22602	Transaction ID : faa80387-4389-4560-b
Purpose of Expenditure Salary	Category/Type 001	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 10 / 29 / 2014	
Name of Federal Candidate Mr. Greg Orman		Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: KS	
Calendar Year-To-Date Per Election for Office Sought 261541.03		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶		150.00	
(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.			
Signature Ms. Emily Buchanan		Date M M M / D D D / Y Y Y Y Y Y 05 / 18 / 2015	
		[Electronically Filed]	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 2013 OF 3250
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC	FEC IDENTIFICATION NUMBER ▼ C C00530766
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M M / D D D / Y Y Y Y Y Y	

Full Name of Payee Jon E Conner			Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 10 / 29 / 2014		
Mailing Address 100 Asbury Ct			Amount 75.00		
City Winchester	State VA	Zip Code 22602	Transaction ID : 5ee9158e-38b7-4bfb-8 Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 10 / 29 / 2014		
Purpose of Expenditure Salary		Category/ Type 001	Name of Federal Candidate Mr. Greg Orman		
Calendar Year-To-Date Per Election for Office Sought		261541.03	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>KS</u>		
Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶					

Full Name of Payee Rodney O Culbreath			Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 10 / 29 / 2014		
Mailing Address 100 Asbury Ct			Amount 80.00		
City Winchester	State VA	Zip Code 22602	Transaction ID : a6c93a9c-c7e2-42f8-8 Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 10 / 29 / 2014		
Purpose of Expenditure Salary		Category/ Type 001	Name of Federal Candidate Mr. Greg Orman		
Calendar Year-To-Date Per Election for Office Sought		261541.03	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>KS</u>		
Disbursement For: ☐ Primary ☒ 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

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05 / 18 / 2015

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 2014 OF 3250
 FOR LINE 24 OF FORM 3X

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

Full Name of Payee Rodney D Culbreth		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 29 / 2014	
Mailing Address 100 Asbury CT 3200 Dam Neck Rd		Amount 80.00	
City Winchester	State VA	Zip Code 22602	Transaction ID : dc058591-53d5-45be-9
Purpose of Expenditure Salary	Category/Type 001	Date of Disbursement or Obligation MM / DD / YYYY 10 / 29 / 2014	
Name of Federal Candidate Mr. Greg Orman		☐ Support ☒ Oppose Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>KS</u>	
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	

Full Name of Payee Rze Culbreath		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 29 / 2014	
Mailing Address 100 Asbury Ct		Amount 80.00	
City Winchester	State VA	Zip Code 22602	Transaction ID : 08a5d733-0bde-4092-9
Purpose of Expenditure Salary	Category/Type 001	Date of Disbursement or Obligation MM / DD / YYYY 10 / 29 / 2014	
Name of Federal Candidate Mr. Greg Orman		☐ Support ☒ Oppose Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>KS</u>	
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: ☐ Primary ☒ 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

MM / DD / YYYY
05 / 18 / 2015

Signature

Full Name of Payee John P Hilkert		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 29 / 2014	
Mailing Address 7 Bards Lane		Amount 67.50	
City Fletcher	State NC	Zip Code 28732	Transaction ID : cd27ee73-7cf5-4976-8
Purpose of Expenditure Salary	Category/ Type	001	Date of Disbursement or Obligation MM / DD / YYYY 10 / 29 / 2014
Name of Federal Candidate Ms. Kay Hagan	☐ Support ☒ Oppose	Office Sought: ☐ President ☒ Senate	District: 00 State: NC
Calendar Year-To-Date Per Election for Office Sought	1095959.94		Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	127.50
(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.

Date _____

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 2016 OF 3250
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M / D D / Y Y Y Y Y Y					
Full Name of Payee John P Hilkert			Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 10 / 29 / 2014		
Mailing Address 7 Bards Lane			Amount 16.50		
City Fletcher	State NC	Zip Code 28732	Transaction ID : 85ddfc8c-d0ed-4c6f-b Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 10 / 29 / 2014		
Purpose of Expenditure Mileage		Category/ Type 002			
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: NC		
Calendar Year-To-Date Per Election for Office Sought 1095959.94			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
Full Name of Payee Bethlehem R Romm			Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 10 / 29 / 2014		
Mailing Address 2609 Bluestrem Dr			Amount 40.00		
City Lawrence	State KS	Zip Code 66047	Transaction ID : b51224ad-269f-4c54-9 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 10 / 29 / 2014		
Purpose of Expenditure Salary		Category/ Type 001			
Name of Federal Candidate Mr. Greg Orman		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: KS		
Calendar Year-To-Date Per Election for Office Sought 261541.03			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			56.50		
(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.					
Signature Ms. Emily Buchanan		[Electronically Filed]		Date M M / D D / Y Y Y Y Y Y 05 / 18 / 2015	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 2017 OF 3250
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M M D D D Y Y Y Y Y Y					
Full Name of Payee Bethlehem R Romm			Date of Public Distribution/Dissemination 10 29 2014		
Mailing Address 2609 Bluestrem Dr			Amount 12.00		
City Lawrence	State KS	Zip Code 66047	Transaction ID : af7a47fe-3d2d-4428-9 Date of Disbursement or Obligation 10 29 2014		
Purpose of Expenditure Mileage		Category/ Type 002			
Name of Federal Candidate Mr. Greg Orman		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: KS		
Calendar Year-To-Date Per Election for Office Sought 261541.03			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
Full Name of Payee Lauren M Ray			Date of Public Distribution/Dissemination 10 29 2014		
Mailing Address 215 Beech St			Amount 30.00		
City Covington	State LA	Zip Code 70433	Transaction ID : f4875d4c-ae31-4c70-a Date of Disbursement or Obligation 10 29 2014		
Purpose of Expenditure Salary		Category/ Type 001			
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: LA		
Calendar Year-To-Date Per Election for Office Sought 554635.78			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			42.00		
(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 _____ Signature		[Electronically Filed]		Date 05 18 2015	

Full Name of Payee Nick Berryhill		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 29 / 2014	
Mailing Address 905 Lake Drive		Amount 100.00	
City Shelby	State NC	Zip Code 28152	Transaction ID : 49589ffa-fc6d-45d4-a Date of Disbursement or Obligation MM / DD / YYYY 10 / 29 / 2014
Purpose of Expenditure Salary		Category/ Type 001	
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: NC
Calendar Year-To-Date Per Election for Office Sought 1095959.94		Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	136.00
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 2019 OF 3250
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC		FEC IDENTIFICATION NUMBER ▼ C C00530766
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on		MM / DD / YYYY

Full Name of Payee Nick Berryhill		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 29 / 2014
Mailing Address 905 Lake Drive		Amount 21.90
City Shelby	State NC	Zip Code 28152
Purpose of Expenditure Mileage		Category/Type 002
Name of Federal Candidate Ms. Kay Hagan		Office Sought: ☐ House District: 00 ☒ Senate State: NC
Calendar Year-To-Date Per Election for Office Sought 1095959.94		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶

Full Name of Payee Joneisha Stewart		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 29 / 2014
Mailing Address 2329 Runnymede Dr		Amount 50.00
City Marrero	State LA	Zip Code 70072
Purpose of Expenditure Salary		Category/Type 001
Name of Federal Candidate Ms. Mary L Landrieu		Office Sought: ☐ House District: 00 ☒ Senate State: LA
Calendar Year-To-Date Per Election for Office Sought 554635.78		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	71.90
(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]

Signature

Date

MM / DD / YYYY
05 / 18 / 2015

Full Name of Payee Earl Stewart		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 29 / 2014	
Mailing Address 9455 Snow Camp Road		Amount 60.00	
City Snowcamp	State NC	Zip Code 27349	Transaction ID : d0e8d2f7-2931-451e-8 Date of Disbursement or Obligation MM / DD / YYYY 10 / 29 / 2014
Purpose of Expenditure Salary	Category/ Type 001		
Name of Federal Candidate Ms. Kay Hagan	☐ Support ☒ Oppose	Office Sought: ☐ President ☒ Senate	District: 00 State: NC
Calendar Year-To-Date Per Election for Office Sought	1095959.94	Disbursement For: 2014 ☐ Other (specify) ▶	☐ Primary ☒ General

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	66.00
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 2021 OF 3250
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M M / D D D / Y Y Y Y Y Y					
Full Name of Payee Earl Stewart			Date of Public Distribution/Dissemination 10 / 29 / 2014		
Mailing Address 9455 Snow Camp Road			Amount 10.20		
City Snowcamp	State NC	Zip Code 27349	Transaction ID : 5026a00b-a7c5-4925-a		
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement or Obligation 10 / 29 / 2014		
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: NC		
Calendar Year-To-Date Per Election for Office Sought		1095959.94	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
Full Name of Payee Colton R Overcash			Date of Public Distribution/Dissemination 10 / 29 / 2014		
Mailing Address 121 Ohara Dr			Amount 80.00		
City Salisbury	State NC	Zip Code 28147	Transaction ID : c3648717-47d2-4c56-a		
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation 10 / 29 / 2014		
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: NC		
Calendar Year-To-Date Per Election for Office Sought		1095959.94	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			90.20		
(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.					
Signature Ms. Emily Buchanan		[Electronically Filed]		Date 05 / 18 / 2015	

Full Name of Payee Xavier Miller		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 29 / 2014	
Mailing Address 407 randall Dr		Amount 120.00	
City	State	Zip Code	Transaction ID : 1f37beb5-7599-4a0c-a Date of Disbursement or Obligation MM / DD / YYYY 10 / 29 / 2014
Searcy	AR	72143	
Purpose of Expenditure Salary		Category/ Type	001
Name of Federal Candidate Mr. Mark L Pryor		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: AR
Calendar Year-To-Date Per Election for Office Sought		292370.62	Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	243.30
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

FEC Schedule E (Form 3X) Rev. 09/2013

Full Name of Payee Grant Fitzgerald		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 30 / 2014	
Mailing Address 109 Carpathion Way		Amount 9.00	
City Raleigh	State NC	Zip Code 27615	Transaction ID : c41fe020-92de-4c8f-9 Date of Disbursement or Obligation MM / DD / YYYY 10 / 30 / 2014
Purpose of Expenditure Mileage	Category/ Type 002		
Name of Federal Candidate Ms. Kay Hagan	☐ Support ☒ Oppose	Office Sought: ☐ President ☒ Senate	District: 00 State: NC
Calendar Year-To-Date Per Election for Office Sought	1095959.94	Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	54.00
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

05 / 18 / 2015

FEC Schedule E (Form 3X) Rev. 09/2013

Full Name of Payee Jeanne Tribou		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 29 / 2014	
Mailing Address 22369 Ponderosa Dr.		Amount 50.00	
City Mandeville	State LA	Zip Code 70471	Transaction ID : 7650f1a2-3cff-4625-8
Purpose of Expenditure Salary	Category/ Type	001	Date of Disbursement or Obligation MM / DD / YYYY 10 / 29 / 2014
Name of Federal Candidate Ms. Mary L Landrieu	☐ Support ☒ Oppose	Office Sought: ☐ President ☒ Senate	District: 00 State: LA
Calendar Year-To-Date Per Election for Office Sought	554635.78	Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....	100.00
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures.....	

FEC Schedule E (Form 3X) Rev. 09/2013

Full Name of Payee Michael B Fuhrmann		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 28 / 2014	
Mailing Address 329 Columbia St		Amount 80.00	
City Shreveport	State LA	Zip Code 71104	Transaction ID : 69968c54-1020-4384-b Date of Disbursement or Obligation MM / DD / YYYY 10 / 28 / 2014
Purpose of Expenditure Salary	Category/ Type	001	
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House ☒ Senate ☐ President District: 00 State: LA
Calendar Year-To-Date Per Election for Office Sought		554635.78	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	94.10
(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.

Date _____

Signature

Full Name of Payee Andrew Stricklin		Date of Public Distribution/Dissemination M M / D D / Y Y Y Y 10 / 30 / 2014	
Mailing Address 2026 West Nettleton Avenue Apt 2		Amount 10.00	
City Jonesboro	State AR	Zip Code 72401	Transaction ID : 33d28825-7b8c-408b-9 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 10 / 30 / 2014
Purpose of Expenditure Salary		Category/ Type 001	
Name of Federal Candidate Mr. Mark L Pryor		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: AR
Calendar Year-To-Date Per Election for Office Sought		292370.62	Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ►

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	25.90
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 2027 OF 3250
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M / D D / Y Y Y Y				
Full Name of Payee Eric J Smith			Date of Public Distribution/Dissemination 10 / 30 / 2014	
Mailing Address 4967 Dysartville			Amount 80.00	
City Morganton	State NC	Zip Code 28655	Transaction ID : 19e271ae-5fa2-40e1-a Date of Disbursement or Obligation 10 / 30 / 2014	
Purpose of Expenditure Salary		Category/ Type 001		
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: NC	
Calendar Year-To-Date Per Election for Office Sought		1095959.94	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Jennifer E Smith			Date of Public Distribution/Dissemination 10 / 30 / 2014	
Mailing Address 4967 Dysartville Rd			Amount 80.00	
City Morganton	State NC	Zip Code 28655	Transaction ID : 7621778b-2c65-48be-b Date of Disbursement or Obligation 10 / 30 / 2014	
Purpose of Expenditure Salary		Category/ Type 001		
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: NC	
Calendar Year-To-Date Per Election for Office Sought		1095959.94	Disbursement For: ☐ Primary ☒ 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.				
Signature Ms. Emily Buchanan		[Electronically Filed]		Date 05 / 18 / 2015

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 2028 OF 3250
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M / D D / Y Y Y Y					
Full Name of Payee Jennifer E Smith			Date of Public Distribution/Dissemination 10 / 30 / 2014		
Mailing Address 4967 Dysartsville Rd			Amount 9.30		
City Morganton	State NC	Zip Code 28655	Transaction ID : 19d15d96-f359-4bd9-b		
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement or Obligation 10 / 30 / 2014		
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: NC		
Calendar Year-To-Date Per Election for Office Sought		1095959.94	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
Full Name of Payee Sabrina A Etcitty			Date of Public Distribution/Dissemination 10 / 29 / 2014		
Mailing Address 155 Indain Ave Box # 252			Amount 20.00		
City Lawrence	State KS	Zip Code 66046	Transaction ID : 797ebe30-1d30-4972-a		
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation 10 / 29 / 2014		
Name of Federal Candidate Mr. Greg Orman		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: KS		
Calendar Year-To-Date Per Election for Office Sought		261541.03	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures.....▶			29.30		
(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.					
Signature Ms. Emily Buchanan		[Electronically Filed]		Date 05 / 18 / 2015	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 2029 OF 3250
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC		FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M M / D D D / Y Y Y Y Y Y Y Y			
Full Name of Payee Sabrina A Etcitty		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y Y Y 10 / 29 / 2014	
Mailing Address 155 Indain Ave Box # 252		Amount 1.50	
City Lawrence	State KS	Zip Code 66046	Transaction ID : 8a3be86d-845c-472e-9 Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y Y Y 10 / 29 / 2014
Purpose of Expenditure Mileage		Category/ Type 002	
Name of Federal Candidate Mr. Greg Orman		Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>KS</u>	
Calendar Year-To-Date Per Election for Office Sought 261541.03		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶ _____	
Full Name of Payee Julie M Gentry		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y Y Y 10 / 29 / 2014	
Mailing Address 314 S Main St		Amount 87.50	
City Roxboro	State NC	Zip Code 27573	Transaction ID : 1dfad62f-9104-4fca-b Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y Y Y 10 / 29 / 2014
Purpose of Expenditure Salary		Category/ Type 001	
Name of Federal Candidate Ms. Kay Hagan		Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>NC</u>	
Calendar Year-To-Date Per Election for Office Sought 1095959.94		Disbursement For: ☐ Primary ☒ 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.			
Signature <i>Ms. Emily Buchanan</i>		Date M M M / D D D / Y Y Y Y Y Y Y Y 05 / 18 / 2015	
[Electronically Filed]			

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 2030 OF 3250
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M / D D / Y Y Y Y				
Full Name of Payee Julie M Gentry			Date of Public Distribution/Dissemination 10 / 29 / 2014	
Mailing Address 314 S Main St			Amount 10.02	
City Roxboro	State NC	Zip Code 27573	Transaction ID : 23b2e70d-d815-40e3-b	
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement or Obligation 10 / 29 / 2014	
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: NC	
Calendar Year-To-Date Per Election for Office Sought		1095959.94	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Katelyn Stringer			Date of Public Distribution/Dissemination 10 / 30 / 2014	
Mailing Address 2134 Oxford Dr			Amount 20.00	
City Salina	State KS	Zip Code 67401	Transaction ID : 0d56df9d-4a08-4e32-8	
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation 10 / 30 / 2014	
Name of Federal Candidate Mr. Greg Orman		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: KS	
Calendar Year-To-Date Per Election for Office Sought		261541.03	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			30.02	
(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.				
Signature Ms. Emily Buchanan		[Electronically Filed]		Date 05 / 18 / 2015

Full Name of Payee Katelyn Stringer		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 30 / 2014	
Mailing Address 2134 Oxford Dr		Amount 0.84	
City Salina	State KS	Zip Code 67401	Transaction ID : e3f0a18a-d684-448d-9
Purpose of Expenditure Mileage	Category/ Type 002	Date of Disbursement or Obligation MM / DD / YYYY 10 / 30 / 2014	
Name of Federal Candidate Mr. Greg Orman	☐ Support ☒ Oppose	Office Sought: ☐ President ☒ Senate	District: 00 State: KS
Calendar Year-To-Date Per Election for Office Sought	261541.03	Disbursement For: 2014 ☐ Primary ☒ General ☐ Other (specify) ▶	

Full Name of Payee Tyler M Stringer		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 30 / 2014	
Mailing Address 2134 Oxford Dr		Amount 14.50	
City Salina	State KS	Zip Code 67401	Transaction ID : e71e5274-cf31-46df-b Date of Disbursement or Obligation MM / DD / YYYY 10 / 30 / 2014
Purpose of Expenditure Salary		Category/ Type 001	
Name of Federal Candidate Mr. Greg Orman		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: KS
Calendar Year-To-Date Per Election for Office Sought 261541.03		Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ►	

(a) SUBTOTAL of Itemized Independent Expenditures.....	15.34
(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.

Signature

05 / 18 / 2015

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 2032 OF 3250
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC		FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on		M M M / D D D / Y Y Y Y Y Y	
Full Name of Payee Tyler M Stringer		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 10 / 30 / 2014	
Mailing Address 2134 Oxford Dr		Amount 0.84	
City Salina	State KS	Zip Code 67401	Transaction ID : 068243e8-915b-44e6-8
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 10 / 30 / 2014
Name of Federal Candidate Mr. Greg Orman		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: KS
Calendar Year-To-Date Per Election for Office Sought 261541.03		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Cecilia B Johnson		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 10 / 30 / 2014	
Mailing Address 638 Sawyer Rd		Amount 11.70	
City Hays	State NC	Zip Code 28635	Transaction ID : 21cf435b-7c16-48a9-8
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 10 / 30 / 2014
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: NC
Calendar Year-To-Date Per Election for Office Sought 1095959.94		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶		12.54	
(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.			
Signature Ms. Emily Buchanan		Date M M M / D D D / Y Y Y Y Y Y 05 / 18 / 2015	
		[Electronically Filed]	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 2033 OF 3250
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC		FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on		M M M / D D D / Y Y Y Y Y Y	
Full Name of Payee Cecilia B Johnson		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 10 / 30 / 2014	
Mailing Address 638 Sawyer Rd		Amount 3.30	
City Hays	State NC	Zip Code 28635	Transaction ID : 03d6b03a-7f14-4065-a
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 10 / 30 / 2014
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: NC
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Samantha S Johnson		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 10 / 30 / 2014	
Mailing Address 638 Sawyer Rd		Amount 12.50	
City Hays	State NC	Zip Code 28635	Transaction ID : 88256373-6d59-4776-9
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 10 / 30 / 2014
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: NC
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: ☐ Primary ☒ 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]	
Signature		Date M M M / D D D / Y Y Y Y Y Y 05 / 18 / 2015	

Full Name of Payee James Kindstedt		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 30 / 2014	
Mailing Address 5510 Dogwood Dr		Amount 33.30	
City Winston Salem	State NC	Zip Code 27105	Transaction ID : a841c2a2-afdd-4e61-9
Purpose of Expenditure Salary	Category/ Type	001	Date of Disbursement or Obligation MM / DD / YYYY 10 / 30 / 2014
Name of Federal Candidate Ms. Kay Hagan	☐ Support ☒ Oppose	Office Sought: ☐ President ☒ Senate	District: 00 State: NC
Calendar Year-To-Date Per Election for Office Sought	1095959.94	Disbursement For: ☐ Primary ☒ General	☐ Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....		3380.62
(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.

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 2035 OF 3250
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M / D D / Y Y Y Y				
Full Name of Payee James Kindstedt			Date of Public Distribution/Dissemination 10 / 30 / 2014	
Mailing Address 5510 Dogwood Dr			Amount 12.00	
City Winston Salem	State NC	Zip Code 27105	Transaction ID : 93fa6a09-159c-443a-a Date of Disbursement or Obligation 10 / 30 / 2014	
Purpose of Expenditure Mileage		Category/ Type 002		
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: NC	
Calendar Year-To-Date Per Election for Office Sought		1095959.94	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Joanna Kindstedt			Date of Public Distribution/Dissemination 10 / 30 / 2014	
Mailing Address 2134 Tobaccoville Rd			Amount 33.30	
City Rural Hall	State NC	Zip Code 27045	Transaction ID : aeaa4160-301d-4a89-9 Date of Disbursement or Obligation 10 / 30 / 2014	
Purpose of Expenditure Salary		Category/ Type 001		
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: NC	
Calendar Year-To-Date Per Election for Office Sought		1095959.94	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			45.30	
(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 05 / 18 / 2015	
Signature				

Full Name of Payee Eugenio R McClure		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 30 / 2014	
Mailing Address 2914 Anderson Rd		Amount 7.20	
City Burlington	State NC	Zip Code 27217	Transaction ID : 3c46108e-2822-4de1-8 Date of Disbursement or Obligation MM / DD / YYYY 10 / 30 / 2014
Purpose of Expenditure Mileage		Category/ Type 002	
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: NC
Calendar Year-To-Date Per Election for Office Sought		1095959.94	Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	41.40
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

Ms. Emily Buchanan

[Electronically Filed]

Date 05 / 18 / 2015

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 2037 OF 3250
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC		FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on		M M M / D D D / Y Y Y Y Y Y	
Full Name of Payee Sasha L McClure		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 10 / 30 / 2014	
Mailing Address 2914 Anderson Rd		Amount 34.20	
City Burlington	State NC	Zip Code 27217	Transaction ID : d2d8dbbc-1117-4875-a
Purpose of Expenditure Salary	Category/Type 001	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 10 / 30 / 2014	
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose ☐ President ☒ Senate	
Office Sought: District: 00 State: NC			
Calendar Year-To-Date Per Election for Office Sought 1095959.94		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Kolbe J Peloquin		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 10 / 30 / 2014	
Mailing Address 623 Union Park Circle		Amount 10.00	
City Colwich	State KS	Zip Code 67030	Transaction ID : 58fc172f-fcf5-4ebb-a
Purpose of Expenditure Salary	Category/Type 001	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 10 / 30 / 2014	
Name of Federal Candidate Mr. Greg Orman		☐ Support ☒ Oppose ☐ President ☒ Senate	
Office Sought: District: 00 State: KS			
Calendar Year-To-Date Per Election for Office Sought 261541.03		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶		44.20	
(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.			
Signature Ms. Emily Buchanan		Date M M M / D D D / Y Y Y Y Y Y 05 / 18 / 2015	
		[Electronically Filed]	

Full Name of Payee Kolbe J Peloquin		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 30 / 2014	
Mailing Address 623 Union Park Circle		Amount 1.50	
City Colwich	State KS	Zip Code 67030	Transaction ID : fbb3e00f-5a09-4948-9
Purpose of Expenditure Mileage	Category/ Type	002	Date of Disbursement or Obligation MM / DD / YYYY 10 / 30 / 2014
Name of Federal Candidate Mr. Greg Orman	☐ Support ☒ Oppose	Office Sought: ☐ House ☒ Senate	District: 00 State: KS
Calendar Year-To-Date Per Election for Office Sought	261541.03		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶

Full Name of Payee Camille N Yearry		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 30 / 2014	
Mailing Address 2025 NE 67th St		Amount 60.00	
City Gladstone	State MO	Zip Code 64118	Transaction ID : c16be76b-0985-4f95-8 Date of Disbursement or Obligation MM / DD / YYYY 10 / 30 / 2014
Purpose of Expenditure Salary		Category/ Type 001	
Name of Federal Candidate Mr. Mark L Pryor		☐ Support ☒ Oppose	Office Sought: ☐ House ☒ Senate ☐ President District: 00 State: AR
Calendar Year-To-Date Per Election for Office Sought 292370.62		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	61.50
(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.

Date _____

Signature

05 / 18 / 2015

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 2039 OF 3250
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M M / D D D / Y Y Y Y Y Y					
Full Name of Payee Camille N Yearry			Date of Public Distribution/Dissemination 10 / 30 / 2014		
Mailing Address 2025 NE 67th St			Amount 6.96		
City Gladstone		State MO	Zip Code 64118		Transaction ID : 6fc5a56b-a62d-458a-a
Purpose of Expenditure Mileage		Category/ Type 002		Date of Disbursement or Obligation 10 / 30 / 2014	
Name of Federal Candidate Mr. Mark L Pryor			Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: AR		
Calendar Year-To-Date Per Election for Office Sought 292370.62			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
Full Name of Payee Joseph R Rys			Date of Public Distribution/Dissemination 10 / 30 / 2014		
Mailing Address 160 #50 Pompano Dr			Amount 62.50		
City New Bern		State NC	Zip Code 28560		Transaction ID : 02b63039-4078-4561-8
Purpose of Expenditure Salary		Category/ Type 001		Date of Disbursement or Obligation 10 / 30 / 2014	
Name of Federal Candidate Ms. Kay Hagan			Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: NC		
Calendar Year-To-Date Per Election for Office Sought 1095959.94			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			69.46		
(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.					
Signature Ms. Emily Buchanan			Date 05 / 18 / 2015		
[Electronically Filed]					

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 2040 OF 3250
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M M / D D D / Y Y Y Y Y Y					
Full Name of Payee Joseph R Rys			Date of Public Distribution/Dissemination 10 / 30 / 2014		
Mailing Address 160 #50 Pompano Dr			Amount 10.92		
City New Bern		State NC	Zip Code 28560		Transaction ID : 7f3a409c-0b61-44d4-a
Purpose of Expenditure Mileage		Category/ Type 002		Date of Disbursement or Obligation 10 / 30 / 2014	
Name of Federal Candidate Ms. Kay Hagan			Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: NC		
Calendar Year-To-Date Per Election for Office Sought 1095959.94			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
Full Name of Payee Judith A Murphy			Date of Public Distribution/Dissemination 10 / 30 / 2014		
Mailing Address PO Box 37			Amount 60.00		
City East Bend		State NC	Zip Code 27018		Transaction ID : 1a5e8fd9-ec6e-4991-9
Purpose of Expenditure Salary		Category/ Type 001		Date of Disbursement or Obligation 10 / 30 / 2014	
Name of Federal Candidate Ms. Kay Hagan			Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: NC		
Calendar Year-To-Date Per Election for Office Sought 1095959.94			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶					70.92
(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.					
Signature Ms. Emily Buchanan			Date 05 / 18 / 2015		
[Electronically Filed]					

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 2041 OF 3250
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M / D D / Y Y Y Y					
Full Name of Payee Judith A Murphy			Date of Public Distribution/Dissemination 10 / 30 / 2014		
Mailing Address PO Box 37			Amount 11.85		
City East Bend	State NC	Zip Code 27018	Transaction ID : 287a7cee-0400-4d69-9		
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement or Obligation 10 / 30 / 2014		
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: NC		
Calendar Year-To-Date Per Election for Office Sought		1095959.94	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
Full Name of Payee Claud B Murphy JR			Date of Public Distribution/Dissemination 10 / 30 / 2014		
Mailing Address PO Box 37			Amount 60.00		
City East Bend	State NC	Zip Code 27018	Transaction ID : 96044f75-25e1-48c7-b		
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation 10 / 30 / 2014		
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: NC		
Calendar Year-To-Date Per Election for Office Sought		1095959.94	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			71.85		
(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.					
Signature Ms. Emily Buchanan		[Electronically Filed]		Date 05 / 18 / 2015	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 2042 OF 3250
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC		FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on		M M M / D D D / Y Y Y Y Y Y	
Full Name of Payee Claud B Murphy JR		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 10 / 30 / 2014	
Mailing Address PO Box 37		Amount 60.00	
City East Bend	State NC	Zip Code 27018	Transaction ID : cdc7f72b-85c7-4492-9
Purpose of Expenditure Salary	Category/Type 001	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 10 / 30 / 2014	
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose ☐ President ☒ Senate	
Office Sought: House District: 00 NC		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Calendar Year-To-Date Per Election for Office Sought 1095959.94			
Full Name of Payee Darian F Lookout		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 10 / 29 / 2014	
Mailing Address 155 Indian Ave Box# 166		Amount 20.00	
City Lawrence	State KS	Zip Code 66046	Transaction ID : 3a9be3f5-a189-40fe-9
Purpose of Expenditure Salary	Category/Type 001	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 10 / 29 / 2014	
Name of Federal Candidate Mr. Greg Orman		☐ Support ☒ Oppose ☐ President ☒ Senate	
Office Sought: House District: 00 KS		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Calendar Year-To-Date Per Election for Office Sought 261541.03			
(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.			
Signature Ms. Emily Buchanan		Date M M M / D D D / Y Y Y Y Y Y 05 / 18 / 2015	
		[Electronically Filed]	

Full Name of Payee Darian F Lookout			Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 29 / 2014		
Mailing Address 155 Indian Ave Box# 166			Amount 1.50		
City Lawrence	State KS	Zip Code 66046	Transaction ID : dceedb34-d2a1-4a38-a Date of Disbursement or Obligation MM / DD / YYYY 10 / 29 / 2014		
Purpose of Expenditure Mileage		Category/ Type 002			
Name of Federal Candidate Mr. Greg Orman		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: KS		
Calendar Year-To-Date Per Election for Office Sought		261541.03	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		

Full Name of Payee Kinsey E Beck			Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 30 / 2014		
Mailing Address 103 Glenhaven Ct			Amount 15.00		
City Harvest	State AL	Zip Code 35749	Transaction ID : d7ea1e23-b738-4004-a Date of Disbursement or Obligation MM / DD / YYYY 10 / 30 / 2014		
Purpose of Expenditure Salary		Category/ Type 001			
Name of Federal Candidate Mr. Mark L Pryor		☐ Support ☒ Oppose	Office Sought: ☐ House ☒ Senate ☐ President ☒ Senate		
Calendar Year-To-Date Per Election for Office Sought 292370.62		District: 00 State: AR Disbursement For: ☐ Primary ☒ General ☐ 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.

Signature

Full Name of Payee Kinsey E Beck		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 30 / 2014	
Mailing Address 103 Glenhaven Ct		Amount 3.60	
City Harvest	State AL	Zip Code 35749	Transaction ID : 897dab1c-b3bc-4d60-8 Date of Disbursement or Obligation MM / DD / YYYY 10 / 30 / 2014
Purpose of Expenditure Mileage		Category/ Type 002	
Name of Federal Candidate Mr. Mark L Pryor		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: AR
Calendar Year-To-Date Per Election for Office Sought		292370.62	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶

Full Name of Payee Lilly Green		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 30 / 2014	
Mailing Address 205 Medallion Circle		Amount 20.00	
City Shreveport	State LA	Zip Code 71119	Transaction ID : 4fc624c4-1dd4-42bc-a
Purpose of Expenditure Salary	Category/ Type	001	Date of Disbursement or Obligation MM / DD / YYYY 10 / 30 / 2014
Name of Federal Candidate Ms. Mary L Landrieu	☐ Support ☒ Oppose	Office Sought: ☐ House ☒ Senate	District: 00 State: LA
Calendar Year-To-Date Per Election for Office Sought	554635.78	Disbursement For: ☐ Primary ☒ General	2014 ☐ Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	23.60
(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.

Signature

05 / 18 / 2015

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 2045 OF 3250
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on MM / DD / YYYY					
Full Name of Payee Lilly Green			Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 30 / 2014		
Mailing Address 205 Medallion Circle			Amount 19.50		
City Shreveport	State LA	Zip Code 71119	Transaction ID : f29b6b8f-ae99-4297-b		
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement or Obligation MM / DD / YYYY 10 / 30 / 2014		
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>LA</u>		
Calendar Year-To-Date Per Election for Office Sought		554635.78	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
Full Name of Payee Gregory Green			Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 30 / 2014		
Mailing Address 2506 Bolch Street			Amount 30.00		
City Shreveport	State LA	Zip Code 71104	Transaction ID : 54e89dc2-5d6d-4b75-b		
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation MM / DD / YYYY 10 / 30 / 2014		
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>LA</u>		
Calendar Year-To-Date Per Election for Office Sought		554635.78	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			49.50		
(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.					
Signature Ms. Emily Buchanan		[Electronically Filed]		Date MM / DD / YYYY 05 / 18 / 2015	

Full Name of Payee Gregory Green		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 30 / 2014	
Mailing Address 2506 Bolch Street		Amount 50.40	
City Shreveport	State LA	Zip Code 71104	Transaction ID : d7d4c094-2590-4a8d-a
Purpose of Expenditure Mileage	Category/ Type 002	Date of Disbursement or Obligation MM / DD / YYYY 10 / 30 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose Office Sought: ☐ House ☒ Senate District: 00 State: LA ☐ President	
Calendar Year-To-Date Per Election for Office Sought 554635.78		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	

Full Name of Payee Amanda Boley		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 30 / 2014	
Mailing Address Split Oak Drive		Amount 65.00	
City charlotte	State NC	Zip Code 28227	Transaction ID : c0a97f48-fc86-4a9f-8 Date of Disbursement or Obligation MM / DD / YYYY 10 / 30 / 2014
Purpose of Expenditure Salary		Category/ Type 001	
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: LA
Calendar Year-To-Date Per Election for Office Sought 554635.78		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	115.40
(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.

Date _____

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 2047 OF 3250
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M M / D D D / Y Y Y Y Y Y					
Full Name of Payee Amanda Boley			Date of Public Distribution/Dissemination 10 / 30 / 2014		
Mailing Address Split Oak Drive			Amount 18.27		
City charlotte		State NC	Zip Code 28227		Transaction ID : add44a1a-2826-4c0c-9
Purpose of Expenditure Mileage		Category/ Type 002		Date of Disbursement or Obligation 10 / 30 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu			Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: LA		
Calendar Year-To-Date Per Election for Office Sought 554635.78			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
Full Name of Payee Linda J Fueling			Date of Public Distribution/Dissemination 10 / 30 / 2014		
Mailing Address 6424 Purple Martin Ct			Amount 45.00		
City Wilmington		State NC	Zip Code 28411		Transaction ID : db0ed71a-af30-4cd7-a
Purpose of Expenditure Salary		Category/ Type 001		Date of Disbursement or Obligation 10 / 30 / 2014	
Name of Federal Candidate Ms. Kay Hagan			Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: NC		
Calendar Year-To-Date Per Election for Office Sought 1095959.94			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			63.27		
(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.					
Signature Ms. Emily Buchanan			Date 05 / 18 / 2015		
[Electronically Filed]					

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 2048 OF 3250
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on MM / DD / YYYY				
Full Name of Payee Linda J Fueling			Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 30 / 2014	
Mailing Address 6424 Purple Martin Ct			Amount 15.60	
City Wilmington	State NC	Zip Code 28411	Transaction ID : 6c32299e-3707-453e-b	
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement or Obligation MM / DD / YYYY 10 / 30 / 2014	
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: NC	
Calendar Year-To-Date Per Election for Office Sought		1095959.94	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Sally A Kolenac			Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 30 / 2014	
Mailing Address 513 Stokes Rd			Amount 30.00	
City Graham	State NC	Zip Code 27253	Transaction ID : 4dac87b6-a15a-4132-b	
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation MM / DD / YYYY 10 / 30 / 2014	
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: NC	
Calendar Year-To-Date Per Election for Office Sought		1095959.94	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			45.60	
(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.				
Signature Ms. Emily Buchanan		[Electronically Filed]		Date MM / DD / YYYY 05 / 18 / 2015

Full Name of Payee Jerome M Weil		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 30 / 2014	
Mailing Address 101 Durham Drive		Amount 20.00	
City Lafayette	State LA	Zip Code 70508	Transaction ID : bb8c1bba-c865-4e42-9 Date of Disbursement or Obligation MM / DD / YYYY 10 / 30 / 2014
Purpose of Expenditure Salary	Category/ Type	001	
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House ☒ Senate ☐ President
District: 00 State: LA		Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ▶	
Calendar Year-To-Date Per Election for Office Sought		554635.78	

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶

(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.

Date _____

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 2050 OF 3250
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC		FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on		M M M / D D D / Y Y Y Y Y Y	
Full Name of Payee Jerome M Weil		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 10 / 30 / 2014	
Mailing Address 101 Durham Drive		Amount 4.50	
City Lafayette	State LA	Zip Code 70508	Transaction ID : 14476ee4-4679-4659-b
Purpose of Expenditure Mileage	Category/ Type 002	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 10 / 30 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	
Office Sought: ☐ President ☒ Senate		District: 00 State: LA	
Calendar Year-To-Date Per Election for Office Sought 554635.78		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Adam L Clark		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 10 / 30 / 2014	
Mailing Address 1851 S Laura St		Amount 45.00	
City Wichita	State KS	Zip Code 67211	Transaction ID : 7ffe2918-4079-4f96-b
Purpose of Expenditure Salary	Category/ Type 001	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 10 / 30 / 2014	
Name of Federal Candidate Mr. Greg Orman		☐ Support ☒ Oppose	
Office Sought: ☐ President ☒ Senate		District: 00 State: KS	
Calendar Year-To-Date Per Election for Office Sought 261541.03		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶		49.50	
(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.			
Signature Ms. Emily Buchanan		Date M M M / D D D / Y Y Y Y Y Y 05 / 18 / 2015	
		[Electronically Filed]	

Full Name of Payee Adam L Clark		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 30 / 2014	
Mailing Address 1851 S Laura St		Amount 6.00	
City Wichita	State KS	Zip Code 67211	Transaction ID : 6c6af277-78d0-4db2-8
Purpose of Expenditure Mileage	Category/ Type	002	Date of Disbursement or Obligation MM / DD / YYYY 10 / 30 / 2014
Name of Federal Candidate Mr. Greg Orman		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: KS
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ▶	

Full Name of Payee Toni A Persinger-Buckler		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 30 / 2014	
Mailing Address 5330 Nestleway Dr		Amount \$ 42.50	
City Clemmons	State NC	Zip Code 27012	Transaction ID : 36b5daa6-84dd-4fa0-b Date of Disbursement or Obligation MM / DD / YYYY 10 / 30 / 2014
Purpose of Expenditure Salary	Category/ Type	001	
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: NC
Calendar Year-To-Date Per Election for Office Sought		1095959.94	Disbursement For: ☐ Primary ☒ General ☐ 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.

Date _____

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 2052 OF 3250
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M / D D / Y Y Y Y Y Y					
Full Name of Payee Toni A Persinger-Buckler			Date of Public Distribution/Dissemination 10 / 30 / 2014		
Mailing Address 5330 Nestleway Dr			Amount 8.10		
City Clemmons		State NC	Zip Code 27012		Transaction ID : e1e3dd73-27bc-4d39-b
Purpose of Expenditure Mileage		Category/ Type 002		Date of Disbursement or Obligation 10 / 30 / 2014	
Name of Federal Candidate Ms. Kay Hagan			☐ Support ☒ Oppose Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: NC		
Calendar Year-To-Date Per Election for Office Sought 1095959.94			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
Full Name of Payee Toni A Persinger-Buckler			Date of Public Distribution/Dissemination 10 / 30 / 2014		
Mailing Address 5330 Nestleway Dr			Amount 42.50		
City Clemmons		State NC	Zip Code 27012		Transaction ID : a690aed8-5e78-4ecf-9
Purpose of Expenditure Salary		Category/ Type 001		Date of Disbursement or Obligation 10 / 30 / 2014	
Name of Federal Candidate Ms. Kay Hagan			☐ Support ☒ Oppose Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: NC		
Calendar Year-To-Date Per Election for Office Sought 1095959.94			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			50.60		
(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.					
Signature Ms. Emily Buchanan			Date 05 / 18 / 2015		
[Electronically Filed]					

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 2053 OF 3250
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M M / D D D / Y Y Y Y Y Y					
Full Name of Payee Toni A Persinger-Buckler			Date of Public Distribution/Dissemination 10 / 30 / 2014		
Mailing Address 5330 Nestleway Dr			Amount 8.10		
City Clemmons		State NC	Zip Code 27012		Transaction ID : b8ecd96a-0fd9-4345-8
Purpose of Expenditure Mileage		Category/ Type 002		Date of Disbursement or Obligation 10 / 30 / 2014	
Name of Federal Candidate Ms. Kay Hagan			Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>NC</u>		
Calendar Year-To-Date Per Election for Office Sought 1095959.94			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶ _____		
Full Name of Payee David Ford			Date of Public Distribution/Dissemination 10 / 30 / 2014		
Mailing Address 106 Hillside St			Amount 90.00		
City Spindale		State NC	Zip Code 28160		Transaction ID : 61bd932f-b6de-4560-8
Purpose of Expenditure Salary		Category/ Type 001		Date of Disbursement or Obligation 10 / 30 / 2014	
Name of Federal Candidate Ms. Kay Hagan			Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>NC</u>		
Calendar Year-To-Date Per Election for Office Sought 1095959.94			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶ _____		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			98.10		
(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.					
Signature Ms. Emily Buchanan			Date 05 / 18 / 2015		
[Electronically Filed]					

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 2054 OF 3250
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M / D D / Y Y Y Y					
Full Name of Payee David Ford			Date of Public Distribution/Dissemination 10 / 30 / 2014		
Mailing Address 106 Hillside St			Amount 43.53		
City Spindale	State NC	Zip Code 28160	Transaction ID : 1fa9f07d-57ed-498a-8		
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement or Obligation 10 / 30 / 2014		
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>NC</u>		
Calendar Year-To-Date Per Election for Office Sought		1095959.94	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
Full Name of Payee Grant Fitzgerald			Date of Public Distribution/Dissemination 10 / 30 / 2014		
Mailing Address 109 Carpathion Way			Amount 52.50		
City Raleigh	State NC	Zip Code 27615	Transaction ID : bcfbd971-9fea-496d-b		
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation 10 / 30 / 2014		
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>NC</u>		
Calendar Year-To-Date Per Election for Office Sought		1095959.94	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			96.03		
(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.					
Signature Ms. Emily Buchanan		[Electronically Filed]		Date 05 / 18 / 2015	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 2055 OF 3250
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC		FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on		MM / DD / YYYY	
Full Name of Payee Grant Fitzgerald		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 30 / 2014	
Mailing Address 109 Carpathion Way		Amount 8.10	
City Raleigh	State NC	Zip Code 27615	Transaction ID : e456f614-24b0-487a-9
Purpose of Expenditure Mileage	Category/Type 002	Date of Disbursement or Obligation MM / DD / YYYY 10 / 30 / 2014	
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose ☐ President ☒ Senate	
Office Sought: District: 00 State: NC		Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ▶	
Calendar Year-To-Date Per Election for Office Sought 1095959.94		2014	
Full Name of Payee Zachary R McCleese		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 30 / 2014	
Mailing Address 323 Rolling Pines Dr		Amount 50.00	
City Spring Lake	State NC	Zip Code 28390	Transaction ID : d4063660-9910-4be0-b
Purpose of Expenditure Salary	Category/Type 001	Date of Disbursement or Obligation MM / DD / YYYY 10 / 30 / 2014	
Name of Federal Candidate Mr. Mark L Pryor		☐ Support ☒ Oppose ☐ President ☒ Senate	
Office Sought: District: 00 State: AR		Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ▶	
Calendar Year-To-Date Per Election for Office Sought 292370.62		2014	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶		58.10	
(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.			
Signature Ms. Emily Buchanan		Date MM / DD / YYYY 05 / 18 / 2015	
[Electronically Filed]			

Full Name of Payee Anselma A Trinidad			Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 30 / 2014		
Mailing Address 7915 Curtina Ln			Amount 80.00		
City Lewisville	State NC	Zip Code 27023	Transaction ID : 492300ca-ff8f-4744-9 Date of Disbursement or Obligation MM / DD / YYYY 10 / 30 / 2014		
Purpose of Expenditure Salary		Category/ Type 001			
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House ☒ Senate ☐ President ☐ Other (specify) _____		
Calendar Year-To-Date Per Election for Office Sought		1095959.94	Disbursement For: ☐ Primary ☒ General ☐ Other (specify) _____		

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	95.30
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

Ms. Emily Buchanan

[Electronically Filed]

Date 05 / 18 / 2015

Signature

Full Name of Payee Alisha A Hauser		Date of Public Distribution/Dissemination M M / D D / Y Y Y Y 10 / 30 / 2014	
Mailing Address 199 Raven Circle		Amount 17.82	
City Wilkesboro	State NC	Zip Code 28697	Transaction ID : be1aa473-5f46-49f9-8 Date of Disbursement or Obligation M M / D D / Y Y Y Y 10 / 30 / 2014
Purpose of Expenditure Mileage	Category/ Type	002	
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: NC
Calendar Year-To-Date Per Election for Office Sought		1095959.94	Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ►

(a) SUBTOTAL of Itemized Independent Expenditures.....	76.12
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures.....	

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 2058 OF 3250
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC		FEC IDENTIFICATION NUMBER ▼ C C00530766
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on		MM / DD / YYYY

Full Name of Payee Lorri Anderson		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 30 / 2014
Mailing Address 7214 Duchamp Dr		Amount 55.00
City Charlotte	State NC	Zip Code 23215
Purpose of Expenditure Salary		Category/Type 001
Name of Federal Candidate Ms. Kay Hagan		Office Sought: ☐ House District: 00 ☒ Senate State: NC
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶

Full Name of Payee Lorri Anderson		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 30 / 2014
Mailing Address 7214 Duchamp Dr		Amount 3.90
City Charlotte	State NC	Zip Code 23215
Purpose of Expenditure Mileage		Category/Type 002
Name of Federal Candidate Ms. Kay Hagan		Office Sought: ☐ House District: 00 ☒ Senate State: NC
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	58.90
(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

MM / DD / YYYY
05 / 18 / 2015

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 2059 OF 3250
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC		FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on		M M M / D D D / Y Y Y Y Y Y	
Full Name of Payee Barbara A Williams		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 10 / 30 / 2014	
Mailing Address 3002 Darden Rd Apt A		Amount 43.30	
City Greensboro	State NC	Zip Code 27407	Transaction ID : 97974d30-12a8-48f8-a
Purpose of Expenditure Salary	Category/ Type	001	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 10 / 30 / 2014
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: NC
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Monique Guillory		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 10 / 30 / 2014	
Mailing Address 409 LaSalle Drive		Amount 60.00	
City Little Rock	State AR	Zip Code 72211	Transaction ID : 6bf9f919-6b74-4eb1-8
Purpose of Expenditure Salary	Category/ Type	001	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 10 / 30 / 2014
Name of Federal Candidate Mr. Mark L Pryor		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: AR
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶		103.30	
(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]	
Signature		Date M M M / D D D / Y Y Y Y Y Y 05 / 18 / 2015	

Full Name of Payee Rhonda Moback		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 30 / 2014	
Mailing Address 2704 E Glen Oaks Dr		Amount MM / DD / YYYY 30.00	
City Wichita	State KS	Zip Code 67216	Transaction ID : 15f3a9bd-819d-4730-8 Date of Disbursement or Obligation MM / DD / YYYY 10 / 30 / 2014
Purpose of Expenditure Salary		Category/ Type 001	
Name of Federal Candidate Mr. Greg Orman		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: KS
Calendar Year-To-Date Per Election for Office Sought		MM / DD / YYYY 261541.03	Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	75.00
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

FEC Schedule E (Form 3X) Rev. 09/2013

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 2062 OF 3250
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M M / D D D / Y Y Y Y Y Y					
Full Name of Payee Leslie D Moore			Date of Public Distribution/Dissemination 10 / 30 / 2014		
Mailing Address 1903 Swan Dr			Amount 8.10		
City Lenoir	State NC	Zip Code 28645	Transaction ID : dc53a572-9e56-4813-a		
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement or Obligation 10 / 30 / 2014		
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>NC</u>		
Calendar Year-To-Date Per Election for Office Sought		1095959.94	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
Full Name of Payee Rhonda Moback			Date of Public Distribution/Dissemination 10 / 30 / 2014		
Mailing Address 2704 E Glen Oaks Dr			Amount 30.00		
City Wichita	State KS	Zip Code 67216	Transaction ID : d508c72a-b293-4a33-a		
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation 10 / 30 / 2014		
Name of Federal Candidate Mr. Greg Orman		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>KS</u>		
Calendar Year-To-Date Per Election for Office Sought		261541.03	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			38.10		
(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.					
Signature <i>Ms. Emily Buchanan</i>		[Electronically Filed]		Date 05 / 18 / 2015	

Full Name of Payee Alice K Salazar		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 30 / 2014	
Mailing Address 605 W Houston St		Amount 80.00	
City Marshall	State TX	Zip Code 75633	Transaction ID : 2400d993-33eb-485f-a Date of Disbursement or Obligation MM / DD / YYYY 10 / 30 / 2014
Purpose of Expenditure Salary		Category/ Type 001	
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House ☒ Senate ☐ President ☐ Other (specify) _____
Calendar Year-To-Date Per Election for Office Sought		554635.78	Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ► _____

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	88.40
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 2064 OF 3250
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M / D D / Y Y Y Y Y Y					
Full Name of Payee Alice K Salazar			Date of Public Distribution/Dissemination 10 / 30 / 2014		
Mailing Address 605 W Houston St			Amount 54.60		
City Marshall		State TX	Zip Code 75633		Transaction ID : 3ef01322-0cf8-4a6b-a
Purpose of Expenditure Mileage		Category/ Type 002		Date of Disbursement or Obligation 10 / 30 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu			Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: LA		
Calendar Year-To-Date Per Election for Office Sought			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
Full Name of Payee Reaghan Waites			Date of Public Distribution/Dissemination 10 / 30 / 2014		
Mailing Address 9805 St Stephens Ct			Amount 20.00		
City Raleigh		State NC	Zip Code 27615		Transaction ID : 82630d12-5373-4a00-b
Purpose of Expenditure Salary		Category/ Type 001		Date of Disbursement or Obligation 10 / 30 / 2014	
Name of Federal Candidate Ms. Kay Hagan			Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: NC		
Calendar Year-To-Date Per Election for Office Sought			Disbursement For: ☐ Primary ☒ 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.					
Signature Ms. Emily Buchanan			Date 05 / 18 / 2015		
[Electronically Filed]					

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 2065 OF 3250
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on			MM / DD / YYYY	
Full Name of Payee Reaghan Waites		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 30 / 2014		
Mailing Address 9805 St Stephens Ct		Amount 3.00		
City Raleigh	State NC	Zip Code 27615	Transaction ID : facc9629-6fcd-431d-8	
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement or Obligation MM / DD / YYYY 10 / 30 / 2014	
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: NC	
Calendar Year-To-Date Per Election for Office Sought		1095959.94	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Sheri J Peace		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 30 / 2014		
Mailing Address 9685 Paula St		Amount 40.00		
City Keithville	State LA	Zip Code 71047	Transaction ID : 8d62d529-d2a1-4e80-9	
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation MM / DD / YYYY 10 / 30 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: LA	
Calendar Year-To-Date Per Election for Office Sought		554635.78	Disbursement For: ☐ Primary ☒ 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.				
Signature Ms. Emily Buchanan		[Electronically Filed]		Date MM / DD / YYYY 05 / 18 / 2015

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 2066 OF 3250
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M / D D / Y Y Y Y					
Full Name of Payee Sheri J Peace			Date of Public Distribution/Dissemination 10 / 30 / 2014		
Mailing Address 9685 Paula St			Amount 26.70		
City Keithville	State LA	Zip Code 71047	Transaction ID : 929ea381-0b93-479c-9		
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement or Obligation 10 / 30 / 2014		
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: LA		
Calendar Year-To-Date Per Election for Office Sought		554635.78	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
Full Name of Payee Michael A Toomey			Date of Public Distribution/Dissemination 10 / 30 / 2014		
Mailing Address 4120 Bon Aire Dr Apt 6307			Amount 35.00		
City Monroe	State LA	Zip Code 71212	Transaction ID : 096a1ca7-1bf6-4782-b		
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation 10 / 30 / 2014		
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: LA		
Calendar Year-To-Date Per Election for Office Sought		554635.78	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			61.70		
(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.					
Signature Ms. Emily Buchanan		[Electronically Filed]		Date 05 / 18 / 2015	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 2067 OF 3250
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC		FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on		M M M / D D D / Y Y Y Y Y Y	
Full Name of Payee Michael A Toomey		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 10 / 30 / 2014	
Mailing Address 4120 Bon Aire Dr Apt 6307		Amount 9.60	
City Monroe	State LA	Zip Code 71212	Transaction ID : 095c4df4-0625-4f30-9
Purpose of Expenditure Mileage	Category/Type 002	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 10 / 30 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose ☐ President ☒ Senate	
Office Sought: ☐ House ☒ Senate		District: 00 State: LA	
Calendar Year-To-Date Per Election for Office Sought 554635.78		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Edmond D Rea		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 10 / 30 / 2014	
Mailing Address 416 Vine Dr		Amount 80.00	
City Lawrence	State KS	Zip Code 66049	Transaction ID : 36276c1a-6bb9-490a-b
Purpose of Expenditure Salary	Category/Type 001	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 10 / 30 / 2014	
Name of Federal Candidate Mr. Greg Orman		☐ Support ☒ Oppose ☐ President ☒ Senate	
Office Sought: ☐ House ☒ Senate		District: 00 State: KS	
Calendar Year-To-Date Per Election for Office Sought 261541.03		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶		89.60	
(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.			
Signature Ms. Emily Buchanan		Date M M M / D D D / Y Y Y Y Y Y 05 / 18 / 2015	
		[Electronically Filed]	

Full Name of Payee Jeffrey S Hauge		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 30 / 2014	
Mailing Address 211 N Ashley Park		Amount 75.00	
City Wichita	State KS	Zip Code 67212	Transaction ID : d77e4ffb-a301-4162-8 Date of Disbursement or Obligation MM / DD / YYYY 10 / 30 / 2014
Purpose of Expenditure Salary		Category/Type 001	
Name of Federal Candidate Mr. Greg Orman		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: KS
Calendar Year-To-Date Per Election for Office Sought		261541.03	Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	87.90
(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.

Date _____

Signature

Full Name of Payee Jeffrey S Hauge		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 30 / 2014	
Mailing Address 211 N Ashley Park		Amount 10.20	
City Wichita	State KS	Zip Code 67212	Transaction ID : ac411ae2-5161-4792-a Date of Disbursement or Obligation MM / DD / YYYY 10 / 30 / 2014
Purpose of Expenditure Mileage	Category/ Type	002	
Name of Federal Candidate Mr. Greg Orman		☐ Support ☒ Oppose	Office Sought: ☐ House ☒ Senate ☐ President ☒ Senate
Calendar Year-To-Date Per Election for Office Sought 261541.03		District: 00 State: KS Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ▶	

Full Name of Payee Nicholas O Wilcox		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 30 / 2014	
Mailing Address 1981 Cherokee St		Amount 27.00	
City Baton Rouge	State LA	Zip Code 70806	Transaction ID : 77e83160-7907-444d-b Date of Disbursement or Obligation MM / DD / YYYY 10 / 30 / 2014
Purpose of Expenditure Salary	Category/ Type	001	
Name of Federal Candidate Ms. Mary L Landrieu	☐ Support ☒ Oppose	Office Sought: ☐ House ☒ Senate	District: 00 State: LA
Calendar Year-To-Date Per Election for Office Sought	554635.78		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	37.20
(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.

Date / /

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 2070 OF 3250
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC		FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M / D D / Y Y Y Y Y Y			
Full Name of Payee Nicholas O Wilcox		Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 10 / 30 / 2014	
Mailing Address 1981 Cherokee St		Amount 2.04	
City Baton Rouge	State LA	Zip Code 70806	Transaction ID : 40c2d027-45e7-48ff-9 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 10 / 30 / 2014
Purpose of Expenditure Mileage		Category/ Type 002	
Name of Federal Candidate Ms. Mary L Landrieu		Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: LA ☐ Other (specify) ▶	
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Sarah Bassil		Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 10 / 30 / 2014	
Mailing Address 7650 Fallswood Way		Amount 30.00	
City Lorton	State VA	Zip Code 22079	Transaction ID : 5e2f6964-4004-44a7-a Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 10 / 30 / 2014
Purpose of Expenditure Salary		Category/ Type 001	
Name of Federal Candidate Mr. Greg Orman		Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: KS ☐ Other (specify) ▶	
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶		32.04	
(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.			
Signature Ms. Emily Buchanan		Date M M / D D / Y Y Y Y Y Y 05 / 18 / 2015	
[Electronically Filed]			

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 2071 OF 3250
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M M / D D D / Y Y Y Y Y Y					
Full Name of Payee Sarah Bassil			Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 10 / 30 / 2014		
Mailing Address 7650 Fallswood Way			Amount 30.00		
City Lorton		State VA	Zip Code 22079		Transaction ID : 2b6cfbab-7136-4ca3-9
Purpose of Expenditure Salary		Category/Type 001		Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 10 / 30 / 2014	
Name of Federal Candidate Mr. Greg Orman			☐ Support ☒ Oppose Office Sought: ☐ House ☒ Senate District: 00 ☐ President State: KS		
Calendar Year-To-Date Per Election for Office Sought			261541.03 Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
Full Name of Payee Dianna R Williams			Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 10 / 30 / 2014		
Mailing Address 1510 W Pawnee Apt 2103			Amount 25.00		
City Wichita		State KS	Zip Code 67213		Transaction ID : 7bff325a-9e2a-4037-8
Purpose of Expenditure Salary		Category/Type 001		Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 10 / 30 / 2014	
Name of Federal Candidate Mr. Greg Orman			☐ Support ☒ Oppose Office Sought: ☐ House ☒ Senate District: 00 ☐ President State: KS		
Calendar Year-To-Date Per Election for Office Sought			261541.03 Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			55.00		
(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.					
Signature _____ Ms. Emily Buchanan			Date M M M / D D D / Y Y Y Y Y Y 05 / 18 / 2015		

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SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 2072 OF 3250
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M M / D D D / Y Y Y Y Y Y					
Full Name of Payee Dianna R Williams			Date of Public Distribution/Dissemination 10 / 30 / 2014		
Mailing Address 1510 W Pawnee Apt 2103			Amount 20.10		
City Wichita	State KS	Zip Code 67213	Transaction ID : 89ee4f83-7065-4d58-a		
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement or Obligation 10 / 30 / 2014		
Name of Federal Candidate Mr. Greg Orman		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: KS		
Calendar Year-To-Date Per Election for Office Sought		261541.03	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
Full Name of Payee Heather Ainsworth			Date of Public Distribution/Dissemination 10 / 30 / 2014		
Mailing Address 9685 Paula St			Amount 45.00		
City Keithville	State LA	Zip Code 71047	Transaction ID : a3a4ce12-f56e-47dd-8		
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation 10 / 30 / 2014		
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: LA		
Calendar Year-To-Date Per Election for Office Sought		554635.78	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			65.10		
(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.					
Signature Ms. Emily Buchanan		[Electronically Filed]		Date 05 / 18 / 2015	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 2073 OF 3250
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC		FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on MM / DD / YYYY			
Full Name of Payee Heather Ainsworth		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 30 / 2014	
Mailing Address 9685 Paula St		Amount 41.10	
City Keithville	State LA	Zip Code 71047	Transaction ID : 540e72fd-7a95-4a15-9 Date of Disbursement or Obligation MM / DD / YYYY 10 / 30 / 2014
Purpose of Expenditure Mileage		Category/ Type	002
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: LA
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
554635.78			
Full Name of Payee Thomas A Gawdun		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 30 / 2014	
Mailing Address 2207 SE 64th St		Amount 60.00	
City Topeka	State KS	Zip Code 66605	Transaction ID : 406cefb3-b170-4248-9 Date of Disbursement or Obligation MM / DD / YYYY 10 / 30 / 2014
Purpose of Expenditure Salary		Category/ Type	001
Name of Federal Candidate Mr. Greg Orman		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: KS
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
261541.03			
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶		101.10	
(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.			
Signature <i>Ms. Emily Buchanan</i>		Date MM / DD / YYYY 05 / 18 / 2015	
[Electronically Filed]			

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 2075 OF 3250
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC		FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on		M M M / D D D / Y Y Y Y Y Y	
Full Name of Payee Joshua J Huffman		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 10 / 30 / 2014	
Mailing Address 211 Dixie Ave		Amount 40.00	
City Harrisonburg	State VA	Zip Code 22801	Transaction ID : d5aa62c7-7102-49fc-9
Purpose of Expenditure Salary	Category/Type 001	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 10 / 30 / 2014	
Name of Federal Candidate Mr. Greg Orman		☐ Support ☒ Oppose	
Office Sought: ☐ President ☒ Senate		District: 00 State: KS	
Calendar Year-To-Date Per Election for Office Sought 261541.03		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Caelan J Blair		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 10 / 30 / 2014	
Mailing Address 510 Haymaker Hall		Amount 20.00	
City Manhattan	State KS	Zip Code 66506	Transaction ID : 05651728-fe1a-4e62-a
Purpose of Expenditure Salary	Category/Type 001	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 10 / 30 / 2014	
Name of Federal Candidate Mr. Greg Orman		☐ Support ☒ Oppose	
Office Sought: ☐ President ☒ Senate		District: 00 State: KS	
Calendar Year-To-Date Per Election for Office Sought 261541.03		Disbursement For: ☐ Primary ☒ 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.			
Signature Ms. Emily Buchanan		Date M M M / D D D / Y Y Y Y Y Y 05 / 18 / 2015	
		[Electronically Filed]	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 2076 OF 3250
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC		FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on		M M M / D D D / Y Y Y Y Y Y	
Full Name of Payee Eva M Johnston		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 10 / 30 / 2014	
Mailing Address 2517 N 47th St		Amount 45.00	
City Milwaukee	State WI	Zip Code 53210	Transaction ID : a048b093-6d6a-47fa-9
Purpose of Expenditure Salary		Category/Type 001	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 10 / 30 / 2014
Name of Federal Candidate Mr. Greg Orman		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: KS
Calendar Year-To-Date Per Election for Office Sought 261541.03		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Anthony Buchanan		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 10 / 30 / 2014	
Mailing Address 1090 McHone Rd		Amount 60.00	
City Spruce Pine	State NC	Zip Code 28777	Transaction ID : f0821dda-3fa1-41b1-b
Purpose of Expenditure Salary		Category/Type 001	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 10 / 30 / 2014
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: NC
Calendar Year-To-Date Per Election for Office Sought 1095959.94		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶		105.00	
(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.			
Signature Ms. Emily Buchanan		Date M M M / D D D / Y Y Y Y Y Y 05 / 18 / 2015	
		[Electronically Filed]	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 2077 OF 3250
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC		FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M M / D D D / Y Y Y Y Y Y			
Full Name of Payee Julie M Gentry		Date of Public Distribution/Dissemination 10 / 30 / 2014	
Mailing Address 314 S Main St		Amount 108.00	
City Roxboro	State NC	Zip Code 27573	Transaction ID : 10f9f289-c306-4195-a
Purpose of Expenditure Salary	Category/ Type	001	Date of Disbursement or Obligation 10 / 30 / 2014
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: NC
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Julie M Gentry		Date of Public Distribution/Dissemination 10 / 30 / 2014	
Mailing Address 314 S Main St		Amount 13.53	
City Roxboro	State NC	Zip Code 27573	Transaction ID : 9421eb1d-115a-420f-a
Purpose of Expenditure Mileage	Category/ Type	002	Date of Disbursement or Obligation 10 / 30 / 2014
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: NC
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶		121.53	
(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.			
Signature Ms. Emily Buchanan		Date 05 / 18 / 2015	
		[Electronically Filed]	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 2078 OF 3250
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC		FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on		MM / DD / YYYY	
Full Name of Payee Brian A Sherwood		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 30 / 2014	
Mailing Address 1003 W 5th St		Amount 75.00	
City Coffeyville	State KS	Zip Code 67337	Transaction ID : d0f2b252-470c-4cb2-9
Purpose of Expenditure Salary	Category/Type 001	Date of Disbursement or Obligation MM / DD / YYYY 10 / 30 / 2014	
Name of Federal Candidate Mr. Greg Orman		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: KS
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Brian A Sherwood		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 30 / 2014	
Mailing Address 1003 W 5th St		Amount 18.60	
City Coffeyville	State KS	Zip Code 67337	Transaction ID : 93950853-3b4c-4ec4-b
Purpose of Expenditure Mileage	Category/Type 002	Date of Disbursement or Obligation MM / DD / YYYY 10 / 30 / 2014	
Name of Federal Candidate Mr. Greg Orman		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: KS
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶		93.60	
(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]	
Signature		Date MM / DD / YYYY 05 / 18 / 2015	

Full Name of Payee Sommer E Cox		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 30 / 2014	
Mailing Address 1519 Walshtown Rd		Amount 68.00	
City Boomer	State NC	Zip Code 28606	Transaction ID : c9414cee-64cc-407b-8
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation MM / DD / YYYY 10 / 30 / 2014
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: NC
Calendar Year-To-Date Per Election for Office Sought		1095959.94	Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ▶

Full Name of Payee Sommer E Cox		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 30 / 2014	
Mailing Address 1519 Walshtown Rd		Amount 8.10	
City Boomer	State NC	Zip Code 28606	Transaction ID : 9dd71a0a-c2e6-4a93-9
Purpose of Expenditure Mileage	Category/ Type	002	Date of Disbursement or Obligation MM / DD / YYYY 10 / 30 / 2014
Name of Federal Candidate Ms. Kay Hagan	☐ Support ☒ Oppose	Office Sought: ☐ President ☒ Senate	District: 00 State: NC
Calendar Year-To-Date Per Election for Office Sought	1095959.94		Disbursement For: ☐ Primary ☒ General ☐ 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.

Date _____

Signature

Full Name of Payee Patricia F Arnold			Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 30 / 2014		
Mailing Address 1117 Clipper Dr			Amount 2.40		
City Slidell	State LA	Zip Code 70458	Transaction ID : aec87548-e34f-4ffa-8 Date of Disbursement or Obligation MM / DD / YYYY 10 / 30 / 2014		
Purpose of Expenditure Mileage		Category/ Type 002			
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: LA		
Calendar Year-To-Date Per Election for Office Sought		554635.78	Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ▶		

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	23.40
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

Ms. Emily Buchanan

[Electronically Filed]

Date 05 / 18 / 2015

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 2081 OF 3250
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M / D D / Y Y Y Y Y Y					
Full Name of Payee Talia J DeGisi			Date of Public Distribution/Dissemination 10 / 30 / 2014		
Mailing Address 9513 Beverly Dr			Amount 30.00		
City Overland Park		State KS	Zip Code 66207		Transaction ID : d9f263ec-d3e6-4add-b Date of Disbursement or Obligation 10 / 30 / 2014
Purpose of Expenditure Salary		Category/ Type 001			
Name of Federal Candidate Mr. Greg Orman			☐ Support ☒ Oppose		Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: KS
Calendar Year-To-Date Per Election for Office Sought 261541.03			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
Full Name of Payee Talia J DeGisi			Date of Public Distribution/Dissemination 10 / 30 / 2014		
Mailing Address 9513 Beverly Dr			Amount 3.00		
City Overland Park		State KS	Zip Code 66207		Transaction ID : 68eb9097-63cc-409f-9 Date of Disbursement or Obligation 10 / 30 / 2014
Purpose of Expenditure Mileage		Category/ Type 002			
Name of Federal Candidate Mr. Greg Orman			☐ Support ☒ Oppose		Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: KS
Calendar Year-To-Date Per Election for Office Sought 261541.03			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			33.00		
(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 05 / 18 / 2015
Signature					

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 2082 OF 3250
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC		FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on		MM / DD / YYYY	
Full Name of Payee Zachary Vidrine		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 30 / 2014	
Mailing Address 202 Rue Des Cajun		Amount 50.00	
City Ville Platte	State LA	Zip Code 70586	Transaction ID : c05cfa02-d7c0-4f86-9
Purpose of Expenditure Salary	Category/Type 001	Date of Disbursement or Obligation MM / DD / YYYY 10 / 30 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose ☐ President ☒ Senate	
Office Sought: ☐ House ☒ Senate District: 00 State: LA		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Calendar Year-To-Date Per Election for Office Sought 554635.78			
Full Name of Payee Zachary Vidrine		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 30 / 2014	
Mailing Address 202 Rue Des Cajun		Amount 16.50	
City Ville Platte	State LA	Zip Code 70586	Transaction ID : 38bc4cfd-2712-4f49-9
Purpose of Expenditure Mileage	Category/Type 002	Date of Disbursement or Obligation MM / DD / YYYY 10 / 30 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose ☐ President ☒ Senate	
Office Sought: ☐ House ☒ Senate District: 00 State: LA		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Calendar Year-To-Date Per Election for Office Sought 554635.78			
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶		66.50	
(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]	
Signature		Date MM / DD / YYYY 05 / 18 / 2015	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 2083 OF 3250
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC		FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on		M M M / D D D / Y Y Y Y Y Y	
Full Name of Payee Jordyn Kilbury		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 10 / 30 / 2014	
Mailing Address 5416 S Santa Fe Street		Amount 120.00	
City Wichita	State KS	Zip Code 67216	Transaction ID : 66e7aea0-66c4-4964-8
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 10 / 30 / 2014
Name of Federal Candidate Mr. Greg Orman		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: KS
Calendar Year-To-Date Per Election for Office Sought 261541.03		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Jordyn Kilbury		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 10 / 30 / 2014	
Mailing Address 5416 S Santa Fe Street		Amount 17.40	
City Wichita	State KS	Zip Code 67216	Transaction ID : 767b37e5-369b-4eab-8
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 10 / 30 / 2014
Name of Federal Candidate Mr. Greg Orman		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: KS
Calendar Year-To-Date Per Election for Office Sought 261541.03		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶		137.40	
(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.			
Signature Ms. Emily Buchanan		Date M M M / D D D / Y Y Y Y Y Y 05 / 18 / 2015	
		[Electronically Filed]	

Full Name of Payee Leona Martin			Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 30 / 2014		
Mailing Address 9901 Floyd St			Amount 35.00		
City Overland Park	State KS	Zip Code 66212	Transaction ID : 9329cb82-75d0-4cf7-8 Date of Disbursement or Obligation MM / DD / YYYY 10 / 30 / 2014		
Purpose of Expenditure Salary		Category/ Type 001			
Name of Federal Candidate Mr. Greg Orman		☐ Support ☒ Oppose	Office Sought: ☐ House ☒ Senate ☐ President District: 00 State: KS		
Calendar Year-To-Date Per Election for Office Sought		261541.03	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		

Full Name of Payee Leona Martin		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 30 / 2014	
Mailing Address 9901 Floyd St		Amount 6.60	
City Overland Park	State KS	Zip Code 66212	Transaction ID : c364151a-a2b9-411e-a Date of Disbursement or Obligation MM / DD / YYYY 10 / 30 / 2014
Purpose of Expenditure Mileage		Category/ Type 002	
Name of Federal Candidate Mr. Greg Orman		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: KS
Calendar Year-To-Date Per Election for Office Sought		261541.03	Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ►

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	41.60
(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.

Date _____

Signature

05 / 18 / 2015

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 2085 OF 3250
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M M / D D D / Y Y Y Y Y Y				
Full Name of Payee Darian F Lookout			Date of Public Distribution/Dissemination 10 / 30 / 2014	
Mailing Address 155 Indian Ave Box# 166			Amount 30.00	
City Lawrence	State KS	Zip Code 66046	Transaction ID : 0de8ef5a-f048-4c62-9 Date of Disbursement or Obligation 10 / 30 / 2014	
Purpose of Expenditure Salary		Category/ Type 001		
Name of Federal Candidate Mr. Greg Orman		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: KS	
Calendar Year-To-Date Per Election for Office Sought		261541.03	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Darian F Lookout			Date of Public Distribution/Dissemination 10 / 30 / 2014	
Mailing Address 155 Indian Ave Box# 166			Amount 9.00	
City Lawrence	State KS	Zip Code 66046	Transaction ID : 6cd0999f-c315-43e9-a Date of Disbursement or Obligation 10 / 30 / 2014	
Purpose of Expenditure Mileage		Category/ Type 002		
Name of Federal Candidate Mr. Greg Orman		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: KS	
Calendar Year-To-Date Per Election for Office Sought		261541.03	Disbursement For: ☐ Primary ☒ 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.				
Signature Ms. Emily Buchanan		[Electronically Filed]		Date 05 / 18 / 2015

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 2086 OF 3250
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M M / D D D / Y Y Y Y Y Y					
Full Name of Payee Casey Stockton			Date of Public Distribution/Dissemination 10 / 30 / 2014		
Mailing Address 105 South Dale St			Amount 65.00		
City Spruce Pine	State NC	Zip Code 28777	Transaction ID : e2328d8e-37ae-434f-b		
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation 10 / 30 / 2014		
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>NC</u>		
Calendar Year-To-Date Per Election for Office Sought		1095959.94	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
Full Name of Payee Mary Johnson			Date of Public Distribution/Dissemination 10 / 30 / 2014		
Mailing Address 105 South Dale St			Amount 55.00		
City Spruce Pine	State NC	Zip Code 28777	Transaction ID : 71283d54-5f39-4ae6-a		
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation 10 / 30 / 2014		
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>NC</u>		
Calendar Year-To-Date Per Election for Office Sought		1095959.94	Disbursement For: ☐ Primary ☒ 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.					
Signature Ms. Emily Buchanan		[Electronically Filed]		Date 05 / 18 / 2015	

Full Name of Payee Daniel M Gauckebush			Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 30 / 2014	
Mailing Address 12062 NC 902 Hwy			Amount 70.00	
City Bear Creek	State NC	Zip Code 27207	Transaction ID : 68f2e6bd-b6ce-4c3d-a Date of Disbursement or Obligation MM / DD / YYYY 10 / 30 / 2014	
Purpose of Expenditure Salary		Category/ Type 001		
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: NC	
Calendar Year-To-Date Per Election for Office Sought		1095959.94	Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ►	

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

Ms. Emily Buchanan

[Electronically Filed]

Date 05 / 18 / 2015

Signature

Full Name of Payee Sabrina A Etcitty			Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 30 / 2014		
Mailing Address 155 Indain Ave Box # 252			Amount 9.00		
City Lawrence	State KS	Zip Code 66046	Transaction ID : aa753278-9035-4768-a		
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement or Obligation MM / DD / YYYY 10 / 30 / 2014		
Name of Federal Candidate Mr. Greg Orman		☐ Support ☒ Oppose	Office Sought: ☐ House ☒ Senate District: 00 ☐ President State: KS		
Calendar Year-To-Date Per Election for Office Sought		261541.03	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		

Full Name of Payee Krista J Smith		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 30 / 2014	
Mailing Address 41176 Bertville Rd		Amount 30.00	
City Gonzales	State LA	Zip Code 70737	Transaction ID : c22b4b30-d545-4084-b Date of Disbursement or Obligation MM / DD / YYYY 10 / 30 / 2014
Purpose of Expenditure Salary		Category/ Type 001	
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: LA
Calendar Year-To-Date Per Election for Office Sought 554635.78		Disbursement For: ☐ Primary ☒ General ☐ 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.

Date _____

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 2090 OF 3250
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M M / D D D / Y Y Y Y Y Y					
Full Name of Payee Krista J Smith			Date of Public Distribution/Dissemination 10 / 30 / 2014		
Mailing Address 41176 Bertville Rd			Amount 4.80		
City Gonzales	State LA	Zip Code 70737	Transaction ID : c9b7d308-ea53-47da-a		
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement or Obligation 10 / 30 / 2014		
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: LA		
Calendar Year-To-Date Per Election for Office Sought		554635.78	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
Full Name of Payee Christopher L Gilbert			Date of Public Distribution/Dissemination 10 / 30 / 2014		
Mailing Address 55 Lovell Johnson Rd			Amount 67.50		
City Picayune	State MS	Zip Code 39466	Transaction ID : 708d24e4-038a-4196-9		
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation 10 / 30 / 2014		
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: LA		
Calendar Year-To-Date Per Election for Office Sought		554635.78	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			72.30		
(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.					
Signature Ms. Emily Buchanan		[Electronically Filed]		Date 05 / 18 / 2015	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 2091 OF 3250
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC		FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on		M M M / D D D / Y Y Y Y Y Y	
Full Name of Payee Christopher L Gilbert		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 10 / 30 / 2014	
Mailing Address 55 Lovell Johnson Rd		Amount 38.40	
City Picayune	State MS	Zip Code 39466	Transaction ID : 7e29d744-23ff-428d-a
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 10 / 30 / 2014
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: LA
Calendar Year-To-Date Per Election for Office Sought 554635.78		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Malissa A Arsnoe		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 10 / 30 / 2014	
Mailing Address 3301 N First St		Amount 15.00	
City Jacksonville	State AR	Zip Code 72076	Transaction ID : bbec39f1-5f10-4242-8
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 10 / 30 / 2014
Name of Federal Candidate Mr. Mark L Pryor		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: AR
Calendar Year-To-Date Per Election for Office Sought 292370.62		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶		53.40	
(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.			
Signature Ms. Emily Buchanan		Date M M M / D D D / Y Y Y Y Y Y 05 / 18 / 2015	
		[Electronically Filed]	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 2092 OF 3250
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC		FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on		M M M / D D D / Y Y Y Y Y Y	
Full Name of Payee Malissa A Arsnoe		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 10 / 30 / 2014	
Mailing Address 3301 N First St		Amount 4.20	
City Jacksonville	State AR	Zip Code 72076	Transaction ID : 6bc9818f-0a9f-43fc-8
Purpose of Expenditure Mileage	Category/ Type 002	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 10 / 30 / 2014	
Name of Federal Candidate Mr. Mark L Pryor		Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: AR	
Calendar Year-To-Date Per Election for Office Sought 292370.62		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Kenny Wallis		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 10 / 30 / 2014	
Mailing Address 6412 Osage Dr		Amount 55.00	
City North Little rock	State AR	Zip Code 72116	Transaction ID : e284a9b1-c048-4070-9
Purpose of Expenditure Salary	Category/ Type 001	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 10 / 30 / 2014	
Name of Federal Candidate Mr. Mark L Pryor		Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: AR	
Calendar Year-To-Date Per Election for Office Sought 292370.62		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶		59.20	
(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.			
Signature Ms. Emily Buchanan		Date 05 / 18 / 2015 [Electronically Filed]	

Full Name of Payee Ms. Tonya Boyd		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 30 / 2014	
Mailing Address 2357 Fancy Cap Rd		Amount 8.64	
City Mt. Airy	State NC	Zip Code 27030	Transaction ID : d0a15161-72cb-49d8-9
Purpose of Expenditure Mileage	Category/ Type	002	Date of Disbursement or Obligation MM / DD / YYYY 10 / 30 / 2014
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: NC
Calendar Year-To-Date Per Election for Office Sought		1095959.94	Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ▶

Full Name of Payee Lauren E Heffington		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 30 / 2014	
Mailing Address 488 Broadwell Dr		Amount 50.00	
City Nashville	State TN	Zip Code 37220	Transaction ID : e12910c6-dd20-4e59-9 Date of Disbursement or Obligation MM / DD / YYYY 10 / 30 / 2014
Purpose of Expenditure Salary		Category/ Type 001	
Name of Federal Candidate Mr. Mark L Pryor		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: AR
Calendar Year-To-Date Per Election for Office Sought 292370.62		Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	58.64
(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.

Date _____

Signature

Full Name of Payee Christine R McDonald		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 30 / 2014	
Mailing Address 3751 N Jeanette Ave		Amount 35.00	
City Wichita	State KS	Zip Code 67204	Transaction ID : a1e7f256-3235-4ab8-8 Date of Disbursement or Obligation MM / DD / YYYY 10 / 30 / 2014
Purpose of Expenditure Salary		Category/ Type 001	
Name of Federal Candidate Mr. Greg Orman		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: KS
Calendar Year-To-Date Per Election for Office Sought 261541.03		Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	41.36
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

Ms. Emily Buchanan

[Electronically Filed]

Date 05 / 18 / 2015

Signature _____

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 2096 OF 3250
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC		FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on		M M M / D D D / Y Y Y Y Y Y	
Full Name of Payee Christine R McDonald		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 10 / 30 / 2014	
Mailing Address 3751 N Jeanette Ave		Amount 14.40	
City Wichita	State KS	Zip Code 67204	Transaction ID : f21f8882-2c23-40f5-a
Purpose of Expenditure Mileage	Category/Type 002	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 10 / 30 / 2014	
Name of Federal Candidate Mr. Greg Orman		☐ Support ☒ Oppose	
Office Sought: ☐ President ☒ Senate		District: 00 State: KS	
Calendar Year-To-Date Per Election for Office Sought 261541.03		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Lyndsey R Tarr		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 10 / 30 / 2014	
Mailing Address 109 Essex Cv		Amount 10.00	
City Jacksonville	State AR	Zip Code 72076	Transaction ID : 51d05a7b-2a1d-4797-9
Purpose of Expenditure Salary	Category/Type 001	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 10 / 30 / 2014	
Name of Federal Candidate Mr. Mark L Pryor		☐ Support ☒ Oppose	
Office Sought: ☐ President ☒ Senate		District: 00 State: AR	
Calendar Year-To-Date Per Election for Office Sought 292370.62		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶		24.40	
(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.			
Signature Ms. Emily Buchanan		Date M M M / D D D / Y Y Y Y Y Y 05 / 18 / 2015	
		[Electronically Filed]	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 2097 OF 3250
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M M / D D D / Y Y Y Y Y Y					
Full Name of Payee Lyndsey R Tarr			Date of Public Distribution/Dissemination 10 / 30 / 2014		
Mailing Address 109 Essex Cv			Amount 4.50		
City Jacksonville		State AR	Zip Code 72076		Transaction ID : 72bbf32f-8f70-437e-b
Purpose of Expenditure Mileage		Category/ Type 002		Date of Disbursement or Obligation 10 / 30 / 2014	
Name of Federal Candidate Mr. Mark L Pryor			Office Sought: ☐ House District: 00 ☒ Senate State: AR ☐ President ☐ Other (specify) ▶		
Calendar Year-To-Date Per Election for Office Sought 292370.62			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
Full Name of Payee Marlene A Prosser			Date of Public Distribution/Dissemination 10 / 30 / 2014		
Mailing Address 1510 Decatur Rd			Amount 30.00		
City Grantville		State KS	Zip Code 66429		Transaction ID : 6fcc37bd-946e-4664-b
Purpose of Expenditure Salary		Category/ Type 001		Date of Disbursement or Obligation 10 / 30 / 2014	
Name of Federal Candidate Mr. Greg Orman			Office Sought: ☐ House District: 00 ☒ Senate State: KS ☐ President ☐ Other (specify) ▶		
Calendar Year-To-Date Per Election for Office Sought 261541.03			Disbursement For: ☐ Primary ☒ 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.					
Signature Ms. Emily Buchanan			Date 05 / 18 / 2015		
[Electronically Filed]					

Full Name of Payee Rielly McMillion		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 30 / 2014	
Mailing Address 2501 Boone Trail		Amount 24.20	
City N Wilksboro	State NC	Zip Code 28659	Transaction ID : 50e0a83d-ca81-4d5a-8 Date of Disbursement or Obligation MM / DD / YYYY 10 / 30 / 2014
Purpose of Expenditure Salary	Category/ Type 001		
Name of Federal Candidate Ms. Kay Hagan	☐ Support ☒ Oppose	Office Sought: ☐ President ☒ Senate	House District: 00 State: NC
Calendar Year-To-Date Per Election for Office Sought	1095959.94	Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	34.10
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

Ms. Emily Buchanan

[Electronically Filed]

Date 05 / 18 / 2015

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 2099 OF 3250
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC		FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on		M M M / D D D / Y Y Y Y Y Y	
Full Name of Payee Amy J McMillion		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 10 / 30 / 2014	
Mailing Address 1325 S Collegiate Dr Apt 202G		Amount 45.80	
City Wilkesboro	State NC	Zip Code 28697	Transaction ID : 736af030-d682-4592-8
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 10 / 30 / 2014
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: NC
Calendar Year-To-Date Per Election for Office Sought 1095959.94		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Amy J McMillion		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 10 / 30 / 2014	
Mailing Address 1325 S Collegiate Dr Apt 202G		Amount 14.70	
City Wilkesboro	State NC	Zip Code 28697	Transaction ID : c78ca9f6-eb7f-4cc1-a
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 10 / 30 / 2014
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: NC
Calendar Year-To-Date Per Election for Office Sought 1095959.94		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶		60.50	
(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]	
Signature		Date M M M / D D D / Y Y Y Y Y Y 05 / 18 / 2015	

Full Name of Payee Christopher Marquess		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 30 / 2014	
Mailing Address 110 W Pecan St		Amount 45.00	
City Ville Platte	State LA	Zip Code 70586	Transaction ID : 052d9895-ad2e-4b23-9 Date of Disbursement or Obligation MM / DD / YYYY 10 / 30 / 2014
Purpose of Expenditure Salary		Category/ Type 001	
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House ☒ Senate ☐ President ☐ Other (specify) _____
Calendar Year-To-Date Per Election for Office Sought		554635.78	Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ► _____

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	120.00
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

05 / 18 / 2015

FEC Schedule E (Form 3X) Rev. 09/2013

Full Name of Payee Gabriela P Sosa		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 30 / 2014	
Mailing Address 2530 Brook Stone Dr		Amount 80.00	
City Clemmons	State NC	Zip Code 27012	Transaction ID : b76d243d-8066-4557-8 Date of Disbursement or Obligation MM / DD / YYYY 10 / 30 / 2014
Purpose of Expenditure Salary	Category/ Type	001	
Name of Federal Candidate Ms. Kay Hagan	☐ Support ☒ Oppose	Office Sought: ☐ President ☒ Senate	District: 00 State: NC
Calendar Year-To-Date Per Election for Office Sought	1095959.94	Disbursement For: 2014 ☐ Other (specify) ▶	☐ Primary ☒ General

(a) SUBTOTAL of Itemized Independent Expenditures.....		128.00
(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.

Date _____

Signature

Full Name of Payee Felicia A Jones		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 30 / 2014	
Mailing Address 4106 Martha St		Amount 80.00	
City Shreveport	State LA	Zip Code 71109	Transaction ID : c57ea865-6820-46be-8 Date of Disbursement or Obligation MM / DD / YYYY 10 / 30 / 2014
Purpose of Expenditure Salary	Category/ Type 001		
Name of Federal Candidate Ms. Mary L Landrieu	☐ Support ☒ Oppose	Office Sought: ☐ President ☒ Senate	District: 00 State: LA
Calendar Year-To-Date Per Election for Office Sought	554635.78	Disbursement For: 2014 ☐ Other (specify) ▶	
		☐ Primary ☒ General	

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	98.00
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

Ms. Emily Buchanan

[Electronically Filed]

Date 05 / 18 / 2015

Signature

Full Name of Payee Cecilia A Rebrick		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 30 / 2014	
Mailing Address 5003 Allison Lane		Amount 60.00	
City Ft. Smith	State AR	Zip Code 72901	Transaction ID : 131a33ca-6394-44e7-8 Date of Disbursement or Obligation MM / DD / YYYY 10 / 30 / 2014
Purpose of Expenditure Salary	Category/ Type	001	
Name of Federal Candidate Mr. Mark L Pryor	☐ Support ☒ Oppose	Office Sought: ☐ President ☒ Senate	House District: 00 State: AR
Calendar Year-To-Date Per Election for Office Sought	292370.62	Disbursement For: 2014 ☐ Other (specify) ▶	☐ Primary ☒ General

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	68.10
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

FEC Schedule E (Form 3X) Rev. 09/2013

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 2105 OF 3250
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M M / D D D / Y Y Y Y Y Y					
Full Name of Payee Cecilla A Rebrick			Date of Public Distribution/Dissemination 10 / 30 / 2014		
Mailing Address 5003 Allison Lane			Amount 6.60		
City Ft. Smith		State AR	Zip Code 72901		Transaction ID : 0d9f65c5-1d02-47ae-a
Purpose of Expenditure Mileage		Category/ Type 002		Date of Disbursement or Obligation 10 / 30 / 2014	
Name of Federal Candidate Mr. Mark L Pryor			Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: AR		
Calendar Year-To-Date Per Election for Office Sought 292370.62			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
Full Name of Payee Mary D Meens			Date of Public Distribution/Dissemination 10 / 30 / 2014		
Mailing Address 5724 SW Arrowhead Ct			Amount 35.00		
City Topeka		State KS	Zip Code 66614		Transaction ID : c2dc6f25-2d14-40a3-a
Purpose of Expenditure Salary		Category/ Type 001		Date of Disbursement or Obligation 10 / 30 / 2014	
Name of Federal Candidate Mr. Greg Orman			Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: KS		
Calendar Year-To-Date Per Election for Office Sought 261541.03			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			41.60		
(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.					
Signature Ms. Emily Buchanan			Date 05 / 18 / 2015		
[Electronically Filed]					

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 2106 OF 3250
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M M / D D D / Y Y Y Y Y Y					
Full Name of Payee Mary D Meens			Date of Public Distribution/Dissemination 10 / 30 / 2014		
Mailing Address 5724 SW Arrowhead Ct			Amount 10.80		
City Topeka		State KS	Zip Code 66614		Transaction ID : 7a9e9897-0c1a-4f4c-9
Purpose of Expenditure Mileage		Category/ Type 002		Date of Disbursement or Obligation 10 / 30 / 2014	
Name of Federal Candidate Mr. Greg Orman			☐ Support ☒ Oppose		Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: KS
Calendar Year-To-Date Per Election for Office Sought			261541.03 Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
Full Name of Payee Michael D English			Date of Public Distribution/Dissemination 10 / 30 / 2014		
Mailing Address F4 Benton Ave Apt 4			Amount 30.00		
City Searcy		State AR	Zip Code 72149		Transaction ID : 332d518c-c6d8-4fd0-9
Purpose of Expenditure Salary		Category/ Type 001		Date of Disbursement or Obligation 10 / 30 / 2014	
Name of Federal Candidate Mr. Mark L Pryor			☐ Support ☒ Oppose		Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: AR
Calendar Year-To-Date Per Election for Office Sought			292370.62 Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			40.80		
(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.					
Signature Ms. Emily Buchanan			[Electronically Filed]		Date 05 / 18 / 2015

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 2107 OF 3250
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on / /					
Full Name of Payee Michael D English			Date of Public Distribution/Dissemination / / 10 / 30 / 2014		
Mailing Address F4 Benton Ave Apt 4			Amount 8.10		
City Searcy		State AR	Zip Code 72149		Transaction ID : 543ab0e1-3ccb-4949-b
Purpose of Expenditure Mileage		Category/ Type 002		Date of Disbursement or Obligation / / 10 / 30 / 2014	
Name of Federal Candidate Mr. Mark L Pryor			☐ Support ☒ Oppose Office Sought: ☐ House ☒ Senate District: 00 ☐ President State: AR		
Calendar Year-To-Date Per Election for Office Sought 292370.62			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
Full Name of Payee Mitch L Holmes			Date of Public Distribution/Dissemination / / 10 / 30 / 2014		
Mailing Address 211 SE 20th Ave			Amount 10.00		
City St John		State KS	Zip Code 67576		Transaction ID : adc99efd-2727-4862-b
Purpose of Expenditure Salary		Category/ Type 001		Date of Disbursement or Obligation / / 10 / 30 / 2014	
Name of Federal Candidate Mr. Greg Orman			☐ Support ☒ Oppose Office Sought: ☐ House ☒ Senate District: 00 ☐ President State: KS		
Calendar Year-To-Date Per Election for Office Sought 261541.03			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			18.10		
(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.					
Signature Ms. Emily Buchanan			[Electronically Filed] Date 05 / 18 / 2015		

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 2108 OF 3250
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M M / D D D / Y Y Y Y Y Y					
Full Name of Payee Mitch L Holmes			Date of Public Distribution/Dissemination 10 / 30 / 2014		
Mailing Address 211 SE 20th Ave			Amount 29.40		
City St John	State KS	Zip Code 67576	Transaction ID : 6508b0d0-541b-4ae8-9		
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement or Obligation 10 / 30 / 2014		
Name of Federal Candidate Mr. Greg Orman		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>KS</u>		
Calendar Year-To-Date Per Election for Office Sought		261541.03	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
Full Name of Payee James W Blevins			Date of Public Distribution/Dissemination 10 / 30 / 2014		
Mailing Address 108 East Clinton St PO Box 410			Amount 25.00		
City Salemberg	State NC	Zip Code 28385	Transaction ID : 05b24c90-3246-46ba-a		
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation 10 / 30 / 2014		
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>NC</u>		
Calendar Year-To-Date Per Election for Office Sought		1095959.94	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			54.40		
(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.					
Signature Ms. Emily Buchanan		[Electronically Filed]		Date 05 / 18 / 2015	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 2109 OF 3250
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on MM / DD / YYYY				
Full Name of Payee James W Blevins			Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 30 / 2014	
Mailing Address 108 East Clinton St PO Box 410			Amount 8.43	
City Salemberg	State NC	Zip Code 28385	Transaction ID : 08481231-f63d-431a-b	
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement or Obligation MM / DD / YYYY 10 / 30 / 2014	
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: NC	
Calendar Year-To-Date Per Election for Office Sought		1095959.94	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Josh R Arnold			Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 30 / 2014	
Mailing Address 1531 N Ridgewood Dr			Amount 30.00	
City Wichita	State KS	Zip Code 67208	Transaction ID : 09a33728-42ce-484a-8	
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation MM / DD / YYYY 10 / 30 / 2014	
Name of Federal Candidate Mr. Greg Orman		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: KS	
Calendar Year-To-Date Per Election for Office Sought		261541.03	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			38.43	
(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.				
Signature Ms. Emily Buchanan		[Electronically Filed]		Date MM / DD / YYYY 05 / 18 / 2015

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 2110 OF 3250
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC		FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on		M M M / D D D / Y Y Y Y Y Y	
Full Name of Payee Josh R Arnold		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 10 / 30 / 2014	
Mailing Address 1531 N Ridgewood Dr		Amount 7.92	
City Wichita	State KS	Zip Code 67208	Transaction ID : 048c5769-3cf1-4c3e-b
Purpose of Expenditure Mileage		Category/Type 002	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 10 / 30 / 2014
Name of Federal Candidate Mr. Greg Orman		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: KS
Calendar Year-To-Date Per Election for Office Sought 261541.03		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Jennifer F Gilbert		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 10 / 30 / 2014	
Mailing Address 180 McNeil Steep Hollow Rd		Amount 77.50	
City Carriere	State MS	Zip Code 39426	Transaction ID : efa971ca-addf-495b-b
Purpose of Expenditure Salary		Category/Type 001	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 10 / 30 / 2014
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: LA
Calendar Year-To-Date Per Election for Office Sought 554635.78		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures.....▶		85.42	
(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.			
Signature Ms. Emily Buchanan		Date M M M / D D D / Y Y Y Y Y Y 05 / 18 / 2015	
		[Electronically Filed]	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 2111 OF 3250
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC		FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on		M M M / D D D / Y Y Y Y Y Y	
Full Name of Payee Jennifer F Gilbert		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 10 / 30 / 2014	
Mailing Address 180 McNeil Steep Hollow Rd		Amount 47.10	
City Carriere	State MS	Zip Code 39426	Transaction ID : e958cab1-600d-40b5-a
Purpose of Expenditure Mileage	Category/ Type 002	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 10 / 30 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	
Office Sought: ☐ President ☒ Senate		District: 00 State: LA	
Calendar Year-To-Date Per Election for Office Sought 554635.78		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Noah J Smith		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 10 / 30 / 2014	
Mailing Address 41174 Bertville Rd		Amount 30.00	
City Gonzales	State LA	Zip Code 70737	Transaction ID : 5f7aee30-9985-43d6-a
Purpose of Expenditure Salary	Category/ Type 001	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 10 / 30 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	
Office Sought: ☐ President ☒ Senate		District: 00 State: LA	
Calendar Year-To-Date Per Election for Office Sought 554635.78		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶		77.10	
(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.			
Signature Ms. Emily Buchanan		[Electronically Filed] Date M M M / D D D / Y Y Y Y Y Y 05 / 18 / 2015	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 2112 OF 3250
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on MM / DD / YYYY					
Full Name of Payee Stuart T Haley			Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 30 / 2014		
Mailing Address 600 W Vine Ave			Amount 81.50		
City Searcy	State AR	Zip Code 72143	Transaction ID : dfe6e2db-fdea-43ad-9		
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation MM / DD / YYYY 10 / 30 / 2014		
Name of Federal Candidate Mr. Mark L Pryor		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>AR</u>		
Calendar Year-To-Date Per Election for Office Sought		292370.62	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
Full Name of Payee Xavier Miller			Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 30 / 2014		
Mailing Address 407 randall Dr			Amount 80.00		
City Searcy	State AR	Zip Code 72143	Transaction ID : 83c8a86e-f6b3-486a-a		
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation MM / DD / YYYY 10 / 30 / 2014		
Name of Federal Candidate Mr. Mark L Pryor		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>AR</u>		
Calendar Year-To-Date Per Election for Office Sought		292370.62	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			161.50		
(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.					
Signature Ms. Emily Buchanan		[Electronically Filed]		Date MM / DD / YYYY 05 / 18 / 2015	

Full Name of Payee Xavier Miller		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 30 / 2014	
Mailing Address 407 randall Dr		Amount \$ 39.00	
City	State	Zip Code	Transaction ID : 5f4b4f61-bd21-4f7c-b Date of Disbursement or Obligation MM / DD / YYYY 10 / 30 / 2014
Searcy	AR	72143	
Purpose of Expenditure Mileage		Category/ Type	002
Name of Federal Candidate Mr. Mark L Pryor		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: AR
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	

Full Name of Payee Robert B Johnson		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 30 / 2014	
Mailing Address 804 Worthington Way		Amount 35.00	
City Wilmington	State NC	Zip Code 28411	Transaction ID : 3b93c741-b22a-4fa2-b Date of Disbursement or Obligation MM / DD / YYYY 10 / 30 / 2014
Purpose of Expenditure Salary	Category/ Type	001	
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House ☒ Senate ☐ President ☐ Other
Calendar Year-To-Date Per Election for Office Sought 1095959.94		District: 00 State: NC Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	74.00
(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.

Date _____

Signature

Full Name of Payee William M Criswell		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 30 / 2014	
Mailing Address 115 Burns Mitchell Drive		Amount 8.10	
City Belmont	State NC	Zip Code 28012	Transaction ID : 51198af1-d273-4879-8
Purpose of Expenditure Mileage	Category/ Type	002	Date of Disbursement or Obligation MM / DD / YYYY 10 / 30 / 2014
Name of Federal Candidate Ms. Kay Hagan	☐ Support ☒ Oppose	Office Sought: ☐ President ☒ Senate	District: 00 State: NC
Calendar Year-To-Date Per Election for Office Sought 1095959.94		Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	58.10
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

05 / 18 / 2015

FEC Schedule E (Form 3X) Rev. 09/2013

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 2115 OF 3250
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M M / D D D / Y Y Y Y Y Y					
Full Name of Payee ERIC TABARY			Date of Public Distribution/Dissemination 10 / 30 / 2014		
Mailing Address 6101 NORA ST			Amount 70.00		
City METAIRIE	State LA	Zip Code 70003	Transaction ID : 26b6e49f-d844-4f45-a		
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation 10 / 30 / 2014		
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: LA		
Calendar Year-To-Date Per Election for Office Sought		554635.78	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
Full Name of Payee Ashley n Thompson			Date of Public Distribution/Dissemination 10 / 30 / 2014		
Mailing Address 272 Westgate Ct Apt 6			Amount 12.50		
City Lexington	State NC	Zip Code 27295	Transaction ID : 4f655b3f-33ff-4987-a		
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation 10 / 30 / 2014		
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: NC		
Calendar Year-To-Date Per Election for Office Sought		1095959.94	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			82.50		
(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.					
Signature Ms. Emily Buchanan		[Electronically Filed]		Date 05 / 18 / 2015	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 2116 OF 3250
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M / D D / Y Y Y Y					
Full Name of Payee Ashley n Thompson			Date of Public Distribution/Dissemination 10 / 30 / 2014		
Mailing Address 272 Westgate Ct Apt 6			Amount 9.00		
City Lexington	State NC	Zip Code 27295	Transaction ID : ce6c95bb-9f99-410a-b		
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement or Obligation 10 / 30 / 2014		
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>NC</u>		
Calendar Year-To-Date Per Election for Office Sought		1095959.94	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
Full Name of Payee Randy G Lookabill			Date of Public Distribution/Dissemination 10 / 30 / 2014		
Mailing Address 200 Carawood Lane			Amount 57.50		
City Lexington	State NC	Zip Code 27295	Transaction ID : 93cbe458-cbe2-41bb-9		
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation 10 / 30 / 2014		
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>NC</u>		
Calendar Year-To-Date Per Election for Office Sought		1095959.94	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			66.50		
(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.					
Signature Ms. Emily Buchanan		[Electronically Filed]		Date 05 / 18 / 2015	

Full Name of Payee Carla K Pilgreen		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 30 / 2014	
Mailing Address 212 Stonecliff Dr		Amount 95.00	
City West Monro	State LA	Zip Code 71291	Transaction ID : 5ebfa212-e2e0-42b4-a Date of Disbursement or Obligation MM / DD / YYYY 10 / 30 / 2014
Purpose of Expenditure Salary	Category/ Type 001		
Name of Federal Candidate Ms. Mary L Landrieu	☐ Support ☒ Oppose	Office Sought: ☐ President ☒ Senate	District: 00 State: LA
Calendar Year-To-Date Per Election for Office Sought	554635.78	Disbursement For: 2014 ☐ Other (specify) ►	
		☐ Primary ☒ General	

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	110.90
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

05 / 18 / 2015

FEC Schedule E (Form 3X) Rev. 09/2013

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 2118 OF 3250
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M / D D / Y Y Y Y Y Y					
Full Name of Payee Carla K Pilgreen			Date of Public Distribution/Dissemination 10 / 30 / 2014		
Mailing Address 212 Stonecliff Dr			Amount 27.00		
City West Monro		State LA	Zip Code 71291		Transaction ID : 2b351afe-df61-4682-a Date of Disbursement or Obligation 10 / 30 / 2014
Purpose of Expenditure Mileage		Category/ Type 002			
Name of Federal Candidate Ms. Mary L Landrieu			Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: LA		
Calendar Year-To-Date Per Election for Office Sought 554635.78			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
Full Name of Payee Sue G Walker			Date of Public Distribution/Dissemination 10 / 30 / 2014		
Mailing Address 3 Girard			Amount 50.00		
City Fort Smith		State AR	Zip Code 72901		Transaction ID : 22a9c253-73d4-45ca-a Date of Disbursement or Obligation 10 / 30 / 2014
Purpose of Expenditure Salary		Category/ Type 001			
Name of Federal Candidate Mr. Mark L Pryor			Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: AR		
Calendar Year-To-Date Per Election for Office Sought 292370.62			Disbursement For: ☐ Primary ☒ 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.					
Signature Ms. Emily Buchanan			[Electronically Filed] Date 05 / 18 / 2015		

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 2119 OF 3250
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC		FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on		MM / DD / YYYY	
Full Name of Payee Sue G Walker		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 30 / 2014	
Mailing Address 3 Girard		Amount 20.70	
City Fort Smith	State AR	Zip Code 72901	Transaction ID : 71fc6a5b-f2cf-4e5a-b
Purpose of Expenditure Mileage	Category/ Type 002	Date of Disbursement or Obligation MM / DD / YYYY 10 / 30 / 2014	
Name of Federal Candidate Mr. Mark L Pryor		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: AR
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Edward N Walker		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 30 / 2014	
Mailing Address 3 Girard St		Amount 50.00	
City Ft Smith	State AR	Zip Code 72901	Transaction ID : 6475cf57-08c4-47e0-9
Purpose of Expenditure Salary	Category/ Type 001	Date of Disbursement or Obligation MM / DD / YYYY 10 / 30 / 2014	
Name of Federal Candidate Mr. Mark L Pryor		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: AR
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶		70.70	
(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]	
Signature		Date MM / DD / YYYY 05 / 18 / 2015	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 2120 OF 3250
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC		FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on		M M M / D D D / Y Y Y Y Y Y	
Full Name of Payee Edward N Walker		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 10 / 30 / 2014	
Mailing Address 3 Girard St		Amount 14.10	
City Ft Smith	State AR	Zip Code 72901	Transaction ID : a640e4fa-7837-49a0-a
Purpose of Expenditure Mileage	Category/Type 002	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 10 / 30 / 2014	
Name of Federal Candidate Mr. Mark L Pryor		☐ Support ☒ Oppose	
Office Sought: ☐ President ☒ Senate		District: 00 State: AR	
Calendar Year-To-Date Per Election for Office Sought 292370.62		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Francesca Blom		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 10 / 30 / 2014	
Mailing Address 101 Asbury Ct		Amount 85.00	
City Winchester	State VA	Zip Code 22602	Transaction ID : 6c0606df-4cf2-42cb-a
Purpose of Expenditure Salary	Category/Type 001	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 10 / 30 / 2014	
Name of Federal Candidate Mr. Greg Orman		☐ Support ☒ Oppose	
Office Sought: ☐ President ☒ Senate		District: 00 State: KS	
Calendar Year-To-Date Per Election for Office Sought 261541.03		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶		99.10	
(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.			
Signature Ms. Emily Buchanan		Date M M M / D D D / Y Y Y Y Y Y 05 / 18 / 2015	
		[Electronically Filed]	

Full Name of Payee Cayenne C Corbin			Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 30 / 2014		
Mailing Address 1851 S Laura St			Amount 6.00		
City Wichita	State KS	Zip Code 67211	Transaction ID : 3665ba0a-732e-41df-8		
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement or Obligation MM / DD / YYYY 10 / 30 / 2014		
Name of Federal Candidate Mr. Greg Orman		☐ Support ☒ Oppose	Office Sought: ☐ House ☒ Senate District: 00 ☐ President ☒ Senate State: KS		
Calendar Year-To-Date Per Election for Office Sought		261541.03	Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ▶		

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	51.00
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

FEC Schedule E (Form 3X) Rev. 09/2013

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 2122 OF 3250
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC		FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M / D D / Y Y Y Y Y Y			
Full Name of Payee Billy Martin		Date of Public Distribution/Dissemination 10 / 30 / 2014	
Mailing Address 250 JS Brewton rd		Amount 40.00	
City goldonna	State LA	Zip Code 71031	Transaction ID : d0d8930c-4a03-4574-a Date of Disbursement or Obligation 10 / 30 / 2014
Purpose of Expenditure Salary		Category/ Type 001	
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: LA
Calendar Year-To-Date Per Election for Office Sought		554635.78	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶
Full Name of Payee Billy Martin		Date of Public Distribution/Dissemination 10 / 30 / 2014	
Mailing Address 250 JS Brewton rd		Amount 3.60	
City goldonna	State LA	Zip Code 71031	Transaction ID : 62f819d2-e4f3-44d5-8 Date of Disbursement or Obligation 10 / 30 / 2014
Purpose of Expenditure Mileage		Category/ Type 002	
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: LA
Calendar Year-To-Date Per Election for Office Sought		554635.78	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶		43.60	
(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.			
Signature Ms. Emily Buchanan		Date 05 / 18 / 2015 [Electronically Filed]	

Full Name of Payee Logan B Piper		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 30 / 2014	
Mailing Address 3205 Pebble Beach Rd		Amount 26.88	
City Conway	State AR	Zip Code 72034	Transaction ID : e8d1caf4-25f5-43b1-a
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement or Obligation MM / DD / YYYY 10 / 30 / 2014
Name of Federal Candidate Mr. Mark L Pryor		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: AR
Calendar Year-To-Date Per Election for Office Sought 292370.62		Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶		109.88
(b) SUBTOTAL of Unitemized Independent Expenditures	▶		
(c) TOTAL Independent Expenditures.....	▶		

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 2124 OF 3250
 FOR LINE 24 OF FORM 3X

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

Full Name of Payee Kathy Anderson		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 30 / 2014	
Mailing Address 3041 SW Burlingame Rd		Amount 90.00	
City Topeka	State KS	Zip Code 66611	Transaction ID : 65204d71-3406-46c3-8 Date of Disbursement or Obligation MM / DD / YYYY 10 / 30 / 2014
Purpose of Expenditure Salary		Category/Type 001	
Name of Federal Candidate Mr. Greg Orman		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: KS
Calendar Year-To-Date Per Election for Office Sought 261541.03		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	

Full Name of Payee Kathy Anderson		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 30 / 2014	
Mailing Address 3041 SW Burlingame Rd		Amount 18.60	
City Topeka	State KS	Zip Code 66611	Transaction ID : 2664cee6-5066-4544-9 Date of Disbursement or Obligation MM / DD / YYYY 10 / 30 / 2014
Purpose of Expenditure Mileage		Category/Type 002	
Name of Federal Candidate Mr. Greg Orman		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: KS
Calendar Year-To-Date Per Election for Office Sought 261541.03		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	108.60
(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

MM / DD / YYYY
05 / 18 / 2015

Signature

Full Name of Payee Gary W Fuhrmann		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 30 / 2014	
Mailing Address 9425 Jessica Drive		Amount 15.30	
City Shreveport	State LA	Zip Code 71106	Transaction ID : db1d8782-acca-47a0-8 Date of Disbursement or Obligation MM / DD / YYYY 10 / 30 / 2014
Purpose of Expenditure Mileage		Category/ Type 002	
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House ☒ Senate ☐ President ☐ Other (specify) _____
Calendar Year-To-Date Per Election for Office Sought		554635.78	Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ► _____

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	50.30
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

FEC Schedule E (Form 3X) Rev. 09/2013

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 2126 OF 3250
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC		FEC IDENTIFICATION NUMBER ▼ C C00530766
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on		MM / DD / YYYY

Full Name of Payee Lee R Carter		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 30 / 2014	
Mailing Address 3110 Brentwood Rd		Amount 65.00	
City Raleigh	State NC	Zip Code 27604	Transaction ID : 8e176d2e-ff29-4a47-8
Purpose of Expenditure Salary	Category/Type 001	Date of Disbursement or Obligation MM / DD / YYYY 10 / 30 / 2014	
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: NC	
Calendar Year-To-Date Per Election for Office Sought 1095959.94		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	

Full Name of Payee Lee R Carter		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 30 / 2014	
Mailing Address 3110 Brentwood Rd		Amount 10.20	
City Raleigh	State NC	Zip Code 27604	Transaction ID : d65e841a-4f98-419a-8
Purpose of Expenditure Mileage	Category/Type 002	Date of Disbursement or Obligation MM / DD / YYYY 10 / 30 / 2014	
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: NC	
Calendar Year-To-Date Per Election for Office Sought 1095959.94		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	75.20
(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

MM / DD / YYYY
05 / 18 / 2015

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 2127 OF 3250
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC		FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on		M M M / D D D / Y Y Y Y Y Y	
Full Name of Payee Mattie Harris		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 10 / 30 / 2014	
Mailing Address 3654 Tara St		Amount 60.00	
City springdale	State AR	Zip Code 72762	Transaction ID : f7de490b-2ef3-41d1-a
Purpose of Expenditure Salary		Category/Type 001	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 10 / 30 / 2014
Name of Federal Candidate Mr. Mark L Pryor		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: AR
Calendar Year-To-Date Per Election for Office Sought 292370.62		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Mattie Harris		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 10 / 30 / 2014	
Mailing Address 3654 Tara St		Amount 36.00	
City springdale	State AR	Zip Code 72762	Transaction ID : 959f82b3-d2fe-47dd-a
Purpose of Expenditure Mileage		Category/Type 002	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 10 / 30 / 2014
Name of Federal Candidate Mr. Mark L Pryor		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: AR
Calendar Year-To-Date Per Election for Office Sought 292370.62		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶		96.00	
(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.			
Signature Ms. Emily Buchanan		Date M M M / D D D / Y Y Y Y Y Y 05 / 18 / 2015	
		[Electronically Filed]	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 2128 OF 3250
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M M / D D D / Y Y Y Y Y Y Y Y					
Full Name of Payee Devon R McMillion			Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y Y Y 10 / 30 / 2014		
Mailing Address 2501 Boone Trail			Amount 10.00		
City N Wilksboro	State NC	Zip Code 28659	Transaction ID : 24b4500a-1fca-4e5b-a Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y Y Y 10 / 30 / 2014		
Purpose of Expenditure Salary		Category/ Type 001			
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: NC		
Calendar Year-To-Date Per Election for Office Sought 1095959.94			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
Full Name of Payee Chad Stieben			Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y Y Y 10 / 30 / 2014		
Mailing Address 16864 Stillwell Rd			Amount 30.00		
City Bonner Springs	State KS	Zip Code 66012	Transaction ID : ccb3963c-1f7a-4993-9 Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y Y Y 10 / 30 / 2014		
Purpose of Expenditure Salary		Category/ Type 001			
Name of Federal Candidate Mr. Greg Orman		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: KS		
Calendar Year-To-Date Per Election for Office Sought 261541.03			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			40.00		
(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.					
Signature Ms. Emily Buchanan		[Electronically Filed]		Date M M M / D D D / Y Y Y Y Y Y Y Y 05 / 18 / 2015	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 2129 OF 3250
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC		FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on		M M M / D D D / Y Y Y Y Y Y	
Full Name of Payee Chad Stieben		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 10 / 30 / 2014	
Mailing Address 16864 Stillwell Rd		Amount 9.60	
City Bonner Springs	State KS	Zip Code 66012	Transaction ID : 46e15f88-2119-4fdb-a
Purpose of Expenditure Mileage	Category/Type 002	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 10 / 30 / 2014	
Name of Federal Candidate Mr. Greg Orman		☐ Support ☒ Oppose	
Office Sought: ☐ President ☒ Senate		District: 00 State: KS	
Calendar Year-To-Date Per Election for Office Sought 261541.03		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Jeanne Tribou		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 10 / 30 / 2014	
Mailing Address 22369 Ponderosa Dr.		Amount 60.00	
City Mandeville	State LA	Zip Code 70471	Transaction ID : 8faf6571-852f-4f82-9
Purpose of Expenditure Salary	Category/Type 001	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 10 / 30 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	
Office Sought: ☐ President ☒ Senate		District: 00 State: LA	
Calendar Year-To-Date Per Election for Office Sought 554635.78		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶		69.60	
(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.			
Signature Ms. Emily Buchanan		Date M M M / D D D / Y Y Y Y Y Y 05 / 18 / 2015	
		[Electronically Filed]	

Full Name of Payee Kristina M Jinkens		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 30 / 2014	
Mailing Address 2138 N 1000 Rd		Amount 53.30	
City Eudora	State KS	Zip Code 66025	Transaction ID : 92284bf9-0cb4-42a5-8 Date of Disbursement or Obligation MM / DD / YYYY 10 / 30 / 2014
Purpose of Expenditure Salary	Category/ Type 001		
Name of Federal Candidate Mr. Greg Orman	☐ Support ☒ Oppose	Office Sought: ☐ President ☒ Senate ☐ Other (specify) ▶	District: 00 State: KS ☐ Primary ☒ General
Calendar Year-To-Date Per Election for Office Sought	261541.03		

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	64.10
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

Ms. Emily Buchanan

[Electronically Filed]

Date 05 / 18 / 2015

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 2131 OF 3250
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M / D D / Y Y Y Y					
Full Name of Payee Kristina M Jinkens			Date of Public Distribution/Dissemination 10 / 30 / 2014		
Mailing Address 2138 N 1000 Rd			Amount 3.60		
City Eudora	State KS	Zip Code 66025	Transaction ID : 36edc3d2-f157-42cb-9		
Purpose of Expenditure Mileage		Category/Type 002	Date of Disbursement or Obligation 10 / 30 / 2014		
Name of Federal Candidate Mr. Greg Orman			Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: KS ☐ Other (specify) ▶		
Calendar Year-To-Date Per Election for Office Sought 261541.03			Disbursement For: ☐ Primary ☒ General 2014		
Full Name of Payee Joshua E Sherman			Date of Public Distribution/Dissemination 10 / 30 / 2014		
Mailing Address 119 Goldenwood Dr			Amount 60.00		
City Slidell	State LA	Zip Code 70461	Transaction ID : 9ea28133-1d7f-4878-8		
Purpose of Expenditure Salary		Category/Type 001	Date of Disbursement or Obligation 10 / 30 / 2014		
Name of Federal Candidate Ms. Mary L Landrieu			Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: LA ☐ Other (specify) ▶		
Calendar Year-To-Date Per Election for Office Sought 554635.78			Disbursement For: ☐ Primary ☒ General 2014		
(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.					
Signature Ms. Emily Buchanan			Date 05 / 18 / 2015 [Electronically Filed]		

Full Name of Payee Randy M Gold		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 30 / 2014	
Mailing Address 1436 Haigs Creek Dr		Amount 65.00	
City Elgin	State SC	Zip Code 29045	Transaction ID : 38818734-27df-40bb-a Date of Disbursement or Obligation MM / DD / YYYY 10 / 30 / 2014
Purpose of Expenditure Salary		Category/ Type 001	
Name of Federal Candidate Mr. Mark L Pryor		☐ Support ☒ Oppose	Office Sought: ☐ House ☒ Senate ☐ President District: 00 State: AR
Calendar Year-To-Date Per Election for Office Sought 292370.62		Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ►	

(a) SUBTOTAL of Itemized Independent Expenditures.....	70.40
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures.....	

05 / 18 / 2015

FEC Schedule E (Form 3X) Rev. 09/2013

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 2133 OF 3250
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC		FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on / /			
Full Name of Payee Randy M Gold		Date of Public Distribution/Dissemination / / 10 / 30 / 2014	
Mailing Address 1436 Haigs Creek Dr		Amount 26.28	
City Elgin	State SC	Zip Code 29045	Transaction ID : e4645ada-e9df-4b0f-8 Date of Disbursement or Obligation / / 10 / 30 / 2014
Purpose of Expenditure Mileage		Category/ Type 002	
Name of Federal Candidate Mr. Mark L Pryor		Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>AR</u>	
Calendar Year-To-Date Per Election for Office Sought 292370.62		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶ _____	
Full Name of Payee Kaleigh J Wagner		Date of Public Distribution/Dissemination / / 10 / 30 / 2014	
Mailing Address 18065 Wayne Rd		Amount 65.00	
City Odessa	State FL	Zip Code 33556	Transaction ID : bd839a5d-1ff1-4209-8 Date of Disbursement or Obligation / / 10 / 30 / 2014
Purpose of Expenditure Salary		Category/ Type 001	
Name of Federal Candidate Mr. Mark L Pryor		Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>AR</u>	
Calendar Year-To-Date Per Election for Office Sought 292370.62		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶ _____	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶		 91.28	
(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.			
Signature <i>Ms. Emily Buchanan</i>		Date / / 05 / 18 / 2015	
[Electronically Filed]			

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 2134 OF 3250
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on MM / DD / YYYY					
Full Name of Payee Jessica R Resendiz			Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 30 / 2014		
Mailing Address 9685 Paula St			Amount 60.00		
City Keithville	State LA	Zip Code 71047	Transaction ID : 166609ac-d241-482e-9		
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation MM / DD / YYYY 10 / 30 / 2014		
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: LA		
Calendar Year-To-Date Per Election for Office Sought		554635.78	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
Full Name of Payee Jessica R Resendiz			Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 30 / 2014		
Mailing Address 9685 Paula St			Amount 29.10		
City Keithville	State LA	Zip Code 71047	Transaction ID : 9da7f70a-ce58-46ba-8		
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement or Obligation MM / DD / YYYY 10 / 30 / 2014		
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: LA		
Calendar Year-To-Date Per Election for Office Sought		554635.78	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			89.10		
(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 MM / DD / YYYY 05 / 18 / 2015		
Signature					

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 2135 OF 3250
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M M / D D D / Y Y Y Y Y Y				
Full Name of Payee Colton R Overcash			Date of Public Distribution/Dissemination 10 / 30 / 2014	
Mailing Address 121 Ohara Dr			Amount 80.00	
City Salisbury	State NC	Zip Code 28147	Transaction ID : 6ac5feb2-2052-419f-8	
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation 10 / 30 / 2014	
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>NC</u>	
Calendar Year-To-Date Per Election for Office Sought		1095959.94	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Colton R Overcash			Date of Public Distribution/Dissemination 10 / 30 / 2014	
Mailing Address 121 Ohara Dr			Amount 126.60	
City Salisbury	State NC	Zip Code 28147	Transaction ID : 7124450e-f4d0-4ea0-8	
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement or Obligation 10 / 30 / 2014	
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>NC</u>	
Calendar Year-To-Date Per Election for Office Sought		1095959.94	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			206.60	
(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.				
Signature Ms. Emily Buchanan		[Electronically Filed]		Date 05 / 18 / 2015

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 2136 OF 3250
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC		FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on		M M M / D D D / Y Y Y Y Y Y	
Full Name of Payee Benjamin L Heitman		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 10 / 30 / 2014	
Mailing Address 2520 Helmstetler Rd		Amount 71.40	
City Lexington	State NC	Zip Code 27295	Transaction ID : a6d1e2f7-c665-4761-9
Purpose of Expenditure Salary	Category/ Type	001	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 10 / 30 / 2014
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>NC</u>
Calendar Year-To-Date Per Election for Office Sought		1095959.94	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶
Full Name of Payee Benjamin L Heitman		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 10 / 30 / 2014	
Mailing Address 2520 Helmstetler Rd		Amount 9.00	
City Lexington	State NC	Zip Code 27295	Transaction ID : a15c20ce-785d-4d28-a
Purpose of Expenditure Mileage	Category/ Type	002	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 10 / 30 / 2014
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>NC</u>
Calendar Year-To-Date Per Election for Office Sought		1095959.94	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures.....		80.40	
(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]	
Signature		Date 05 / 18 / 2015	

Full Name of Payee Michael Vidrine			Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 30 / 2014		
Mailing Address 1103 West Wilson Street			Amount 29.40		
City Ville Platte	State LA	Zip Code 70586	Transaction ID : 9df6db02-99bb-442d-b		
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement or Obligation MM / DD / YYYY 10 / 30 / 2014		
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House ☒ Senate ☐ President ☒ Senate		
Calendar Year-To-Date Per Election for Office Sought		554635.78	District: 00 State: LA Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ►		

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	119.40
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 2138 OF 3250
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC		FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on		M M M / D D D / Y Y Y Y Y Y	
Full Name of Payee Greg Meens		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 10 / 30 / 2014	
Mailing Address 5724 SW Arrowhead Ct		Amount 35.00	
City Topeka	State KS	Zip Code 66614	Transaction ID : 8910fecdd-f70e-476e-9
Purpose of Expenditure Salary		Category/Type 001	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 10 / 30 / 2014
Name of Federal Candidate Mr. Greg Orman		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: KS
Calendar Year-To-Date Per Election for Office Sought 261541.03		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Vonniqua Jackson		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 10 / 30 / 2014	
Mailing Address 111 Westchester Blvd Apt D4		Amount 50.00	
City Slidell	State LA	Zip Code 70458	Transaction ID : 6fbaf25f-b9be-43ea-8
Purpose of Expenditure Salary		Category/Type 001	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 10 / 30 / 2014
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: LA
Calendar Year-To-Date Per Election for Office Sought 554635.78		Disbursement For: ☐ Primary ☒ 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.			
Signature Ms. Emily Buchanan		Date M M M / D D D / Y Y Y Y Y Y 05 / 18 / 2015	
		[Electronically Filed]	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 2139 OF 3250
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on MM / DD / YYYY					
Full Name of Payee Phillip Williams			Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 30 / 2014		
Mailing Address 3007 Darden Rd			Amount 80.00		
City Greensboro	State NC	Zip Code 27407	Transaction ID : 6ac3fa19-d928-4e97-a		
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation MM / DD / YYYY 10 / 30 / 2014		
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: NC		
Calendar Year-To-Date Per Election for Office Sought		1095959.94	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
Full Name of Payee Phillip Williams			Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 30 / 2014		
Mailing Address 3007 Darden Rd			Amount 18.90		
City Greensboro	State NC	Zip Code 27407	Transaction ID : 730f74c6-d148-4c32-a		
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement or Obligation MM / DD / YYYY 10 / 30 / 2014		
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: NC		
Calendar Year-To-Date Per Election for Office Sought		1095959.94	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			98.90		
(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 MM / DD / YYYY 05 / 18 / 2015		
Signature					

Full Name of Payee Beverly Williams		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 30 / 2014	
Mailing Address 3007 Darden Rd		Amount 80.00	
City Greensboro	State NC	Zip Code 27407	Transaction ID : 4222cbb1-d0d5-470e-b
Purpose of Expenditure Salary	Category/ Type	001	Date of Disbursement or Obligation MM / DD / YYYY 10 / 30 / 2014
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House ☒ Senate ☐ President ☐ Other
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	

Full Name of Payee Dylan J Sparks		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 30 / 2014	
Mailing Address 915 East Market Ave		Amount 100.00	
City	State	Zip Code	Transaction ID : 037e5d10-50c6-4793-b Date of Disbursement or Obligation MM / DD / YYYY 10 / 30 / 2014
Searcy	AR	72149	
Purpose of Expenditure Salary		Category/ Type	001
Name of Federal Candidate Mr. Mark L Pryor		☐ Support ☒ Oppose	Office Sought: ☐ House ☒ Senate ☐ President ☒ Senate District: 00 State: AR
Calendar Year-To-Date Per Election for Office Sought		292370.62	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	180.00
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	<!-- Empty box -->
(c) TOTAL Independent Expenditures.....	▶	<!-- Empty box -->

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.

Date _____

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 2141 OF 3250
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC		FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on		MM / DD / YYYY	
Full Name of Payee Dylan J Sparks		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 30 / 2014	
Mailing Address 915 East Market Ave		Amount 60.30	
City Searcy	State AR	Zip Code 72149	Transaction ID : 9f3764c4-ce91-4e2d-8
Purpose of Expenditure Mileage	Category/ Type	002	Date of Disbursement or Obligation MM / DD / YYYY 10 / 30 / 2014
Name of Federal Candidate Mr. Mark L Pryor		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: AR
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Joshua E Sherman		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 30 / 2014	
Mailing Address 119 Goldenwood Dr		Amount 140.00	
City Slidell	State LA	Zip Code 70461	Transaction ID : 1da53acc-09d8-41a7-a
Purpose of Expenditure Salary	Category/ Type	001	Date of Disbursement or Obligation MM / DD / YYYY 10 / 30 / 2014
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: LA
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶		200.30	
(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]	
Signature		Date MM / DD / YYYY 05 / 18 / 2015	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 2142 OF 3250
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC		FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M M / D D D / Y Y Y Y Y Y			
Full Name of Payee Joshua E Sherman		Date of Public Distribution/Dissemination 10 / 30 / 2014	
Mailing Address 119 Goldenwood Dr		Amount 2.40	
City Slidell	State LA	Zip Code 70461	Transaction ID : 6e6f459a-232d-49ef-8 Date of Disbursement or Obligation 10 / 30 / 2014
Purpose of Expenditure Mileage		Category/ Type 002	
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: LA
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Joshua D Syrotchen		Date of Public Distribution/Dissemination 10 / 30 / 2014	
Mailing Address 915 East Market Ave		Amount 80.00	
City Searcy	State AR	Zip Code 72149	Transaction ID : 1931e064-5d58-4fc5-9 Date of Disbursement or Obligation 10 / 30 / 2014
Purpose of Expenditure Salary		Category/ Type 001	
Name of Federal Candidate Mr. Mark L Pryor		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: AR
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: ☐ Primary ☒ 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.			
Signature Ms. Emily Buchanan		Date 05 / 18 / 2015	
[Electronically Filed]			

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 2143 OF 3250
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M M / D D D / Y Y Y Y Y Y					
Full Name of Payee Joshua D Syrotchen			Date of Public Distribution/Dissemination 10 / 30 / 2014		
Mailing Address 915 East Market Ave			Amount 61.80		
City Searcy		State AR	Zip Code 72149		Transaction ID : 17154ced-69b7-48e9-8
Purpose of Expenditure Mileage		Category/ Type 002		Date of Disbursement or Obligation 10 / 30 / 2014	
Name of Federal Candidate Mr. Mark L Pryor			Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: AR ☐ Support ☒ Oppose		
Calendar Year-To-Date Per Election for Office Sought 292370.62			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
Full Name of Payee Todd Ellis			Date of Public Distribution/Dissemination 10 / 30 / 2014		
Mailing Address P.O. Box 712			Amount 120.00		
City Alexander		State AR	Zip Code 72002		Transaction ID : 0d62e69e-5877-4eb6-9
Purpose of Expenditure Salary		Category/ Type 001		Date of Disbursement or Obligation 10 / 30 / 2014	
Name of Federal Candidate Mr. Mark L Pryor			Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: AR ☐ Support ☒ Oppose		
Calendar Year-To-Date Per Election for Office Sought 292370.62			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			181.80		
(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.					
Signature Ms. Emily Buchanan			Date 05 / 18 / 2015 [Electronically Filed]		

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 2144 OF 3250
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC		FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on		M M M D D D Y Y Y Y Y Y 	

Full Name of Payee Todd Ellis			Date of Public Distribution/Dissemination M M M D D D Y Y Y Y Y Y 10 30 2014		
Mailing Address P.O. Box 712			Amount 51.90 		
City Alexander	State AR	Zip Code 72002	Transaction ID : af256c34-f0c6-4dcb-b Date of Disbursement or Obligation M M M D D D Y Y Y Y Y Y 10 30 2014		
Purpose of Expenditure Mileage		Category/ Type 002			
Name of Federal Candidate Mr. Mark L Pryor		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: AR		
Calendar Year-To-Date Per Election for Office Sought		 292370.62 	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		

Full Name of Payee Laura U Logie			Date of Public Distribution/Dissemination M M M D D D Y Y Y Y Y Y 10 30 2014		
Mailing Address 2565 Shire Circle			Amount 80.00 		
City Harrisonburg	State VA	Zip Code 22801	Transaction ID : d1bee74e-d92d-4d15-9 Date of Disbursement or Obligation M M M D D D Y Y Y Y Y Y 10 30 2014		
Purpose of Expenditure Salary		Category/ Type 001			
Name of Federal Candidate Mr. Greg Orman		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: KS		
Calendar Year-To-Date Per Election for Office Sought		 261541.03 	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	 131.90
(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

M M M
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05
18
2015

Signature

Full Name of Payee Brandy Starns		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 30 / 2014	
Mailing Address 300 Evangeline St		Amount 3.30	
City Monroe	State LA	Zip Code 71201	Transaction ID : a174a000-fc1f-4dcb-9
Purpose of Expenditure Mileage	Category/ Type	002	Date of Disbursement or Obligation MM / DD / YYYY 10 / 30 / 2014
Name of Federal Candidate Ms. Mary L Landrieu	☐ Support ☒ Oppose	Office Sought: ☐ President ☒ Senate	District: 00 State: LA
Calendar Year-To-Date Per Election for Office Sought	554635.78		Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	43.30
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 2146 OF 3250
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on MM / DD / YYYY				
Full Name of Payee Jacob T Craig			Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 30 / 2014	
Mailing Address 1410 Bushville Dr			Amount 60.00	
City Lenoir	State NC	Zip Code 28645	Transaction ID : 34c3d12a-6286-4b7d-b	
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation MM / DD / YYYY 10 / 30 / 2014	
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: NC	
Calendar Year-To-Date Per Election for Office Sought		1095959.94	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Andrea M Gatts			Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 30 / 2014	
Mailing Address 6894 106th			Amount 30.00	
City Ozawkie	State KS	Zip Code 66070	Transaction ID : 0357fbefb-5fbf-4b0b-9	
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation MM / DD / YYYY 10 / 30 / 2014	
Name of Federal Candidate Mr. Greg Orman		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: KS	
Calendar Year-To-Date Per Election for Office Sought		261541.03	Disbursement For: ☐ Primary ☒ 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.				
Signature Ms. Emily Buchanan		[Electronically Filed]		Date MM / DD / YYYY 05 / 18 / 2015

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 2147 OF 3250
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M M / D D D / Y Y Y Y Y Y					
Full Name of Payee Andrea M Gatts			Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 10 / 30 / 2014		
Mailing Address 6894 106th			Amount 9.60		
City Ozawkie		State KS	Zip Code 66070		Transaction ID : e73ca563-2c58-48a3-a
Purpose of Expenditure Mileage		Category/ Type 002		Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 10 / 30 / 2014	
Name of Federal Candidate Mr. Greg Orman			☐ Support ☒ Oppose		Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: KS
Calendar Year-To-Date Per Election for Office Sought			261541.03 Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
Full Name of Payee Trevor D Hageman			Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 10 / 30 / 2014		
Mailing Address 5521 Randolph St			Amount 15.00		
City Marrero		State LA	Zip Code 70072		Transaction ID : f459d3bd-5d1f-4a4e-a
Purpose of Expenditure Salary		Category/ Type 001		Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 10 / 30 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu			☐ Support ☒ Oppose		Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: LA
Calendar Year-To-Date Per Election for Office Sought			554635.78 Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			24.60		
(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.					
Signature Ms. Emily Buchanan			[Electronically Filed]		Date M M M / D D D / Y Y Y Y Y Y 05 / 18 / 2015

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 2148 OF 3250
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M M / D D D / Y Y Y Y Y Y					
Full Name of Payee Windy Hageman			Date of Public Distribution/Dissemination 10 / 30 / 2014		
Mailing Address 5521 Randolph St.			Amount 22.50		
City Marrero		State LA	Zip Code 70072		Transaction ID : b541c727-6970-49bd-8
Purpose of Expenditure Salary		Category/ Type 001		Date of Disbursement or Obligation 10 / 30 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu			Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: LA		
Calendar Year-To-Date Per Election for Office Sought 554635.78			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
Full Name of Payee Windy Hageman			Date of Public Distribution/Dissemination 10 / 30 / 2014		
Mailing Address 5521 Randolph St.			Amount 2.40		
City Marrero		State LA	Zip Code 70072		Transaction ID : f01cf60b-3526-4cde-a
Purpose of Expenditure Mileage		Category/ Type 002		Date of Disbursement or Obligation 10 / 30 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu			Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: LA		
Calendar Year-To-Date Per Election for Office Sought 554635.78			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			24.90		
(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.					
Signature Ms. Emily Buchanan			Date 05 / 18 / 2015		
[Electronically Filed]					

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 2149 OF 3250
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC		FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on		M M M / D D D / Y Y Y Y Y Y	
Full Name of Payee Andrew Stricklin		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 10 / 30 / 2014	
Mailing Address 2026 West Nettleton Avenue Apt 2		Amount 15.00	
City Jonesboro	State AR	Zip Code 72401	Transaction ID : 48e00910-7897-4998-9
Purpose of Expenditure Salary	Category/ Type	001	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 10 / 30 / 2014
Name of Federal Candidate Mr. Mark L Pryor		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: AR
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Andrew Stricklin		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 10 / 30 / 2014	
Mailing Address 2026 West Nettleton Avenue Apt 2		Amount 6.60	
City Jonesboro	State AR	Zip Code 72401	Transaction ID : bdd473ff-1527-49e5-9
Purpose of Expenditure Mileage	Category/ Type	002	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 10 / 30 / 2014
Name of Federal Candidate Mr. Mark L Pryor		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: AR
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: ☐ Primary ☒ 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]	
Signature		Date M M M / D D D / Y Y Y Y Y Y 05 / 18 / 2015	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 2150 OF 3250
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on			MM / DD / YYYY	
Full Name of Payee Christopher L Gilbert		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 30 / 2014		
Mailing Address 55 Lovell Johnson Rd		Amount 67.50		
City Picayune	State MS	Zip Code 39466	Transaction ID : be711163-d533-475f-8	
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation MM / DD / YYYY 10 / 30 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: LA	
Calendar Year-To-Date Per Election for Office Sought		554635.78	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Christopher L Gilbert		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 30 / 2014		
Mailing Address 55 Lovell Johnson Rd		Amount 38.40		
City Picayune	State MS	Zip Code 39466	Transaction ID : 8945bbb88-8482-4ef5-8	
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement or Obligation MM / DD / YYYY 10 / 30 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: LA	
Calendar Year-To-Date Per Election for Office Sought		554635.78	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures.....		105.90		
(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
Signature		MM / DD / YYYY 05 / 18 / 2015		

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 2151 OF 3250
 FOR LINE 24 OF FORM 3X

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

Full Name of Payee LaVonna A Brown		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 30 / 2014	
Mailing Address 1211 Treaty Rd		Amount 40.00	
City State Zip Code Delphos KS 67436	Transaction ID : 633549a3-2ee5-4e48-a Date of Disbursement or Obligation MM / DD / YYYY 10 / 30 / 2014		
Purpose of Expenditure Salary	Category/Type 001		
Name of Federal Candidate Mr. Greg Orman		☐ Support ☒ Oppose Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: KS	
Calendar Year-To-Date Per Election for Office Sought 261541.03		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	

Full Name of Payee LaVonna A Brown		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 30 / 2014	
Mailing Address 1211 Treaty Rd		Amount 21.60	
City State Zip Code Delphos KS 67436	Transaction ID : db8b6422-6fa1-46a7-b Date of Disbursement or Obligation MM / DD / YYYY 10 / 30 / 2014		
Purpose of Expenditure Mileage	Category/Type 002		
Name of Federal Candidate Mr. Greg Orman		☐ Support ☒ Oppose Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: KS	
Calendar Year-To-Date Per Election for Office Sought 261541.03		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	61.60
(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

MM / DD / YYYY
05 / 18 / 2015

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 2152 OF 3250
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M M / D D D / Y Y Y Y Y Y					
Full Name of Payee Timothy Foley			Date of Public Distribution/Dissemination 10 / 30 / 2014		
Mailing Address 20679 Glenbrook Terrace			Amount 40.00		
City Sterling		State VA	Zip Code 20165		Transaction ID : 707ececd-6e34-4791-a
Purpose of Expenditure Salary		Category/ Type 001		Date of Disbursement or Obligation 10 / 30 / 2014	
Name of Federal Candidate Mr. Greg Orman			Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: KS		
Calendar Year-To-Date Per Election for Office Sought 261541.03			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
Full Name of Payee Kyler A Jost			Date of Public Distribution/Dissemination 10 / 30 / 2014		
Mailing Address 1830 College Height Rd			Amount 20.00		
City Manhattan		State KS	Zip Code 66502		Transaction ID : 63b73bb2-3706-4d48-a
Purpose of Expenditure Salary		Category/ Type 001		Date of Disbursement or Obligation 10 / 30 / 2014	
Name of Federal Candidate Mr. Greg Orman			Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: KS		
Calendar Year-To-Date Per Election for Office Sought 261541.03			Disbursement For: ☐ Primary ☒ 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.					
Signature Ms. Emily Buchanan			Date 05 / 18 / 2015		
[Electronically Filed]					

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 2153 OF 3250
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC		FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on MM / DD / YYYY			
Full Name of Payee Kyler A Jost		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 30 / 2014	
Mailing Address 1830 College Height Rd		Amount 5.10	
City Manhattan	State KS	Zip Code 66502	Transaction ID : a6cd639b-1b1d-4696-a
Purpose of Expenditure Mileage	Category/ Type 002	Date of Disbursement or Obligation MM / DD / YYYY 10 / 30 / 2014	
Name of Federal Candidate Mr. Greg Orman		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>KS</u>
Calendar Year-To-Date Per Election for Office Sought 261541.03		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Charity A Carr		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 30 / 2014	
Mailing Address 13827 S E 44th St		Amount 50.00	
City Choctaw	State OK	Zip Code 73020	Transaction ID : 36ad2ff3-cb6d-458e-8
Purpose of Expenditure Salary	Category/ Type 001	Date of Disbursement or Obligation MM / DD / YYYY 10 / 30 / 2014	
Name of Federal Candidate Mr. Mark L Pryor		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>AR</u>
Calendar Year-To-Date Per Election for Office Sought 292370.62		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶		55.10	
(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.			
Signature <i>Ms. Emily Buchanan</i>		Date MM / DD / YYYY 05 / 18 / 2015	
		[Electronically Filed]	

Full Name of Payee Brandon Wheeler		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 30 / 2014	
Mailing Address 10112 Piney Creek Ct		Amount 55.00	
City Charolette	State NC	Zip Code 28215	Transaction ID : f6252564-6faf-4a7e-8
Purpose of Expenditure Salary	Category/ Type	001	Date of Disbursement or Obligation MM / DD / YYYY 10 / 30 / 2014
Name of Federal Candidate Mr. Mark L Pryor	☐ Support ☒ Oppose	Office Sought: ☐ President ☒ Senate	District: 00 State: AR
Calendar Year-To-Date Per Election for Office Sought	292370.62	Disbursement For: ☐ Primary ☒ General	☐ Other (specify) ►

(a) SUBTOTAL of Itemized Independent Expenditures.....	91.00
(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.

Signature

Full Name of Payee Zachary W Jackson		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 30 / 2014	
Mailing Address 3513 Elizabeth St		Amount 40.00	
City Choctaw	State OK	Zip Code 73020	Transaction ID : 4f6dd8ea-45ba-41de-a
Purpose of Expenditure Salary	Category/ Type	001	Date of Disbursement or Obligation MM / DD / YYYY 10 / 30 / 2014
Name of Federal Candidate Mr. Mark L Pryor	☐ Support ☒ Oppose	Office Sought: ☐ House ☐ President	District: 00 State: AR
Calendar Year-To-Date Per Election for Office Sought	292370.62		Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	76.90
(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.

Date _____

Signature

MM / DD / YYYY

05 / 18 / 2015

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 2156 OF 3250
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC		FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on		M M M / D D D / Y Y Y Y Y Y	
Full Name of Payee Zachary W Jackson		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 10 / 30 / 2014	
Mailing Address 3513 Elizabeth St		Amount 36.00	
City Choctaw	State OK	Zip Code 73020	Transaction ID : f9ca9147-ce6e-4c08-9
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 10 / 30 / 2014
Name of Federal Candidate Mr. Mark L Pryor		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: AR
Calendar Year-To-Date Per Election for Office Sought 292370.62		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Courtney Goldstein		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 10 / 30 / 2014	
Mailing Address 1809 N Woodlawn		Amount 80.00	
City Metairie	State LA	Zip Code 70001	Transaction ID : 5880a572-1d42-4b7e-a
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 10 / 30 / 2014
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: LA
Calendar Year-To-Date Per Election for Office Sought 554635.78		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶		116.00	
(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.			
Signature Ms. Emily Buchanan		Date M M M / D D D / Y Y Y Y Y Y 05 / 18 / 2015	
		[Electronically Filed]	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 2157 OF 3250
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC		FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on		M M M / D D D / Y Y Y Y Y Y	
Full Name of Payee Courtney Goldstein		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 10 / 30 / 2014	
Mailing Address 1809 N Woodlawn		Amount 4.80	
City Metairie	State LA	Zip Code 70001	Transaction ID : 68dd80d4-ac94-47a2-b
Purpose of Expenditure Mileage	Category/ Type 002	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 10 / 30 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose ☐ President ☒ Senate	
Office Sought: ☐ House ☒ Senate District: 00 State: LA		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Calendar Year-To-Date Per Election for Office Sought 554635.78			
Full Name of Payee Antoinette Franklin		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 10 / 30 / 2014	
Mailing Address 8822 Apple St		Amount 80.00	
City New Orleans	State LA	Zip Code 70188	Transaction ID : 2816531b-f41b-4fc2-b
Purpose of Expenditure Salary	Category/ Type 001	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 10 / 30 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose ☐ President ☒ Senate	
Office Sought: ☐ House ☒ Senate District: 00 State: LA		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Calendar Year-To-Date Per Election for Office Sought 554635.78			
(a) SUBTOTAL of Itemized Independent Expenditures.....▶		84.80	
(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.			
Signature Ms. Emily Buchanan		Date M M M / D D D / Y Y Y Y Y Y 05 / 18 / 2015	
		[Electronically Filed]	

Full Name of Payee Antoinette Franklin		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 30 / 2014	
Mailing Address 8822 Apple St		Amount 18.00	
City New Orleans	State LA	Zip Code 70188	Transaction ID : ece88b2f-38e3-4a68-b Date of Disbursement or Obligation MM / DD / YYYY 10 / 30 / 2014
Purpose of Expenditure Mileage	Category/ Type	002	
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House ☒ Senate ☐ President District: 00 State: LA
Calendar Year-To-Date Per Election for Office Sought 554635.78		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	

Full Name of Payee Hannah J Landry		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 30 / 2014	
Mailing Address 1110 N Coolidge		Amount 75.00	
City Gonzales	State LA	Zip Code 70737	Transaction ID : a247882f-48fd-402b-9 Date of Disbursement or Obligation MM / DD / YYYY 10 / 30 / 2014
Purpose of Expenditure Salary	Category/ Type	001	
Name of Federal Candidate Ms. Mary L Landrieu	☐ Support ☒ Oppose	Office Sought: ☐ President ☒ Senate	House District: 00 State: LA
Calendar Year-To-Date Per Election for Office Sought	554635.78	Disbursement For: 2014 ☐ Primary ☒ General ☐ Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	93.00
(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.

Date / /

Signature

Full Name of Payee Hannah J Landry		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 30 / 2014	
Mailing Address 1110 N Coolidge		Amount 16.86	
City Gonzales	State LA	Zip Code 70737	Transaction ID : 6931af7a-93cd-4510-b
Purpose of Expenditure Mileage	Category/ Type	002	Date of Disbursement or Obligation MM / DD / YYYY 10 / 30 / 2014
Name of Federal Candidate Ms. Mary L Landrieu	☐ Support ☒ Oppose	Office Sought: ☐ President ☒ Senate	District: 00 State: LA
Calendar Year-To-Date Per Election for Office Sought	554635.78	Disbursement For: 2014 ☐ Other (specify) ▶	☐ Primary ☒ General

Full Name of Payee Tammy Williams		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 30 / 2014	
Mailing Address 924 N. Prieur St		Amount 80.00	
City New Orleans	State LA	Zip Code 70116	Transaction ID : 7b8d5431-4c40-48d2-b Date of Disbursement or Obligation MM / DD / YYYY 10 / 30 / 2014
Purpose of Expenditure Salary	Category/ Type 001		
Name of Federal Candidate Ms. Mary L Landrieu	☐ Support ☒ Oppose	Office Sought: ☐ President ☒ Senate	District: 00 State: LA
Calendar Year-To-Date Per Election for Office Sought	554635.78	Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	96.86
(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.

Date _____

Signature

Full Name of Payee Mary C Lee		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 30 / 2014	
Mailing Address 1030 N Coolidge Ave		Amount 16.86	
City Gonzales	State LA	Zip Code 70737	Transaction ID : 19d487f7-3cdf-4a0d-9 Date of Disbursement or Obligation MM / DD / YYYY 10 / 30 / 2014
Purpose of Expenditure Mileage		Category/ Type 002	
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House ☒ Senate ☐ President District: 00 State: LA
Calendar Year-To-Date Per Election for Office Sought 554635.78		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	

Full Name of Payee Ryan Drake		Date of Public Distribution/Dissemination M M / D D / Y Y Y Y 10 / 30 / 2014	
Mailing Address 29637 Park St		Amount 10.00	
City Walker	State LA	Zip Code 70785	Transaction ID : abaeb423-7f9f-4f25-9 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 10 / 30 / 2014
Purpose of Expenditure Salary		Category/ Type 001	
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: LA
Calendar Year-To-Date Per Election for Office Sought		554635.78	Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ►

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	26.86
(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.

Date _____

Signature

05 / 18 / 2015

Full Name of Payee Ryan Drake		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 30 / 2014	
Mailing Address 29637 Park St		Amount 0.60	
City Walker	State LA	Zip Code 70785	Transaction ID : 37c913bf-e55a-4c5b-b Date of Disbursement or Obligation MM / DD / YYYY 10 / 30 / 2014
Purpose of Expenditure Mileage		Category/ Type 002	
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: LA
Calendar Year-To-Date Per Election for Office Sought 554635.78		Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ▶	

Full Name of Payee Philip Elkins		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 30 / 2014	
Mailing Address 227 Lincoln Dr		Amount 20.00	
City Bossier City	State LA	Zip Code 71111	Transaction ID : 4d29458a-db4c-4001-9 Date of Disbursement or Obligation MM / DD / YYYY 10 / 30 / 2014
Purpose of Expenditure Salary		Category/ Type 001	
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: LA
Calendar Year-To-Date Per Election for Office Sought 554635.78		Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ►	

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	20.60
(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.

Date _____

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 2163 OF 3250
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC		FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on		MM / DD / YYYY	
Full Name of Payee Philip Elkins		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 30 / 2014	
Mailing Address 227 Lincoln Dr		Amount 6.54	
City Bossier City	State LA	Zip Code 71111	Transaction ID : de419884-8f27-4035-9
Purpose of Expenditure Mileage	Category/ Type	002	Date of Disbursement or Obligation MM / DD / YYYY 10 / 30 / 2014
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>LA</u>
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Cynthia J Christmas		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 30 / 2014	
Mailing Address 1731 Frenchmen St		Amount 50.00	
City New Orleans	State LA	Zip Code 70116	Transaction ID : 5729754d-bcbd-4ba1-b
Purpose of Expenditure Salary	Category/ Type	001	Date of Disbursement or Obligation MM / DD / YYYY 10 / 30 / 2014
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>LA</u>
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶		56.54	
(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]	
Signature		Date MM / DD / YYYY 05 / 18 / 2015	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 2164 OF 3250
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M M / D D D / Y Y Y Y Y Y					
Full Name of Payee Maria A Britt			Date of Public Distribution/Dissemination 10 / 30 / 2014		
Mailing Address 4894 Thunder Bolt			Amount 45.00		
City Concord		State NC	Zip Code 28205		Transaction ID : 95bcceb2-51ff-43b9-9
Purpose of Expenditure Salary		Category/ Type 001		Date of Disbursement or Obligation 10 / 30 / 2014	
Name of Federal Candidate Ms. Kay Hagan			☐ Support ☒ Oppose Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>NC</u>		
Calendar Year-To-Date Per Election for Office Sought 1095959.94			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
Full Name of Payee Maria A Britt			Date of Public Distribution/Dissemination 10 / 30 / 2014		
Mailing Address 4894 Thunder Bolt			Amount 12.60		
City Concord		State NC	Zip Code 28205		Transaction ID : 79992eeb-9e30-4892-9
Purpose of Expenditure Mileage		Category/ Type 002		Date of Disbursement or Obligation 10 / 30 / 2014	
Name of Federal Candidate Ms. Kay Hagan			☐ Support ☒ Oppose Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>NC</u>		
Calendar Year-To-Date Per Election for Office Sought 1095959.94			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			57.60		
(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.					
Signature <u>Ms. Emily Buchanan</u> [Electronically Filed]			Date 05 / 18 / 2015		

Full Name of Payee Karen Congema		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 30 / 2014	
Mailing Address 813 Worthington Way		Amount 6.00	
City Wilmington	State NC	Zip Code 28411	Transaction ID : fbfcbe6f-a29a-4bbe-b
Purpose of Expenditure Mileage	Category/ Type	002	Date of Disbursement or Obligation MM / DD / YYYY 10 / 30 / 2014
Name of Federal Candidate Ms. Kay Hagan	☐ Support ☒ Oppose	Office Sought: ☐ President ☒ Senate	District: 00 State: NC
Calendar Year-To-Date Per Election for Office Sought	1095959.94	Disbursement For: ☐ Primary ☒ General	☐ Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶ <table border="1" data-bbox="1120 1650 1359 1656"> <tr> <td data-bbox="1120 1650 1359 1656">46.00</td></tr> </table>	46.00
46.00		
(b) SUBTOTAL of Unitemized Independent Expenditures	▶ <table border="1" data-bbox="1120 1656 1359 1661"> <tr> <td data-bbox="1120 1656 1359 1661"></td></tr> </table>	
(c) TOTAL Independent Expenditures.....	▶ <table border="1" data-bbox="1120 1661 1359 1669"> <tr> <td data-bbox="1120 1661 1359 1669"></td></tr> </table>	

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.

Date _____

Signature

Three digital displays are shown side-by-side, separated by slashes. The first display shows '05' with 'M' and 'M' above it. The second display shows '18' with 'D' and 'D' above it. The third display shows '2015' with 'Y', 'Y', 'Y', and 'Y' above it.

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 2166 OF 3250
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC		FEC IDENTIFICATION NUMBER ▼ C C00530766
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M / D D / Y Y Y Y		

Full Name of Payee Jeffrey Hampton		Date of Public Distribution/Dissemination 10 / 30 / 2014
Mailing Address 1700 E Part Ave		Amount 22.50
City Searcy	State AR	Zip Code 72149
Purpose of Expenditure Salary		Category/Type 001
Name of Federal Candidate Mr. Mark L Pryor		Office Sought: ☐ House District: 00 ☒ Senate State: AR
Calendar Year-To-Date Per Election for Office Sought 292370.62		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶

Full Name of Payee Jeffrey Hampton		Date of Public Distribution/Dissemination 10 / 30 / 2014
Mailing Address 1700 E Part Ave		Amount 13.44
City Searcy	State AR	Zip Code 72149
Purpose of Expenditure Mileage		Category/Type 002
Name of Federal Candidate Mr. Mark L Pryor		Office Sought: ☐ House District: 00 ☒ Senate State: AR
Calendar Year-To-Date Per Election for Office Sought 292370.62		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	35.94
(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]

Signature

Date

05 / 18 / 2015

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 2168 OF 3250
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M M / D D D / Y Y Y Y Y Y					
Full Name of Payee Evelyn Lesaicherre			Date of Public Distribution/Dissemination 10 / 30 / 2014		
Mailing Address 629 Radiance Ave			Amount 10.50		
City Metairie		State LA	Zip Code 70001		Transaction ID : aca295af-506f-4874-b
Purpose of Expenditure Mileage		Category/ Type 002		Date of Disbursement or Obligation 10 / 30 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu			Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>LA</u>		
Calendar Year-To-Date Per Election for Office Sought 554635.78			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶ _____		
Full Name of Payee Mry S Everly			Date of Public Distribution/Dissemination 10 / 30 / 2014		
Mailing Address 787 N 1851 Diagonal Rd			Amount 30.00		
City Lecompton		State KS	Zip Code 66050		Transaction ID : f2be505c-7f07-42b8-9
Purpose of Expenditure Salary		Category/ Type 001		Date of Disbursement or Obligation 10 / 30 / 2014	
Name of Federal Candidate Mr. Greg Orman			Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>KS</u>		
Calendar Year-To-Date Per Election for Office Sought 261541.03			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶ _____		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶ 40.50					
(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.					
Signature <i>Ms. Emily Buchanan</i>			Date 05 / 18 / 2015		
[Electronically Filed]					

Full Name of Payee Karen R Myers		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 30 / 2014	
Mailing Address 14566 NW 110th St		Amount 90.00	
City Whitewater	State KS	Zip Code 67154	Transaction ID : 71a26221-aef2-4bc2-8 Date of Disbursement or Obligation MM / DD / YYYY 10 / 30 / 2014
Purpose of Expenditure Salary	Category/ Type	001	
Name of Federal Candidate Mr. Greg Orman	☐ Support ☒ Oppose	Office Sought: ☐ President ☒ Senate	District: 00 State: KS
Calendar Year-To-Date Per Election for Office Sought	261541.03	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	102.00
(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.

Date / /

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 2170 OF 3250
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC		FEC IDENTIFICATION NUMBER ▼ C C00530766
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M M / D D D / Y Y Y Y Y Y		

Full Name of Payee Karen R Myers		Date of Public Distribution/Dissemination 10 / 30 / 2014
Mailing Address 14566 NW 110th St		Amount 15.90
City Whitewater	State KS	Zip Code 67154
Purpose of Expenditure Mileage	Category/ Type 002	Transaction ID : af00be2b-231d-45f5-a Date of Disbursement or Obligation 10 / 30 / 2014
Name of Federal Candidate Mr. Greg Orman		Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: KS
Calendar Year-To-Date Per Election for Office Sought 261541.03		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶

Full Name of Payee Rachel L Anzalone		Date of Public Distribution/Dissemination 10 / 30 / 2014
Mailing Address 2319 West Oak		Amount 50.00
City El Dorado	State AR	Zip Code 71730
Purpose of Expenditure Salary	Category/ Type 001	Transaction ID : cf7e7797-6ea3-414e-b Date of Disbursement or Obligation 10 / 30 / 2014
Name of Federal Candidate Mr. Mark L Pryor		Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: AR
Calendar Year-To-Date Per Election for Office Sought 292370.62		Disbursement For: ☐ Primary ☒ 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]

Signature

Date

05 / 18 / 2015

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 2171 OF 3250
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M M / D D D / Y Y Y Y Y Y					
Full Name of Payee Rebecca A Shearer			Date of Public Distribution/Dissemination 10 / 30 / 2014		
Mailing Address 6544 Arno College Grove Rd			Amount 65.00		
City College Grove		State TN	Zip Code 37046		Transaction ID : 4a7c9bbf-3487-4277-9
Purpose of Expenditure Salary		Category/ Type 001		Date of Disbursement or Obligation 10 / 30 / 2014	
Name of Federal Candidate Mr. Mark L Pryor			☐ Support ☒ Oppose		Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>AR</u>
Calendar Year-To-Date Per Election for Office Sought 292370.62			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶ _____		
Full Name of Payee Rebecca A Shearer			Date of Public Distribution/Dissemination 10 / 30 / 2014		
Mailing Address 6544 Arno College Grove Rd			Amount 23.40		
City College Grove		State TN	Zip Code 37046		Transaction ID : 8525706e-95a0-4417-b
Purpose of Expenditure Mileage		Category/ Type 002		Date of Disbursement or Obligation 10 / 30 / 2014	
Name of Federal Candidate Mr. Mark L Pryor			☐ Support ☒ Oppose		Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>AR</u>
Calendar Year-To-Date Per Election for Office Sought 292370.62			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶ _____		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			88.40		
(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.					
Signature Ms. Emily Buchanan			[Electronically Filed]		Date 05 / 18 / 2015

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 2173 OF 3250
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M M / D D D / Y Y Y Y Y Y					
Full Name of Payee Carl Brent			Date of Public Distribution/Dissemination 10 / 30 / 2014		
Mailing Address 6718 Lake Willow Dr			Amount 80.00		
City New Orleans	State LA	Zip Code 70126	Transaction ID : c7eab2f1-86b0-4a58-9		
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation 10 / 30 / 2014		
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>LA</u>		
Calendar Year-To-Date Per Election for Office Sought		554635.78	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
Full Name of Payee Carl Brent			Date of Public Distribution/Dissemination 10 / 30 / 2014		
Mailing Address 6718 Lake Willow Dr			Amount 10.50		
City New Orleans	State LA	Zip Code 70126	Transaction ID : 0fb0b969-5f09-4963-9		
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement or Obligation 10 / 30 / 2014		
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>LA</u>		
Calendar Year-To-Date Per Election for Office Sought		554635.78	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			90.50		
(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.					
Signature Ms. Emily Buchanan		[Electronically Filed]		Date 05 / 18 / 2015	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 2174 OF 3250
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC		FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on		MM / DD / YYYY	
Full Name of Payee Irene R Hoyer		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 30 / 2014	
Mailing Address 4310 N Mission Rd		Amount 24.50	
City Bel Aire	State KS	Zip Code 67226	Transaction ID : a6a9b968-ba78-43e2-8
Purpose of Expenditure Salary		Category/Type 001	Date of Disbursement or Obligation MM / DD / YYYY 10 / 30 / 2014
Name of Federal Candidate Mr. Greg Orman		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: KS
Calendar Year-To-Date Per Election for Office Sought 261541.03		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Irene R Hoyer		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 30 / 2014	
Mailing Address 4310 N Mission Rd		Amount 7.65	
City Bel Aire	State KS	Zip Code 67226	Transaction ID : f19afa06-7ccb-4cfc-a
Purpose of Expenditure Mileage		Category/Type 002	Date of Disbursement or Obligation MM / DD / YYYY 10 / 30 / 2014
Name of Federal Candidate Mr. Greg Orman		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: KS
Calendar Year-To-Date Per Election for Office Sought 261541.03		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶		32.15	
(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.			
Signature Ms. Emily Buchanan		Date MM / DD / YYYY 05 / 18 / 2015	
		[Electronically Filed]	

Full Name of Payee Michael A Stieben		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 30 / 2014	
Mailing Address 16864 Stillwell		Amount Amount 40.00	
City Bonner Springs	State KS	Zip Code 66012	Transaction ID : 72f75d57-6826-4d02-b Date of Disbursement or Obligation MM / DD / YYYY 10 / 30 / 2014
Purpose of Expenditure Salary	Category/ Type	001	
Name of Federal Candidate Mr. Greg Orman		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>KS</u>
Calendar Year-To-Date Per Election for Office Sought	Amount 261541.03		Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ▶

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.

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 2176 OF 3250
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC		FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on		M M M / D D D / Y Y Y Y Y Y	
Full Name of Payee Michael A Stieben		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 10 / 30 / 2014	
Mailing Address 16864 Stillwell		Amount 19.80	
City Bonner Springs	State KS	Zip Code 66012	Transaction ID : bfc5e3e0-e2bc-4b8c-b
Purpose of Expenditure Mileage	Category/Type 002	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 10 / 30 / 2014	
Name of Federal Candidate Mr. Greg Orman		☐ Support ☒ Oppose ☐ President ☒ Senate	
Office Sought: ☐ House ☒ Senate		District: 00 State: KS	
Calendar Year-To-Date Per Election for Office Sought 261541.03		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Josiah B Beal		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 10 / 30 / 2014	
Mailing Address 2927 SW Hopkins Switch Rd		Amount 30.00	
City El Dorado	State KS	Zip Code 67042	Transaction ID : 32b5b194-48d9-4d1b-9
Purpose of Expenditure Salary	Category/Type 001	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 10 / 30 / 2014	
Name of Federal Candidate Mr. Greg Orman		☐ Support ☒ Oppose ☐ President ☒ Senate	
Office Sought: ☐ House ☒ Senate		District: 00 State: KS	
Calendar Year-To-Date Per Election for Office Sought 261541.03		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶		49.80	
(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.			
Signature Ms. Emily Buchanan		Date M M M / D D D / Y Y Y Y Y Y 05 / 18 / 2015	
		[Electronically Filed]	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 2177 OF 3250
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC		FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on		M M M / D D D / Y Y Y Y Y Y	
Full Name of Payee Kaitlyn B Allen		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 10 / 30 / 2014	
Mailing Address 2121 Daniel Dr		Amount 115.00	
City Searcy	State AR	Zip Code 72143	Transaction ID : c0be5ec9-6b0c-46a9-b
Purpose of Expenditure Salary		Category/Type 001	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 10 / 30 / 2014
Name of Federal Candidate Mr. Mark L Pryor		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: AR
Calendar Year-To-Date Per Election for Office Sought 292370.62		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Kaitlyn B Allen		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 10 / 30 / 2014	
Mailing Address 2121 Daniel Dr		Amount 67.50	
City Searcy	State AR	Zip Code 72143	Transaction ID : fc1b5bd7-0324-4576-8
Purpose of Expenditure Mileage		Category/Type 002	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 10 / 30 / 2014
Name of Federal Candidate Mr. Mark L Pryor		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: AR
Calendar Year-To-Date Per Election for Office Sought 292370.62		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶		182.50	
(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.			
Signature Ms. Emily Buchanan		Date M M M / D D D / Y Y Y Y Y Y 05 / 18 / 2015	
		[Electronically Filed]	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 2178 OF 3250
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC		FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M M / D D D / Y Y Y Y Y Y Y Y			
Full Name of Payee Zachariah T Beal		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y Y Y 10 / 30 / 2014	
Mailing Address 2927 SW Hopkins Switch Rd		Amount 30.00	
City El Dorado	State KS	Zip Code 67042	Transaction ID : ee9be53a-1f24-4d49-8 Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y Y Y 10 / 30 / 2014
Purpose of Expenditure Salary		Category/ Type 001	
Name of Federal Candidate Mr. Greg Orman		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>KS</u>
Calendar Year-To-Date Per Election for Office Sought		261541.03	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶ _____
Full Name of Payee Zachariah T Beal		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y Y Y 10 / 30 / 2014	
Mailing Address 2927 SW Hopkins Switch Rd		Amount 9.00	
City El Dorado	State KS	Zip Code 67042	Transaction ID : 2ea61a3c-6778-431e-a Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y Y Y 10 / 30 / 2014
Purpose of Expenditure Mileage		Category/ Type 002	
Name of Federal Candidate Mr. Greg Orman		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>KS</u>
Calendar Year-To-Date Per Election for Office Sought		261541.03	Disbursement For: ☐ Primary ☒ 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.			
Signature <i>Ms. Emily Buchanan</i>		Date M M M / D D D / Y Y Y Y Y Y Y Y 05 / 18 / 2015	
[Electronically Filed]			

Full Name of Payee Jazmine d Conner		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 30 / 2014	
Mailing Address 100 ASBURY CT		Amount 70.00	
City WINCHESTER	State VA	Zip Code 22602	Transaction ID : d4142be0-fa5e-4ce2-9 Date of Disbursement or Obligation MM / DD / YYYY 10 / 30 / 2014
Purpose of Expenditure Salary	Category/ Type	001	
Name of Federal Candidate Mr. Greg Orman	☐ Support ☒ Oppose	Office Sought: ☐ President ☒ Senate	District: 00 State: KS
Calendar Year-To-Date Per Election for Office Sought	261541.03		Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	150.00
(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.

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 2180 OF 3250
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC		FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on		M M M / D D D / Y Y Y Y Y Y	
Full Name of Payee Jon E Conner		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 10 / 30 / 2014	
Mailing Address 100 Asbury Ct		Amount 70.00	
City Winchester	State VA	Zip Code 22602	Transaction ID : 79ad9f0f-d276-43f4-9
Purpose of Expenditure Salary		Category/Type 001	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 10 / 30 / 2014
Name of Federal Candidate Mr. Greg Orman		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: KS
Calendar Year-To-Date Per Election for Office Sought 261541.03		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Rodney O Culbreath		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 10 / 30 / 2014	
Mailing Address 100 Asbury Ct		Amount 80.00	
City Winchester	State VA	Zip Code 22602	Transaction ID : 7883e185-3df7-4f27-9
Purpose of Expenditure Salary		Category/Type 001	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 10 / 30 / 2014
Name of Federal Candidate Mr. Greg Orman		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: KS
Calendar Year-To-Date Per Election for Office Sought 261541.03		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶		150.00	
(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.			
Signature Ms. Emily Buchanan		Date M M M / D D D / Y Y Y Y Y Y 05 / 18 / 2015	
		[Electronically Filed]	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 2181 OF 3250
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC		FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M M / D D D / Y Y Y Y Y Y			
Full Name of Payee Rodney D Culbreth		Date of Public Distribution/Dissemination 10 / 30 / 2014	
Mailing Address 100 Asbury CT 3200 Dam Neck Rd		Amount 80.00	
City Winchester	State VA	Zip Code 22602	Transaction ID : f1e7c1de-4867-4eb0-9 Date of Disbursement or Obligation 10 / 30 / 2014
Purpose of Expenditure Salary		Category/ Type 001	
Name of Federal Candidate Mr. Greg Orman		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: KS
Calendar Year-To-Date Per Election for Office Sought		261541.03	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶
Full Name of Payee Rze Culbreath		Date of Public Distribution/Dissemination 10 / 30 / 2014	
Mailing Address 100 Asbury Ct		Amount 70.00	
City Winchester	State VA	Zip Code 22602	Transaction ID : 207f1a4a-6f5a-40e7-a Date of Disbursement or Obligation 10 / 30 / 2014
Purpose of Expenditure Salary		Category/ Type 001	
Name of Federal Candidate Mr. Greg Orman		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: KS
Calendar Year-To-Date Per Election for Office Sought		261541.03	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶		150.00	
(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.			
Signature <i>Ms. Emily Buchanan</i>		Date 05 / 18 / 2015	
[Electronically Filed]			

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 2182 OF 3250
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M M / D D D / Y Y Y Y Y Y					
Full Name of Payee Brieshauna M Stevens			Date of Public Distribution/Dissemination 10 / 30 / 2014		
Mailing Address 1703 Torrey Pines Ct			Amount 45.00		
City Reston	State VA	Zip Code 20190	Transaction ID : 2793a270-009b-4577-9		
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation 10 / 30 / 2014		
Name of Federal Candidate Mr. Greg Orman		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>KS</u>		
Calendar Year-To-Date Per Election for Office Sought		261541.03	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶ _____		
Full Name of Payee Carol L Walters			Date of Public Distribution/Dissemination 10 / 30 / 2014		
Mailing Address 1900 Glen West Way			Amount 50.00		
City Fort Smith	State AR	Zip Code 72916	Transaction ID : 1fbb8571-cfe5-458e-a		
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation 10 / 30 / 2014		
Name of Federal Candidate Mr. Mark L Pryor		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>AR</u>		
Calendar Year-To-Date Per Election for Office Sought		292370.62	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶ _____		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			95.00		
(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.					
Signature Ms. Emily Buchanan		[Electronically Filed]		Date 05 / 18 / 2015	

Full Name of Payee John P Hilkert			Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 30 / 2014		
Mailing Address 7 Bards Lane			Amount 85.00		
City Fletcher	State NC	Zip Code 28732	Transaction ID : a7f0c075-0e68-47d4-b Date of Disbursement or Obligation MM / DD / YYYY 10 / 30 / 2014		
Purpose of Expenditure Salary		Category/ Type 001			
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House ☒ Senate ☐ President District: 00 State: NC		
Calendar Year-To-Date Per Election for Office Sought		1095959.94	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	91.60
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 2184 OF 3250
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M / D D / Y Y Y Y Y Y / / / / / /					
Full Name of Payee John P Hilkert			Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 10 / 30 / 2014		
Mailing Address 7 Bards Lane			Amount 19.50		
City Fletcher		State NC	Zip Code 28732		Transaction ID : 21bccd18-a63b-471a-8
Purpose of Expenditure Mileage		Category/ Type 002		Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 10 / 30 / 2014	
Name of Federal Candidate Ms. Kay Hagan			Office Sought: ☐ House District: 00 ☒ Senate State: NC ☐ President ☒ Senate State: NC		
Calendar Year-To-Date Per Election for Office Sought 1095959.94			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶ _____		
Full Name of Payee Danielle McCoy			Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 10 / 30 / 2014		
Mailing Address 1025 Cayley Ct			Amount 105.00		
City High Point		State NC	Zip Code 27260		Transaction ID : a7400010-f83c-4557-b
Purpose of Expenditure Salary		Category/ Type 001		Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 10 / 30 / 2014	
Name of Federal Candidate Ms. Kay Hagan			Office Sought: ☐ House District: 00 ☒ Senate State: NC ☐ President ☒ Senate State: NC		
Calendar Year-To-Date Per Election for Office Sought 1095959.94			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶ _____		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶					124.50
(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.					
Signature Ms. Emily Buchanan			Date M M / D D / Y Y Y Y Y Y 05 / 18 / 2015		
			[Electronically Filed]		

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 2185 OF 3250
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M / D D / Y Y Y Y					
Full Name of Payee Danielle McCoy			Date of Public Distribution/Dissemination 10 / 30 / 2014		
Mailing Address 1025 Cayley Ct			Amount 26.10		
City High Point		State NC	Zip Code 27260		Transaction ID : 90b9c36f-94f5-41f1-a Date of Disbursement or Obligation 10 / 30 / 2014
Purpose of Expenditure Mileage		Category/ Type 002			
Name of Federal Candidate Ms. Kay Hagan			☐ Support ☒ Oppose		Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: NC
Calendar Year-To-Date Per Election for Office Sought 1095959.94			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
Full Name of Payee Eleanor McCoy			Date of Public Distribution/Dissemination 10 / 30 / 2014		
Mailing Address 4902 Catawba Dr			Amount 105.00		
City Greensboro		State NC	Zip Code 27407		Transaction ID : ebfd3878-dd5d-4bc1-b Date of Disbursement or Obligation 10 / 30 / 2014
Purpose of Expenditure Salary		Category/ Type 001			
Name of Federal Candidate Ms. Kay Hagan			☐ Support ☒ Oppose		Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: NC
Calendar Year-To-Date Per Election for Office Sought 1095959.94			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			131.10		
(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 05 / 18 / 2015
Signature					

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 2186 OF 3250
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M / D D / Y Y Y Y					
Full Name of Payee Eleanor McCoy			Date of Public Distribution/Dissemination 10 / 30 / 2014		
Mailing Address 4902 Catawba Dr			Amount 27.90		
City Greensboro	State NC	Zip Code 27407	Transaction ID : b70052f0-914d-4f67-9		
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement or Obligation 10 / 30 / 2014		
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>NC</u>		
Calendar Year-To-Date Per Election for Office Sought		1095959.94	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
Full Name of Payee Hannah K Smith			Date of Public Distribution/Dissemination 10 / 30 / 2014		
Mailing Address 633 Scott Dr			Amount 80.00		
City Gibsonville	State NC	Zip Code 27249	Transaction ID : bed18750-b536-4f61-8		
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation 10 / 30 / 2014		
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>NC</u>		
Calendar Year-To-Date Per Election for Office Sought		1095959.94	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			107.90		
(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.					
Signature Ms. Emily Buchanan		[Electronically Filed]		Date 05 / 18 / 2015	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 2187 OF 3250
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC		FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on		M M M / D D D / Y Y Y Y Y Y	
Full Name of Payee Hannah K Smith		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 10 / 30 / 2014	
Mailing Address 633 Scott Dr		Amount 12.90	
City Gibsonville	State NC	Zip Code 27249	Transaction ID : 191cfb35-08da-4f0d-b
Purpose of Expenditure Mileage	Category/Type 002	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 10 / 30 / 2014	
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	
Office Sought: ☐ President ☒ Senate		District: 00 State: NC	
Calendar Year-To-Date Per Election for Office Sought 1095959.94		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Kaylan N Swanson		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 10 / 30 / 2014	
Mailing Address 633 Scott Dr		Amount 80.00	
City Gibsonville	State NC	Zip Code 27249	Transaction ID : 10c8cb0d-5bec-4c8b-a
Purpose of Expenditure Salary	Category/Type 001	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 10 / 30 / 2014	
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	
Office Sought: ☐ President ☒ Senate		District: 00 State: NC	
Calendar Year-To-Date Per Election for Office Sought 1095959.94		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶		92.90	
(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.			
Signature Ms. Emily Buchanan		Date M M M / D D D / Y Y Y Y Y Y 05 / 18 / 2015	
		[Electronically Filed]	

Full Name of Payee Jacob Bernas		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 30 / 2014	
Mailing Address 458 S Glendale		Amount 9.00	
City Wichita	State KS	Zip Code 67218	Transaction ID : 73eb1951-d25f-4297-b Date of Disbursement or Obligation MM / DD / YYYY 10 / 30 / 2014
Purpose of Expenditure Mileage		Category/ Type 002	
Name of Federal Candidate Mr. Greg Orman		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: KS
Calendar Year-To-Date Per Election for Office Sought 261541.03		Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	59.00
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

Ms. Emily Buchanan

[Electronically Filed]

Date 05 / 18 / 2015

Signature

Full Name of Payee Brenda L McCune		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 30 / 2014	
Mailing Address 1254 Fleming St Apt 6		Amount 17.40	
City Conway	State AR	Zip Code 72032	Transaction ID : 4276a1c6-ff0c-4873-b
Purpose of Expenditure Mileage	Category/ Type	002	Date of Disbursement or Obligation MM / DD / YYYY 10 / 30 / 2014
Name of Federal Candidate Mr. Mark L Pryor	☐ Support ☒ Oppose	Office Sought: ☐ President ☒ Senate	District: 00 State: AR
Calendar Year-To-Date Per Election for Office Sought	292370.62	Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....	97.40	
(b) SUBTOTAL of Unitemized Independent Expenditures		
(c) TOTAL Independent Expenditures.....		

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 2190 OF 3250
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M / D D / Y Y Y Y Y Y				
Full Name of Payee Nick Berryhill			Date of Public Distribution/Dissemination 10 / 31 / 2014	
Mailing Address 905 Lake Drive			Amount 100.00	
City Shelby	State NC	Zip Code 28152	Transaction ID : 4e0d911e-65d8-4364-b Date of Disbursement or Obligation 10 / 31 / 2014	
Purpose of Expenditure Salary		Category/ Type 001		
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>NC</u>	
Calendar Year-To-Date Per Election for Office Sought		1095959.94	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶ _____	
Full Name of Payee Nick Berryhill			Date of Public Distribution/Dissemination 10 / 31 / 2014	
Mailing Address 905 Lake Drive			Amount 5.10	
City Shelby	State NC	Zip Code 28152	Transaction ID : d2717aa5-2def-4a73-a Date of Disbursement or Obligation 10 / 31 / 2014	
Purpose of Expenditure Mileage		Category/ Type 002		
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>NC</u>	
Calendar Year-To-Date Per Election for Office Sought		1095959.94	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶ _____	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			105.10	
(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.				
Signature Ms. Emily Buchanan		[Electronically Filed]		Date 05 / 18 / 2015

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 2191 OF 3250
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on MM / DD / YYYY				
Full Name of Payee Cynthia E Matson			Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 29 / 2014	
Mailing Address 7101 E 69th St N			Amount 20.00	
City Valley Center	State KS	Zip Code 67147	Transaction ID : f7eed5cd-fb69-4420-9	
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation MM / DD / YYYY 10 / 29 / 2014	
Name of Federal Candidate Mr. Greg Orman		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>KS</u>	
Calendar Year-To-Date Per Election for Office Sought		261541.03	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Cynthia E Matson			Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 29 / 2014	
Mailing Address 7101 E 69th St N			Amount 3.00	
City Valley Center	State KS	Zip Code 67147	Transaction ID : 23d5b305-4722-4817-a	
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement or Obligation MM / DD / YYYY 10 / 29 / 2014	
Name of Federal Candidate Mr. Greg Orman		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>KS</u>	
Calendar Year-To-Date Per Election for Office Sought		261541.03	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			23.00	
(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.				
Signature Ms. Emily Buchanan		[Electronically Filed]		Date MM / DD / YYYY 05 / 18 / 2015

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 2192 OF 3250
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC		FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on		M M M / D D D / Y Y Y Y Y Y	
Full Name of Payee Brian A Sherwood		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 10 / 30 / 2014	
Mailing Address 1003 W 5th St		Amount 7.50	
City Coffeyville	State KS	Zip Code 67337	Transaction ID : 535865c4-c262-40a0-a
Purpose of Expenditure Salary	Category/Type 001	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 10 / 30 / 2014	
Name of Federal Candidate Mr. Greg Orman		☐ Support ☒ Oppose ☐ President ☒ Senate	
Office Sought: District: 00 State: KS			
Calendar Year-To-Date Per Election for Office Sought 261541.03		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Peggy S ODonnell		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 10 / 29 / 2014	
Mailing Address 4218 Eagle Lake Ct		Amount 20.00	
City Bel Aire	State KS	Zip Code 67220	Transaction ID : 7b570201-3eba-4022-b
Purpose of Expenditure Salary	Category/Type 001	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 10 / 29 / 2014	
Name of Federal Candidate Mr. Greg Orman		☐ Support ☒ Oppose ☐ President ☒ Senate	
Office Sought: District: 00 State: KS			
Calendar Year-To-Date Per Election for Office Sought 261541.03		Disbursement For: ☐ Primary ☒ 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.			
Signature Ms. Emily Buchanan		Date M M M / D D D / Y Y Y Y Y Y 05 / 18 / 2015	
		[Electronically Filed]	

Full Name of Payee Marilyn Galliard		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 29 / 2014	
Mailing Address 410 Wedgewood Ct		Amount 60.00	
City Hesston	State KS	Zip Code 67062	Transaction ID : e0dad257-84f4-40a0-9 Date of Disbursement or Obligation MM / DD / YYYY 10 / 29 / 2014
Purpose of Expenditure Salary	Category/ Type 001		
Name of Federal Candidate Mr. Greg Orman	☐ Support ☒ Oppose	Office Sought: ☐ President ☒ Senate	District: 00 State: KS
Calendar Year-To-Date Per Election for Office Sought	261541.03	Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	66.30
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

05 / 18 / 2015

FEC Schedule E (Form 3X) Rev. 09/2013

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 2194 OF 3250
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC		FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on		M M M / D D D / Y Y Y Y Y Y	
Full Name of Payee Marilyn Galliardt		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 10 / 29 / 2014	
Mailing Address 410 Wedgewood Ct		Amount 39.00	
City Hesston	State KS	Zip Code 67062	Transaction ID : d4dd9469-b212-4e80-a
Purpose of Expenditure Mileage		Category/Type 002	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 10 / 29 / 2014
Name of Federal Candidate Mr. Greg Orman		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: KS
Calendar Year-To-Date Per Election for Office Sought 261541.03		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Cameryn L Rasmussen		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 10 / 29 / 2014	
Mailing Address 4455 N Edaemoor Ct		Amount 20.00	
City Bel Aire	State KS	Zip Code 67220	Transaction ID : 13425bd3-5da7-46b6-9
Purpose of Expenditure Salary		Category/Type 001	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 10 / 29 / 2014
Name of Federal Candidate Mr. Greg Orman		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: KS
Calendar Year-To-Date Per Election for Office Sought 261541.03		Disbursement For: ☐ Primary ☒ 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.			
Signature Ms. Emily Buchanan		Date M M M / D D D / Y Y Y Y Y Y 05 / 18 / 2015	
		[Electronically Filed]	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 2195 OF 3250
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M M / D D D / Y Y Y Y Y Y					
Full Name of Payee Cameryn L Rasmussen			Date of Public Distribution/Dissemination 10 / 29 / 2014		
Mailing Address 4455 N Edaemoor Ct			Amount 3.00		
City Bel Aire		State KS	Zip Code 67220		Transaction ID : 5bd2941d-d4a8-4ddd-b
Purpose of Expenditure Mileage		Category/ Type 002		Date of Disbursement or Obligation 10 / 29 / 2014	
Name of Federal Candidate Mr. Greg Orman			☐ Support ☒ Oppose Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: KS		
Calendar Year-To-Date Per Election for Office Sought 261541.03			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
Full Name of Payee Sarah A Myose			Date of Public Distribution/Dissemination 10 / 29 / 2014		
Mailing Address 4897 N Farmstead Ct			Amount 20.00		
City Bel Aire		State KS	Zip Code 67220		Transaction ID : 96c764e9-c03b-4715-8
Purpose of Expenditure Salary		Category/ Type 001		Date of Disbursement or Obligation 10 / 29 / 2014	
Name of Federal Candidate Mr. Greg Orman			☐ Support ☒ Oppose Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: KS		
Calendar Year-To-Date Per Election for Office Sought 261541.03			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			23.00		
(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.					
Signature Ms. Emily Buchanan			Date 05 / 18 / 2015		
			[Electronically Filed]		

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 2196 OF 3250
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC		FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on		M M M / D D D / Y Y Y Y Y Y	
Full Name of Payee Sarah A Myose		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 10 / 29 / 2014	
Mailing Address 4897 N Farmstead Ct		Amount 3.00	
City Bel Aire	State KS	Zip Code 67220	Transaction ID : 5615379a-68b7-420e-9
Purpose of Expenditure Mileage		Category/Type 002	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 10 / 29 / 2014
Name of Federal Candidate Mr. Greg Orman		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: KS
Calendar Year-To-Date Per Election for Office Sought 261541.03		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee James Kindstedt		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 10 / 31 / 2014	
Mailing Address 5510 Dogwood Dr		Amount 18.70	
City Winston Salem	State NC	Zip Code 27105	Transaction ID : af85aebc-4b7e-4db5-b
Purpose of Expenditure Salary		Category/Type 001	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 10 / 31 / 2014
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: NC
Calendar Year-To-Date Per Election for Office Sought 1095959.94		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶		21.70	
(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]	
Signature		Date M M M / D D D / Y Y Y Y Y Y 05 / 18 / 2015	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 2197 OF 3250
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC		FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M / D D / Y Y Y Y			
Full Name of Payee James Kindstedt		Date of Public Distribution/Dissemination 10 / 31 / 2014	
Mailing Address 5510 Dogwood Dr		Amount 7.23	
City Winston Salem	State NC	Zip Code 27105	Transaction ID : 1194c0c2-0376-4ad9-9
Purpose of Expenditure Mileage	Category/ Type	002	Date of Disbursement or Obligation 10 / 31 / 2014
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: NC
Calendar Year-To-Date Per Election for Office Sought		1095959.94	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶
Full Name of Payee Joanna Kindstedt		Date of Public Distribution/Dissemination 10 / 31 / 2014	
Mailing Address 2134 Tobaccoville Rd		Amount 18.70	
City Rural Hall	State NC	Zip Code 27045	Transaction ID : 3bbb3619-a564-4025-8
Purpose of Expenditure Salary	Category/ Type	001	Date of Disbursement or Obligation 10 / 31 / 2014
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: NC
Calendar Year-To-Date Per Election for Office Sought		1095959.94	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures.....▶		25.93	
(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.			
Signature Ms. Emily Buchanan		Date 05 / 18 / 2015	
		[Electronically Filed]	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 2198 OF 3250
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC		FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on		M M M / D D D / Y Y Y Y Y Y	
Full Name of Payee Lance Reichenberger		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 10 / 30 / 2014	
Mailing Address 1426 N Glendale		Amount 65.00	
City Wichita	State KS	Zip Code 67208	Transaction ID : 3691f11d-26ce-4137-b
Purpose of Expenditure Salary		Category/Type 001	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 10 / 30 / 2014
Name of Federal Candidate Mr. Greg Orman		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: KS
Calendar Year-To-Date Per Election for Office Sought 261541.03		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Lance Reichenberger		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 10 / 30 / 2014	
Mailing Address 1426 N Glendale		Amount 2.10	
City Wichita	State KS	Zip Code 67208	Transaction ID : 7869dd3e-828f-4cd4-8
Purpose of Expenditure Mileage		Category/Type 002	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 10 / 30 / 2014
Name of Federal Candidate Mr. Greg Orman		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: KS
Calendar Year-To-Date Per Election for Office Sought 261541.03		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶		67.10	
(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]	
Signature		Date M M M / D D D / Y Y Y Y Y Y 05 / 18 / 2015	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 2199 OF 3250
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC		FEC IDENTIFICATION NUMBER ▼ C C00530766
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on		MM / DD / YYYY

Full Name of Payee Tywan Scott-Kwofie		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 30 / 2014
Mailing Address 117 East Maple St		Amount 60.00
City Bucklin	State KS	Zip Code 67834
Purpose of Expenditure Salary	Category/Type 001	Transaction ID : e78a820a-a3b4-42be-a Date of Disbursement or Obligation MM / DD / YYYY 10 / 30 / 2014
Name of Federal Candidate Mr. Greg Orman		Office Sought: ☐ House District: 00 ☒ Senate State: KS
Calendar Year-To-Date Per Election for Office Sought 261541.03		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶

Full Name of Payee Tywan Scott-Kwofie		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 30 / 2014
Mailing Address 117 East Maple St		Amount 5.40
City Bucklin	State KS	Zip Code 67834
Purpose of Expenditure Mileage	Category/Type 002	Transaction ID : 3eeec4a6-f673-42b9-9 Date of Disbursement or Obligation MM / DD / YYYY 10 / 30 / 2014
Name of Federal Candidate Mr. Greg Orman		Office Sought: ☐ House District: 00 ☒ Senate State: KS
Calendar Year-To-Date Per Election for Office Sought 261541.03		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	65.40
(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]

Signature

Date

MM / DD / YYYY
05 / 18 / 2015

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 2200 OF 3250
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M M / D D D / Y Y Y Y Y Y					
Full Name of Payee Bailey R Blair			Date of Public Distribution/Dissemination 10 / 31 / 2014		
Mailing Address 402A N 10th St			Amount 15.00		
City Manhattan	State KS	Zip Code 66502	Transaction ID : 5e2f4396-ac80-4553-9 Date of Disbursement or Obligation 10 / 31 / 2014		
Purpose of Expenditure Salary		Category/ Type 001			
Name of Federal Candidate Mr. Greg Orman		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>KS</u>		
Calendar Year-To-Date Per Election for Office Sought 261541.03			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶ _____		

Full Name of Payee Bailey R Blair			Date of Public Distribution/Dissemination 10 / 31 / 2014		
Mailing Address 402A N 10th St			Amount 1.50		
City Manhattan	State KS	Zip Code 66502	Transaction ID : be24296e-8491-403c-b Date of Disbursement or Obligation 10 / 31 / 2014		
Purpose of Expenditure Mileage		Category/ Type 002			
Name of Federal Candidate Mr. Greg Orman		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>KS</u>		
Calendar Year-To-Date Per Election for Office Sought 261541.03			Disbursement For: ☐ Primary ☒ 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

Signature _____

[Electronically Filed]

Date

05

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2015

Full Name of Payee Caelan J Blair		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 31 / 2014	
Mailing Address 510 Haymaker Hall		Amount 1.20	
City Manhattan	State KS	Zip Code 66506	Transaction ID : dfd6f96b-eac8-43b4-a Date of Disbursement or Obligation MM / DD / YYYY 10 / 31 / 2014
Purpose of Expenditure Mileage	Category/ Type 002		
Name of Federal Candidate Mr. Greg Orman	☐ Support ☒ Oppose	Office Sought: ☐ President ☒ Senate ☐ Other (specify) ▶	District: 00 State: KS ☐ Primary ☒ General
Calendar Year-To-Date Per Election for Office Sought	261541.03		

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	16.20
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

05 / 18 / 2015

FEC Schedule E (Form 3X) Rev. 09/2013

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 2202 OF 3250
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC		FEC IDENTIFICATION NUMBER ▼ C C00530766
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on		MM / DD / YYYY

Full Name of Payee David Ford		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 31 / 2014	
Mailing Address 106 Hillside St		Amount 62.50	
City Spindale	State NC	Zip Code 28160	Transaction ID : ef55cf12-5565-460e-8
Purpose of Expenditure Salary	Category/Type 001	Date of Disbursement or Obligation MM / DD / YYYY 10 / 31 / 2014	
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: NC
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	

Full Name of Payee David Ford		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 31 / 2014	
Mailing Address 106 Hillside St		Amount 39.84	
City Spindale	State NC	Zip Code 28160	Transaction ID : e6d4b1b8-9cbe-4cc7-9
Purpose of Expenditure Mileage	Category/Type 002	Date of Disbursement or Obligation MM / DD / YYYY 10 / 31 / 2014	
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: NC
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	102.34
(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

MM / DD / YYYY
05 / 18 / 2015

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 2203 OF 3250
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC		FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on		MM / DD / YYYY	

Full Name of Payee Claud B Murphy JR		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 31 / 2014	
Mailing Address PO Box 37		Amount 45.00	
City East Bend	State NC	Zip Code 27018	Transaction ID : 06665d0d-70b5-43ed-a
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation MM / DD / YYYY 10 / 31 / 2014
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: NC
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	

Full Name of Payee Claud B Murphy JR		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 31 / 2014	
Mailing Address PO Box 37		Amount 9.45	
City East Bend	State NC	Zip Code 27018	Transaction ID : 58bd77b9-7079-407d-8
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement or Obligation MM / DD / YYYY 10 / 31 / 2014
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: NC
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	54.45
(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

MM / DD / YYYY
05 / 18 / 2015

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 2204 OF 3250
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M / D D / Y Y Y Y				
Full Name of Payee Judith A Murphy			Date of Public Distribution/Dissemination 10 / 31 / 2014	
Mailing Address PO Box 37			Amount 45.00	
City East Bend	State NC	Zip Code 27018	Transaction ID : 503379f7-ebc0-4c39-9	
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation 10 / 31 / 2014	
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: NC	
Calendar Year-To-Date Per Election for Office Sought		1095959.94	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Kristina M Jinkens			Date of Public Distribution/Dissemination 10 / 31 / 2014	
Mailing Address 2138 N 1000 Rd			Amount 30.00	
City Eudora	State KS	Zip Code 66025	Transaction ID : c8e3dbb3-8e33-4867-8	
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation 10 / 31 / 2014	
Name of Federal Candidate Mr. Greg Orman		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: KS	
Calendar Year-To-Date Per Election for Office Sought		261541.03	Disbursement For: ☐ Primary ☒ 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.				
Signature Ms. Emily Buchanan		[Electronically Filed]		Date 05 / 18 / 2015

Full Name of Payee Lydia H DeGisi		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 31 / 2014	
Mailing Address 9513 Beverly Dr		Amount 27.50	
City Overland Park	State KS	Zip Code 66207	Transaction ID : 3a65617f-2a12-462c-9 Date of Disbursement or Obligation MM / DD / YYYY 10 / 31 / 2014
Purpose of Expenditure Salary		Category/ Type 001	
Name of Federal Candidate Mr. Greg Orman		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: KS
Calendar Year-To-Date Per Election for Office Sought 261541.03		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	

Full Name of Payee Lydia H DeGisi			Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 31 / 2014		
Mailing Address 9513 Beverly Dr			Amount 3.00		
City Overland Park	State KS	Zip Code 66207	Transaction ID : 70f8af5c-5428-4d15-8 Date of Disbursement or Obligation MM / DD / YYYY 10 / 31 / 2014		
Purpose of Expenditure Mileage		Category/ Type 002			
Name of Federal Candidate Mr. Greg Orman		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: KS		
Calendar Year-To-Date Per Election for Office Sought		261541.03	Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ►		

(a) SUBTOTAL of Itemized Independent Expenditures.....		30.50
(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.

Date _____

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 2206 OF 3250
 FOR LINE 24 OF FORM 3X

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

Full Name of Payee Lorri Anderson		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 31 / 2014	
Mailing Address 7214 Duchamp Dr		Amount 35.00	
City Charlotte	State NC	Zip Code 23215	Transaction ID : f7980330-0fd7-4e14-9 Date of Disbursement or Obligation MM / DD / YYYY 10 / 31 / 2014
Purpose of Expenditure Salary		Category/Type 001	
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: NC
Calendar Year-To-Date Per Election for Office Sought 1095959.94		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	

Full Name of Payee Lorri Anderson		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 31 / 2014	
Mailing Address 7214 Duchamp Dr		Amount 3.60	
City Charlotte	State NC	Zip Code 23215	Transaction ID : 9765de24-6cc3-4a68-8 Date of Disbursement or Obligation MM / DD / YYYY 10 / 31 / 2014
Purpose of Expenditure Mileage		Category/Type 002	
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: NC
Calendar Year-To-Date Per Election for Office Sought 1095959.94		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	38.60
(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

MM / DD / YYYY
05 / 18 / 2015

Signature

Full Name of Payee Christine R McDonald			Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 31 / 2014		
Mailing Address 3751 N Jeanette Ave			Amount 19.50		
City Wichita	State KS	Zip Code 67204	Transaction ID : 1e62ce13-16c2-4dce-9 Date of Disbursement or Obligation MM / DD / YYYY 10 / 31 / 2014		
Purpose of Expenditure Mileage		Category/ Type 002			
Name of Federal Candidate Mr. Greg Orman		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: KS		
Calendar Year-To-Date Per Election for Office Sought		261541.03	Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ►		

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	55.50
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 2208 OF 3250
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M M / D D D / Y Y Y Y Y Y					
Full Name of Payee Eric J Smith			Date of Public Distribution/Dissemination 10 / 31 / 2014		
Mailing Address 4967 Dysartville			Amount 80.00		
City Morganton	State NC	Zip Code 28655	Transaction ID : 8ab5a562-d54a-49c2-b		
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation 10 / 31 / 2014		
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>NC</u>		
Calendar Year-To-Date Per Election for Office Sought 1095959.94			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
Full Name of Payee Jennifer E Smith			Date of Public Distribution/Dissemination 10 / 31 / 2014		
Mailing Address 4967 Dysartville Rd			Amount 80.00		
City Morganton	State NC	Zip Code 28655	Transaction ID : b1a07023-07e2-41c2-9		
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation 10 / 31 / 2014		
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>NC</u>		
Calendar Year-To-Date Per Election for Office Sought 1095959.94			Disbursement For: ☐ Primary ☒ 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.					
Signature Ms. Emily Buchanan		[Electronically Filed]		Date 05 / 18 / 2015	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 2209 OF 3250
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on MM / DD / YYYY				
Full Name of Payee Jennifer E Smith			Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 31 / 2014	
Mailing Address 4967 Dysartsville Rd			Amount 9.30	
City Morganton	State NC	Zip Code 28655	Transaction ID : 06a14c55-9b61-4fd8-a	
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement or Obligation MM / DD / YYYY 10 / 31 / 2014	
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: NC	
Calendar Year-To-Date Per Election for Office Sought		1095959.94	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Nicholas O Wilcox			Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 31 / 2014	
Mailing Address 1981 Cherokee St			Amount 58.00	
City Baton Rouge	State LA	Zip Code 70806	Transaction ID : ea5fcb67-0017-4045-8	
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation MM / DD / YYYY 10 / 31 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: LA	
Calendar Year-To-Date Per Election for Office Sought		554635.78	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures.....▶			67.30	
(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 MM / DD / YYYY 05 / 18 / 2015	
Signature				

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 2210 OF 3250
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on			MM / DD / YYYY	
Full Name of Payee Nicholas O Wilcox		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 31 / 2014		
Mailing Address 1981 Cherokee St		Amount 6.42		
City Baton Rouge	State LA	Zip Code 70806	Transaction ID : 7caac500-7829-493d-b	
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement or Obligation MM / DD / YYYY 10 / 31 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: LA	
Calendar Year-To-Date Per Election for Office Sought		554635.78	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Colleen Galan		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 31 / 2014		
Mailing Address 842 Stoneykirk Dr		Amount 12.50		
City Fayetteville	State NC	Zip Code 28314	Transaction ID : 4e431d84-df10-4008-b	
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation MM / DD / YYYY 10 / 31 / 2014	
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: NC	
Calendar Year-To-Date Per Election for Office Sought		1095959.94	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures.....		18.92		
(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.				
Signature Ms. Emily Buchanan		[Electronically Filed] Date MM / DD / YYYY 05 / 18 / 2015		

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 2211 OF 3250
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M / D D / Y Y Y Y Y Y					
Full Name of Payee Colleen Galan			Date of Public Distribution/Dissemination 10 / 31 / 2014		
Mailing Address 842 Stoneykirk Dr			Amount 4.20		
City Fayetteville	State NC	Zip Code 28314	Transaction ID : f40adc50-f3ff-478d-b		
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement or Obligation 10 / 31 / 2014		
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: NC		
Calendar Year-To-Date Per Election for Office Sought		1095959.94	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
Full Name of Payee Joseph R Rys			Date of Public Distribution/Dissemination 10 / 31 / 2014		
Mailing Address 160 #50 Pompano Dr			Amount 72.50		
City New Bern	State NC	Zip Code 28560	Transaction ID : b6a96453-1c78-415e-a		
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation 10 / 31 / 2014		
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: NC		
Calendar Year-To-Date Per Election for Office Sought		1095959.94	Disbursement For: ☐ Primary ☒ 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.					
Signature Ms. Emily Buchanan		[Electronically Filed]		Date 05 / 18 / 2015	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 2212 OF 3250
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M / D D / Y Y Y Y				
Full Name of Payee Joseph R Rys			Date of Public Distribution/Dissemination 10 / 31 / 2014	
Mailing Address 160 #50 Pompano Dr			Amount 13.20	
City New Bern	State NC	Zip Code 28560	Transaction ID : 2174be9f-870c-4363-8	
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement or Obligation 10 / 31 / 2014	
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: NC	
Calendar Year-To-Date Per Election for Office Sought		1095959.94	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Sally A Kolenac			Date of Public Distribution/Dissemination 10 / 31 / 2014	
Mailing Address 513 Stokes Rd			Amount 22.80	
City Graham	State NC	Zip Code 27253	Transaction ID : 4b00da01-0e07-4739-b	
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation 10 / 31 / 2014	
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: NC	
Calendar Year-To-Date Per Election for Office Sought		1095959.94	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures.....▶			36.00	
(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.				
Signature Ms. Emily Buchanan		[Electronically Filed]		Date 05 / 18 / 2015

Full Name of Payee Laurel Littler		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 29 / 2014	
Mailing Address 145 Bradford Circle		Amount MM / DD / YYYY 35.00	
City Clayton	State NC	Zip Code 27527	Transaction ID : b258dcd9-4405-43c6-9 Date of Disbursement or Obligation MM / DD / YYYY 10 / 29 / 2014
Purpose of Expenditure Salary		Category/ Type 001	
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House ☒ Senate ☐ President
District: 00 State: NC		Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ▶	
Calendar Year-To-Date Per Election for Office Sought		MM / DD / YYYY 1095959.94	

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	39.02
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

FEC Schedule E (Form 3X) Rev. 09/2013

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 2214 OF 3250
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M M / D D D / Y Y Y Y Y Y					
Full Name of Payee Laurel Littler			Date of Public Distribution/Dissemination 10 / 29 / 2014		
Mailing Address 145 Bradford Circle			Amount 12.00		
City Clayton	State NC	Zip Code 27527	Transaction ID : da76d034-d763-4c00-b Date of Disbursement or Obligation 10 / 29 / 2014		
Purpose of Expenditure Mileage		Category/Type 002			
Name of Federal Candidate Ms. Kay Hagan			☐ Support ☒ Oppose Office Sought: ☐ House ☒ Senate District: <u>00</u> ☐ President State: <u>NC</u>		
Calendar Year-To-Date Per Election for Office Sought 1095959.94			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶ _____		
Full Name of Payee Linda J Fueling			Date of Public Distribution/Dissemination 10 / 31 / 2014		
Mailing Address 6424 Purple Martin Ct			Amount 35.00		
City Wilmington	State NC	Zip Code 28411	Transaction ID : c2d7c664-162d-41a1-9 Date of Disbursement or Obligation 10 / 31 / 2014		
Purpose of Expenditure Salary		Category/Type 001			
Name of Federal Candidate Ms. Kay Hagan			☐ Support ☒ Oppose Office Sought: ☐ House ☒ Senate District: <u>00</u> ☐ President State: <u>NC</u>		
Calendar Year-To-Date Per Election for Office Sought 1095959.94			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶ _____		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			47.00		
(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.					
Signature <u>Ms. Emily Buchanan</u> [Electronically Filed]			Date 05 / 18 / 2015		

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 2215 OF 3250
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M / D D / Y Y Y Y				
Full Name of Payee Linda J Fueling			Date of Public Distribution/Dissemination 10 / 31 / 2014	
Mailing Address 6424 Purple Martin Ct			Amount 21.03	
City Wilmington	State NC	Zip Code 28411	Transaction ID : 4b23ff0f-40fa-4aff-9	
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement or Obligation 10 / 31 / 2014	
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: NC	
Calendar Year-To-Date Per Election for Office Sought		1095959.94	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Alisha A Hauser			Date of Public Distribution/Dissemination 10 / 31 / 2014	
Mailing Address 199 Raven Circle			Amount 41.30	
City Wilkesboro	State NC	Zip Code 28697	Transaction ID : 3883c444-29de-4dd8-9	
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation 10 / 31 / 2014	
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: NC	
Calendar Year-To-Date Per Election for Office Sought		1095959.94	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			62.33	
(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 05 / 18 / 2015	
Signature				

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 2216 OF 3250
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on			M M M / D D D / Y Y Y Y Y Y	
Full Name of Payee Alisha A Hauser		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 10 / 31 / 2014		
Mailing Address 199 Raven Circle		Amount 14.76		
City Wilkesboro	State NC	Zip Code 28697	Transaction ID : 88d3907f-b77b-41d4-9	
Purpose of Expenditure Mileage		Category/Type 002	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 10 / 31 / 2014	
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: NC	
Calendar Year-To-Date Per Election for Office Sought		1095959.94	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Joshua J Huffman		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 10 / 31 / 2014		
Mailing Address 211 Dixie Ave		Amount 20.00		
City Harrisonburg	State VA	Zip Code 22801	Transaction ID : dc9d2da6-9448-4572-b	
Purpose of Expenditure Salary		Category/Type 001	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 10 / 31 / 2014	
Name of Federal Candidate Mr. Greg Orman		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: KS	
Calendar Year-To-Date Per Election for Office Sought		261541.03	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures.....		34.76		
(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.				
Signature Ms. Emily Buchanan		[Electronically Filed]		Date M M M / D D D / Y Y Y Y Y Y 05 / 18 / 2015

Full Name of Payee Haley A Zimmerman		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 31 / 2014	
Mailing Address 1409 Robbins Dr		Amount 4.50	
City Lenoir	State NC	Zip Code 28645	Transaction ID : c0d8bab8-6b3c-4976-a Date of Disbursement or Obligation MM / DD / YYYY 10 / 31 / 2014
Purpose of Expenditure Mileage	Category/ Type 002		
Name of Federal Candidate Ms. Kay Hagan	☐ Support ☒ Oppose	Office Sought: ☐ President ☒ Senate	District: 00 State: NC
Calendar Year-To-Date Per Election for Office Sought	1095959.94	Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	64.50
(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.

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 2218 OF 3250
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on / /					
Full Name of Payee Toni A Persinger-Buckler			Date of Public Distribution/Dissemination / / 10 / 31 / 2014		
Mailing Address 5330 Nestleway Dr			Amount 20.00		
City Clemmons		State NC	Zip Code 27012		Transaction ID : 0aa0154b-e8d2-40bf-a
Purpose of Expenditure Salary		Category/ Type 001		Date of Disbursement or Obligation / / 10 / 31 / 2014	
Name of Federal Candidate Ms. Kay Hagan			☐ Support ☒ Oppose		Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>NC</u>
Calendar Year-To-Date Per Election for Office Sought 1095959.94			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶ _____		
Full Name of Payee Toni A Persinger-Buckler			Date of Public Distribution/Dissemination / / 10 / 31 / 2014		
Mailing Address 5330 Nestleway Dr			Amount 5.70		
City Clemmons		State NC	Zip Code 27012		Transaction ID : ccac5d32-0178-4dfb-8
Purpose of Expenditure Mileage		Category/ Type 002		Date of Disbursement or Obligation / / 10 / 31 / 2014	
Name of Federal Candidate Ms. Kay Hagan			☐ Support ☒ Oppose		Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>NC</u>
Calendar Year-To-Date Per Election for Office Sought 1095959.94			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶ _____		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			 25.70		
(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.					
Signature <i>Ms. Emily Buchanan</i>			[Electronically Filed] Date / / 05 / 18 / 2015		

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 2219 OF 3250
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC		FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on		MM / DD / YYYY / / MM / DD / YYYY / / MM / DD / YYYY / /	

Full Name of Payee Dionne Vantuyl		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 31 / 2014	
Mailing Address 2334 NE Parvin Rd		Amount 30.00	
City Kansas City	State MO	Zip Code 64116	Transaction ID : 1b3dabaa-babc-4ef5-a
Purpose of Expenditure Salary	Category/Type 001	Date of Disbursement or Obligation MM / DD / YYYY 10 / 31 / 2014	
Name of Federal Candidate Mr. Greg Orman		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: KS
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	

Full Name of Payee Dionne Vantuyl		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 31 / 2014	
Mailing Address 2334 NE Parvin Rd		Amount 15.00	
City Kansas City	State MO	Zip Code 64116	Transaction ID : 61c9f2a3-255c-4de5-a
Purpose of Expenditure Mileage	Category/Type 002	Date of Disbursement or Obligation MM / DD / YYYY 10 / 31 / 2014	
Name of Federal Candidate Mr. Greg Orman		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: KS
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: ☐ Primary ☒ 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

 MM / DD / YYYY
 05 / 18 / 2015

Signature

Full Name of Payee Angela D Soots		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 31 / 2014	
Mailing Address 1481 Neighborly Pl		Amount 18.45	
City Lenoir	State NC	Zip Code 28645	Transaction ID : 2763a605-ece1-49bc-9 Date of Disbursement or Obligation MM / DD / YYYY 10 / 31 / 2014
Purpose of Expenditure Mileage		Category/ Type 002	
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: NC
Calendar Year-To-Date Per Election for Office Sought 1095959.94		Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....	78.45
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures.....	

05 / 18 / 2015

FEC Schedule E (Form 3X) Rev. 09/2013

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 2221 OF 3250
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on MM / DD / YYYY					
Full Name of Payee Jerome M Weil			Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 31 / 2014		
Mailing Address 101 Durham Drive			Amount 40.00		
City Lafayette	State LA	Zip Code 70508	Transaction ID : 492f53c0-78ab-41f3-9		
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation MM / DD / YYYY 10 / 31 / 2014		
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: LA		
Calendar Year-To-Date Per Election for Office Sought		554635.78	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
Full Name of Payee Jerome M Weil			Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 31 / 2014		
Mailing Address 101 Durham Drive			Amount 40.00		
City Lafayette	State LA	Zip Code 70508	Transaction ID : 1f280dec-c711-408f-9		
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation MM / DD / YYYY 10 / 31 / 2014		
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: LA		
Calendar Year-To-Date Per Election for Office Sought		554635.78	Disbursement For: ☐ Primary ☒ 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.					
Signature <i>Ms. Emily Buchanan</i>		[Electronically Filed]		Date MM / DD / YYYY 05 / 18 / 2015	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 2222 OF 3250
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC	FEC IDENTIFICATION NUMBER ▼ C C00530766
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M / D D / Y Y Y Y	

Full Name of Payee Jerome M Weil			Date of Public Distribution/Dissemination 10 / 31 / 2014	
Mailing Address 101 Durham Drive			Amount 13.50	
City Lafayette	State LA	Zip Code 70508	Transaction ID : 5d85dd53-6d23-43f9-8	
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement or Obligation 10 / 31 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>LA</u>	
Calendar Year-To-Date Per Election for Office Sought		554635.78	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	

Full Name of Payee Jerome M Weil			Date of Public Distribution/Dissemination 10 / 31 / 2014	
Mailing Address 101 Durham Drive			Amount 13.50	
City Lafayette	State LA	Zip Code 70508	Transaction ID : 15e8846b-a7d6-4d30-9	
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement or Obligation 10 / 31 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>LA</u>	
Calendar Year-To-Date Per Election for Office Sought		554635.78	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	27.00
(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]

Signature

Date

05 / 18 / 2015

Full Name of Payee Brian A Sherwood		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 31 / 2014	
Mailing Address 1003 W 5th St		Amount 21.00	
City Coffeyville	State KS	Zip Code 67337	Transaction ID : 098d009c-cf2e-4d08-9 Date of Disbursement or Obligation MM / DD / YYYY 10 / 31 / 2014
Purpose of Expenditure Mileage	Category/ Type	002	
Name of Federal Candidate Mr. Greg Orman	☐ Support ☒ Oppose	Office Sought: ☐ President ☒ Senate	District: 00 State: KS
Calendar Year-To-Date Per Election for Office Sought	261541.03	Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	56.00
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 2225 OF 3250
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on			MM / DD / YYYY	
Full Name of Payee Laura U Logie		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 31 / 2014		
Mailing Address 2565 Shire Circle		Amount 55.00		
City Harrisonburg	State VA	Zip Code 22801	Transaction ID : eafc79a5-c2c3-4865-8	
Purpose of Expenditure Salary		Category/Type 001	Date of Disbursement or Obligation MM / DD / YYYY 10 / 31 / 2014	
Name of Federal Candidate Mr. Greg Orman		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: KS	
Calendar Year-To-Date Per Election for Office Sought		261541.03	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Gary W Fuhrmann		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 31 / 2014		
Mailing Address 9425 Jessica Drive		Amount 60.00		
City Shreveport	State LA	Zip Code 71106	Transaction ID : 1562720d-dfb5-431c-b	
Purpose of Expenditure Salary		Category/Type 001	Date of Disbursement or Obligation MM / DD / YYYY 10 / 31 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: LA	
Calendar Year-To-Date Per Election for Office Sought		554635.78	Disbursement For: ☐ Primary ☒ 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.				
Signature Ms. Emily Buchanan		[Electronically Filed]		Date MM / DD / YYYY 05 / 18 / 2015

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 2226 OF 3250
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC		FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on		M M M / D D D / Y Y Y Y Y Y	
Full Name of Payee Gary W Fuhrmann		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 10 / 31 / 2014	
Mailing Address 9425 Jessica Drive		Amount 20.10	
City Shreveport	State LA	Zip Code 71106	Transaction ID : 43b6ca24-275a-43d1-b
Purpose of Expenditure Mileage	Category/Type 002	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 10 / 31 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose ☐ President ☒ Senate	
Office Sought: ☐ House ☒ Senate		District: 00 State: LA	
Calendar Year-To-Date Per Election for Office Sought 554635.78		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Rhonda Moback		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 10 / 31 / 2014	
Mailing Address 2704 E Glen Oaks Dr		Amount 60.00	
City Wichita	State KS	Zip Code 67216	Transaction ID : 6a70d446-c1f2-421c-b
Purpose of Expenditure Salary	Category/Type 001	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 10 / 31 / 2014	
Name of Federal Candidate Mr. Greg Orman		☐ Support ☒ Oppose ☐ President ☒ Senate	
Office Sought: ☐ House ☒ Senate		District: 00 State: KS	
Calendar Year-To-Date Per Election for Office Sought 261541.03		Disbursement For: ☐ Primary ☒ 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.			
Signature Ms. Emily Buchanan		Date M M M / D D D / Y Y Y Y Y Y 05 / 18 / 2015	
		[Electronically Filed]	

Full Name of Payee Carla K Pilgreen		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 31 / 2014	
Mailing Address 212 Stonecliff Dr		Amount 30.00	
City West Monro	State LA	Zip Code 71291	Transaction ID : 8e856021-9b99-4fea-8 Date of Disbursement or Obligation MM / DD / YYYY 10 / 31 / 2014
Purpose of Expenditure Salary	Category/ Type 001		
Name of Federal Candidate Ms. Mary L Landrieu	☐ Support ☒ Oppose	Office Sought: ☐ President ☒ Senate	District: 00 State: LA
Calendar Year-To-Date Per Election for Office Sought	554635.78	Disbursement For: 2014 ☐ Primary ☒ General ☐ Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	43.20
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

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FEC Schedule E (Form 3X) Rev. 09/2013

Full Name of Payee Zachary R McCleese		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 31 / 2014	
Mailing Address 323 Rolling Pines Dr		Amount 60.00	
City Spring Lake	State NC	Zip Code 28390	Transaction ID : ee2b05bc-adb8-4766-b Date of Disbursement or Obligation MM / DD / YYYY 10 / 31 / 2014
Purpose of Expenditure Salary		Category/ Type 001	
Name of Federal Candidate Mr. Mark L Pryor		☐ Support ☒ Oppose	Office Sought: ☐ House ☒ Senate ☐ President ☐ Other (specify) _____
Calendar Year-To-Date Per Election for Office Sought		292370.62	Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ► _____

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	65.70
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

05 / 18 / 2015

FEC Schedule E (Form 3X) Rev. 09/2013

Full Name of Payee ERIC TABARY		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 31 / 2014	
Mailing Address 6101 NORA ST		Amount 55.00	
City METAIRIE	State LA	Zip Code 70003	Transaction ID : f43897ed-5eb2-4b42-9 Date of Disbursement or Obligation MM / DD / YYYY 10 / 31 / 2014
Purpose of Expenditure Salary		Category/ Type 001	
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: LA
Calendar Year-To-Date Per Election for Office Sought 554635.78		Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ►	

(a) SUBTOTAL of Itemized Independent Expenditures.....	73.60
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures.....	

05 / 18 / 2015

FEC Schedule E (Form 3X) Rev. 09/2013

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 2230 OF 3250
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on / /					
Full Name of Payee ERIC TABARY			Date of Public Distribution/Dissemination / / 10 / 31 / 2014		
Mailing Address 6101 NORA ST			Amount 1.50		
City METAIRIE	State LA	Zip Code 70003	Transaction ID : d9f9d3ac-b89a-4c72-b Date of Disbursement or Obligation / / 10 / 31 / 2014		
Purpose of Expenditure Mileage		Category/ Type 002			
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>LA</u>		
Calendar Year-To-Date Per Election for Office Sought 554635.78			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶ _____		
Full Name of Payee David Podbielski			Date of Public Distribution/Dissemination / / 10 / 31 / 2014		
Mailing Address 137 Cove Pl			Amount 48.30		
City Moravian Falls	State NC	Zip Code 28654	Transaction ID : 357aadc6-e9c6-455e-9 Date of Disbursement or Obligation / / 10 / 31 / 2014		
Purpose of Expenditure Salary		Category/ Type 001			
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>NC</u>		
Calendar Year-To-Date Per Election for Office Sought 1095959.94			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶ _____		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			 49.80		
(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.					
Signature <i>Ms. Emily Buchanan</i>		[Electronically Filed]		Date / / 05 / 18 / 2015	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 2231 OF 3250
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M / D D / Y Y Y Y Y Y					
Full Name of Payee David Podbielski			Date of Public Distribution/Dissemination 10 / 31 / 2014		
Mailing Address 137 Cove Pl			Amount 15.30		
City Moravian Falls		State NC	Zip Code 28654		Transaction ID : 94ba8e0a-1411-46bb-9
Purpose of Expenditure Mileage		Category/ Type 002		Date of Disbursement or Obligation 10 / 31 / 2014	
Name of Federal Candidate Ms. Kay Hagan			☐ Support ☒ Oppose		Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: NC
Calendar Year-To-Date Per Election for Office Sought			1095959.94 Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
Full Name of Payee Amelia Cox			Date of Public Distribution/Dissemination 10 / 31 / 2014		
Mailing Address 1519 Walshtown Rd			Amount 43.30		
City Boomer		State NC	Zip Code 28606		Transaction ID : 7ca71b7c-d739-4134-9
Purpose of Expenditure Salary		Category/ Type 001		Date of Disbursement or Obligation 10 / 31 / 2014	
Name of Federal Candidate Ms. Kay Hagan			☐ Support ☒ Oppose		Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: NC
Calendar Year-To-Date Per Election for Office Sought			1095959.94 Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			58.60		
(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.					
Signature Ms. Emily Buchanan			[Electronically Filed]		Date 05 / 18 / 2015

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 2232 OF 3250
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M / D D / Y Y Y Y					
Full Name of Payee Jacob T Craig			Date of Public Distribution/Dissemination 10 / 31 / 2014		
Mailing Address 1410 Bushville Dr			Amount 80.00		
City Lenoir	State NC	Zip Code 28645	Transaction ID : f04d9895-b8de-4acc-8		
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation 10 / 31 / 2014		
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: NC		
Calendar Year-To-Date Per Election for Office Sought		1095959.94	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
Full Name of Payee Jacob T Craig			Date of Public Distribution/Dissemination 10 / 31 / 2014		
Mailing Address 1410 Bushville Dr			Amount 16.95		
City Lenoir	State NC	Zip Code 28645	Transaction ID : b5204fc6-46f6-4c3a-9		
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement or Obligation 10 / 31 / 2014		
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: NC		
Calendar Year-To-Date Per Election for Office Sought		1095959.94	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			96.95		
(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.					
Signature Ms. Emily Buchanan		[Electronically Filed]		Date 05 / 18 / 2015	

Full Name of Payee Lee R Carter			Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 31 / 2014	
Mailing Address 3110 Brentwood Rd			Amount 7.20	
City Raleigh	State NC	Zip Code 27604	Transaction ID : be635036-e48a-487b-9 Date of Disbursement or Obligation MM / DD / YYYY 10 / 31 / 2014	
Purpose of Expenditure Mileage		Category/ Type 002		
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: NC	
Calendar Year-To-Date Per Election for Office Sought		1095959.94	Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	27.20
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

05 / 18 / 2015

FEC Schedule E (Form 3X) Rev. 09/2013

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

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 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC	FEC IDENTIFICATION NUMBER ▼ C C00530766
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M M / D D D / Y Y Y Y Y Y	

Full Name of Payee Ms. Tonya Boyd		Date of Public Distribution/Dissemination 10 / 31 / 2014	
Mailing Address 2357 Fancy Cap Rd		Amount 45.00	
City Mt. Airy	State NC	Zip Code 27030	Transaction ID : d10ae236-dee0-4306-9 Date of Disbursement or Obligation 10 / 31 / 2014
Purpose of Expenditure Salary		Category/ Type	001
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>NC</u>
Calendar Year-To-Date Per Election for Office Sought		1095959.94	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶

Full Name of Payee Ms. Tonya Boyd		Date of Public Distribution/Dissemination 10 / 31 / 2014	
Mailing Address 2357 Fancy Cap Rd		Amount 12.24	
City Mt. Airy	State NC	Zip Code 27030	Transaction ID : 0287c972-263b-4904-a Date of Disbursement or Obligation 10 / 31 / 2014
Purpose of Expenditure Mileage		Category/ Type	002
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>NC</u>
Calendar Year-To-Date Per Election for Office Sought		1095959.94	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	57.24
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	0.00
(c) TOTAL Independent Expenditures..... ▶	57.24

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

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

 05 / 18 / 2015

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 2235 OF 3250
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M / D D / Y Y Y Y Y Y					
Full Name of Payee Hannah J Landry			Date of Public Distribution/Dissemination 10 / 31 / 2014		
Mailing Address 1110 N Coolidge			Amount 25.00		
City Gonzales	State LA	Zip Code 70737	Transaction ID : 9e0f09e7-e71a-450f-a Date of Disbursement or Obligation 10 / 31 / 2014		
Purpose of Expenditure Salary		Category/ Type 001			
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: LA		
Calendar Year-To-Date Per Election for Office Sought		554635.78	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
Full Name of Payee Hannah J Landry			Date of Public Distribution/Dissemination 10 / 31 / 2014		
Mailing Address 1110 N Coolidge			Amount 7.50		
City Gonzales	State LA	Zip Code 70737	Transaction ID : 74ba76c8-7244-46ce-a Date of Disbursement or Obligation 10 / 31 / 2014		
Purpose of Expenditure Mileage		Category/ Type 002			
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: LA		
Calendar Year-To-Date Per Election for Office Sought		554635.78	Disbursement For: ☐ Primary ☒ 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.					
Signature Ms. Emily Buchanan		[Electronically Filed]		Date 05 / 18 / 2015	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 2236 OF 3250
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M / D D / Y Y Y Y				
Full Name of Payee Mary C Lee			Date of Public Distribution/Dissemination 10 / 31 / 2014	
Mailing Address 1030 N Coolidge Ave			Amount 25.00	
City Gonzales	State LA	Zip Code 70737	Transaction ID : 87db935a-85b9-49b2-9	
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation 10 / 31 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: LA	
Calendar Year-To-Date Per Election for Office Sought		554635.78	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Mary C Lee			Date of Public Distribution/Dissemination 10 / 31 / 2014	
Mailing Address 1030 N Coolidge Ave			Amount 7.50	
City Gonzales	State LA	Zip Code 70737	Transaction ID : 1e15d2ea-ff4a-4b59-b	
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement or Obligation 10 / 31 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: LA	
Calendar Year-To-Date Per Election for Office Sought		554635.78	Disbursement For: ☐ Primary ☒ 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.				
Signature Ms. Emily Buchanan		[Electronically Filed]		Date 05 / 18 / 2015

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 2237 OF 3250
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M / D D / Y Y Y Y Y Y				
Full Name of Payee Edmond D Rea			Date of Public Distribution/Dissemination 10 / 31 / 2014	
Mailing Address 416 Vine Dr			Amount 65.00	
City Lawrence	State KS	Zip Code 66049	Transaction ID : 2ad63910-da96-4beb-b Date of Disbursement or Obligation 10 / 31 / 2014	
Purpose of Expenditure Salary		Category/ Type 001		
Name of Federal Candidate Mr. Greg Orman		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: KS	
Calendar Year-To-Date Per Election for Office Sought		261541.03	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Edmond D Rea			Date of Public Distribution/Dissemination 10 / 31 / 2014	
Mailing Address 416 Vine Dr			Amount 11.70	
City Lawrence	State KS	Zip Code 66049	Transaction ID : f4eb4ebd-0e99-41ff-b Date of Disbursement or Obligation 10 / 31 / 2014	
Purpose of Expenditure Mileage		Category/ Type 002		
Name of Federal Candidate Mr. Greg Orman		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: KS	
Calendar Year-To-Date Per Election for Office Sought		261541.03	Disbursement For: ☐ Primary ☒ 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.				
Signature Ms. Emily Buchanan		[Electronically Filed]		Date 05 / 18 / 2015

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 2238 OF 3250
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC		FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on		MM / DD / YYYY	
Full Name of Payee Bethlehem R Romm		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 31 / 2014	
Mailing Address 2609 Bluestrem Dr		Amount 20.00	
City Lawrence	State KS	Zip Code 66047	Transaction ID : 4b15c17d-ff28-475a-b
Purpose of Expenditure Salary		Category/Type 001	Date of Disbursement or Obligation MM / DD / YYYY 10 / 31 / 2014
Name of Federal Candidate Mr. Greg Orman		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: KS
Calendar Year-To-Date Per Election for Office Sought 261541.03		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Bethlehem R Romm		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 31 / 2014	
Mailing Address 2609 Bluestrem Dr		Amount 6.30	
City Lawrence	State KS	Zip Code 66047	Transaction ID : 37706bca-e578-4453-b
Purpose of Expenditure Mileage		Category/Type 002	Date of Disbursement or Obligation MM / DD / YYYY 10 / 31 / 2014
Name of Federal Candidate Mr. Greg Orman		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: KS
Calendar Year-To-Date Per Election for Office Sought 261541.03		Disbursement For: ☐ Primary ☒ 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.			
Signature Ms. Emily Buchanan		Date MM / DD / YYYY 05 / 18 / 2015	
		[Electronically Filed]	

Full Name of Payee Jeffrey S Hauge		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 31 / 2014	
Mailing Address 211 N Ashley Park		Amount 9.90	
City Wichita	State KS	Zip Code 67212	Transaction ID : b209173c-da4b-4e9b-a Date of Disbursement or Obligation MM / DD / YYYY 10 / 31 / 2014
Purpose of Expenditure Mileage	Category/ Type 002		
Name of Federal Candidate Mr. Greg Orman	☐ Support ☒ Oppose	Office Sought: ☐ President ☒ Senate ☐ Other (specify) ▶	District: 00 State: KS ☐ House ☒ Senate ☒ General
Calendar Year-To-Date Per Election for Office Sought	261541.03		

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	52.40
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

05 / 18 / 2015

FEC Schedule E (Form 3X) Rev. 09/2013

Full Name of Payee Andrea L Hammond		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 31 / 2014	
Mailing Address 12920 Kneeland Ln		Amount 44.70	
City Neosho	State MO	Zip Code 64850	Transaction ID : ec717a04-fecf-4744-8 Date of Disbursement or Obligation MM / DD / YYYY 10 / 31 / 2014
Purpose of Expenditure Mileage	Category/ Type	002	
Name of Federal Candidate Mr. Mark L Pryor	☐ Support ☒ Oppose	Office Sought: ☐ President ☒ Senate	District: 00 State: AR
Calendar Year-To-Date Per Election for Office Sought	292370.62		Disbursement For: 2014 ☐ Primary ☒ General ☐ Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	124.70
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

FEC Schedule E (Form 3X) Rev. 09/2013

Full Name of Payee Paulette M Carrieri		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 31 / 2014	
Mailing Address 4805 TuPenny Lane		Amount 2.40	
City Raleigh	State NC	Zip Code 27606	Transaction ID : 6170cb9f-36ad-4188-a Date of Disbursement or Obligation MM / DD / YYYY 10 / 31 / 2014
Purpose of Expenditure Mileage	Category/ Type	002	
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: NC
Calendar Year-To-Date Per Election for Office Sought		1095959.94	Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ▶

(a) **SUBTOTAL** of Itemized Independent Expenditures..... ➤  17.40

(b) **SUBTOTAL** of Unitemized Independent Expenditures ➤ 

(c) **TOTAL** Independent Expenditures..... ➤ 

MM / DD / YYYY

05 / 18 / 2015

FEC Schedule E (Form 3X) Rev. 09/2013

Full Name of Payee Elvis Spears		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 31 / 2014	
Mailing Address 2150 Hope St		Amount 2.40	
City New Orleans	State LA	Zip Code 70119	Transaction ID : 328a9437-cd95-4483-8 Date of Disbursement or Obligation MM / DD / YYYY 10 / 31 / 2014
Purpose of Expenditure Mileage	Category/ Type 002		
Name of Federal Candidate Ms. Mary L Landrieu	☐ Support ☒ Oppose	Office Sought: ☐ President ☒ Senate ☐ Other (specify) ▶	District: 00 State: LA ☐ Primary ☒ General
Calendar Year-To-Date Per Election for Office Sought	554635.78		

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	42.40
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

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FEC Schedule E (Form 3X) Rev. 09/2013

Full Name of Payee Philip Elkins			Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 31 / 2014		
Mailing Address 227 Lincoln Dr			Amount 11.58		
City Bossier City	State LA	Zip Code 71111	Transaction ID : 84ebda7c-3a38-42af-8 Date of Disbursement or Obligation MM / DD / YYYY 10 / 31 / 2014		
Purpose of Expenditure Mileage		Category/ Type 002			
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House ☒ Senate ☐ President ☒ Senate		
Calendar Year-To-Date Per Election for Office Sought 554635.78		Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ►			

(a) SUBTOTAL of Itemized Independent Expenditures.....	71.58
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures.....	

Signature

Full Name of Payee Ralph Smith		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 31 / 2014	
Mailing Address 2090 Fancy Gap Rd		Amount 12.24	
City Mt. Airy	State NC	Zip Code 27030	Transaction ID : 6ef85f06-3369-4676-a Date of Disbursement or Obligation MM / DD / YYYY 10 / 31 / 2014
Purpose of Expenditure Mileage		Category/ Type 002	
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: NC
Calendar Year-To-Date Per Election for Office Sought		1095959.94	Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	57.24
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

05 / 18 / 2015

FEC Schedule E (Form 3X) Rev. 09/2013

Full Name of Payee Sommer E Cox		Date of Public Distribution/Dissemination M M / D D / Y Y Y Y 10 / 31 / 2014	
Mailing Address 1519 Walshtown Rd		Amount 8.10	
City Boomer	State NC	Zip Code 28606	Transaction ID : 077cc580-6425-4657-8 Date of Disbursement or Obligation M M / D D / Y Y Y Y 10 / 31 / 2014
Purpose of Expenditure Mileage	Category/ Type	002	
Name of Federal Candidate Ms. Kay Hagan	☐ Support ☒ Oppose	Office Sought: ☐ President ☒ Senate	District: <u>00</u> State: <u>NC</u>
Calendar Year-To-Date Per Election for Office Sought	1095959.94		Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ►

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶		58.40
(b) SUBTOTAL of Unitemized Independent Expenditures	▶		
(c) TOTAL Independent Expenditures.....	▶		

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 2246 OF 3250
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC		FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on		M M M / D D D / Y Y Y Y Y Y	
Full Name of Payee Christopher L Gilbert		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 10 / 31 / 2014	
Mailing Address 55 Lovell Johnson Rd		Amount 45.00	
City Picayune	State MS	Zip Code 39466	Transaction ID : d8a00c8b-af7f-445c-9
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 10 / 31 / 2014
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: LA
Calendar Year-To-Date Per Election for Office Sought 554635.78		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Christopher L Gilbert		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 10 / 31 / 2014	
Mailing Address 55 Lovell Johnson Rd		Amount 44.10	
City Picayune	State MS	Zip Code 39466	Transaction ID : 0f9a4098-2bfd-41c4-8
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 10 / 31 / 2014
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: LA
Calendar Year-To-Date Per Election for Office Sought 554635.78		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶		89.10	
(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]	
Signature		Date M M M / D D D / Y Y Y Y Y Y 05 / 18 / 2015	

Full Name of Payee Patricia F Arnold		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 31 / 2014	
Mailing Address 1117 Clipper Dr		Amount 3.90	
City Slidell	State LA	Zip Code 70458	Transaction ID : c42cd808-8151-4abf-9 Date of Disbursement or Obligation MM / DD / YYYY 10 / 31 / 2014
Purpose of Expenditure Mileage		Category/ Type 002	
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: LA
Calendar Year-To-Date Per Election for Office Sought 554635.78		Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ►	

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	26.90
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

05 / 18 / 2015

FEC Schedule E (Form 3X) Rev. 09/2013

Full Name of Payee Marsha Barnell		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 31 / 2014	
Mailing Address 3847 SW Atwood Terrace		Amount 20.00	
City Topeka	State KS	Zip Code 66610	Transaction ID : 38172443-2052-42ee-b
Purpose of Expenditure Salary	Category/ Type	001	Date of Disbursement or Obligation MM / DD / YYYY 10 / 31 / 2014
Name of Federal Candidate Mr. Greg Orman	☐ Support ☒ Oppose	Office Sought: ☐ President ☒ Senate	District: 00 State: KS
Calendar Year-To-Date Per Election for Office Sought	261541.03	Disbursement For: ☐ Primary ☒ General	☐ 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.

Date _____

Signature

Full Name of Payee Antoinette Franklin		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 31 / 2014	
Mailing Address 8822 Apple St		Amount 80.00	
City New Orleans	State LA	Zip Code 70188	Transaction ID : 129f398a-37a1-4cbf-a
Purpose of Expenditure Salary	Category/ Type	001	Date of Disbursement or Obligation MM / DD / YYYY 10 / 31 / 2014
Name of Federal Candidate Ms. Mary L Landrieu	☐ Support ☒ Oppose	Office Sought: ☐ President ☒ Senate	District: 00 State: LA
Calendar Year-To-Date Per Election for Office Sought	554635.78	Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	95.00
(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.

Date _____

Signature

Full Name of Payee Tammy Williams		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 31 / 2014	
Mailing Address 924 N. Prieur St		Amount 80.00	
City New Orleans	State LA	Zip Code 70116	Transaction ID : 4583f6b9-0037-4744-8
Purpose of Expenditure Salary	Category/ Type	001	Date of Disbursement or Obligation MM / DD / YYYY 10 / 31 / 2014
Name of Federal Candidate Ms. Mary L Landrieu	☐ Support ☒ Oppose	Office Sought: ☐ President ☒ Senate	District: 00 State: LA
Calendar Year-To-Date Per Election for Office Sought	554635.78	Disbursement For: 2014 ☐ Other (specify) ▶	☐ Primary ☒ General

(a) SUBTOTAL of Itemized Independent Expenditures.....	➤	99.50
(b) SUBTOTAL of Unitemized Independent Expenditures	➤	
(c) TOTAL Independent Expenditures.....	➤	

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 2252 OF 3250
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC		FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on		M M M / D D D / Y Y Y Y Y Y	
Full Name of Payee Tammy Williams		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 10 / 31 / 2014	
Mailing Address 924 N. Prieur St		Amount 19.50	
City New Orleans	State LA	Zip Code 70116	Transaction ID : cc80ae80-f7ee-40f0-8
Purpose of Expenditure Mileage	Category/ Type 002	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 10 / 31 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	
Office Sought: ☐ President ☒ Senate		District: 00 State: LA	
Calendar Year-To-Date Per Election for Office Sought 554635.78		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Eva M Johnston		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 10 / 31 / 2014	
Mailing Address 2517 N 47th St		Amount 55.00	
City Milwaukee	State WI	Zip Code 53210	Transaction ID : 98ce448f-f97e-492b-8
Purpose of Expenditure Salary	Category/ Type 001	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 10 / 31 / 2014	
Name of Federal Candidate Mr. Greg Orman		☐ Support ☒ Oppose	
Office Sought: ☐ President ☒ Senate		District: 00 State: KS	
Calendar Year-To-Date Per Election for Office Sought 261541.03		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶		74.50	
(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.			
Signature Ms. Emily Buchanan		Date M M M / D D D / Y Y Y Y Y Y 05 / 18 / 2015	
		[Electronically Filed]	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 2253 OF 3250
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC		FEC IDENTIFICATION NUMBER ▼ C C00530766
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on		MM / DD / YYYY

Full Name of Payee Hope Benner		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 31 / 2014	
Mailing Address 2073 A Clover Ave		Amount 60.00	
City Springdale	State AR	Zip Code 72764	Transaction ID : a818f720-6594-49c2-b
Purpose of Expenditure Salary	Category/Type 001	Date of Disbursement or Obligation MM / DD / YYYY 10 / 31 / 2014	
Name of Federal Candidate Mr. Mark L Pryor		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: AR
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	

Full Name of Payee Hope Benner		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 31 / 2014	
Mailing Address 2073 A Clover Ave		Amount 12.00	
City Springdale	State AR	Zip Code 72764	Transaction ID : b321fc29-2462-431b-9
Purpose of Expenditure Mileage	Category/Type 002	Date of Disbursement or Obligation MM / DD / YYYY 10 / 31 / 2014	
Name of Federal Candidate Mr. Mark L Pryor		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: AR
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	72.00
(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

MM / DD / YYYY
05 / 18 / 2015

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 2254 OF 3250
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC		FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on		M M M / D D D / Y Y Y Y Y Y	
Full Name of Payee Monique Guillory		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 10 / 31 / 2014	
Mailing Address 409 LaSalle Drive		Amount 60.00	
City Little Rock	State AR	Zip Code 72211	Transaction ID : 625a682e-9d89-4d91-a
Purpose of Expenditure Salary		Category/Type 001	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 10 / 31 / 2014
Name of Federal Candidate Mr. Mark L Pryor		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: AR
Calendar Year-To-Date Per Election for Office Sought 292370.62		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Monique Guillory		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 10 / 31 / 2014	
Mailing Address 409 LaSalle Drive		Amount 45.00	
City Little Rock	State AR	Zip Code 72211	Transaction ID : 55e9c53a-707f-46da-b
Purpose of Expenditure Mileage		Category/Type 002	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 10 / 31 / 2014
Name of Federal Candidate Mr. Mark L Pryor		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: AR
Calendar Year-To-Date Per Election for Office Sought 292370.62		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶		105.00	
(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.			
Signature Ms. Emily Buchanan		Date M M M / D D D / Y Y Y Y Y Y 05 / 18 / 2015	
		[Electronically Filed]	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 2255 OF 3250
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on MM / DD / YYYY				
Full Name of Payee Diane Smith			Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 31 / 2014	
Mailing Address 4006 Wolkswalk Place			Amount 20.00	
City Raleigh	State NC	Zip Code 27610	Transaction ID : 697843f5-4b92-4015-9	
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation MM / DD / YYYY 10 / 31 / 2014	
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: NC	
Calendar Year-To-Date Per Election for Office Sought		1095959.94	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Diane Smith			Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 31 / 2014	
Mailing Address 4006 Wolkswalk Place			Amount 6.30	
City Raleigh	State NC	Zip Code 27610	Transaction ID : 3d881d9e-edff-4073-9	
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement or Obligation MM / DD / YYYY 10 / 31 / 2014	
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: NC	
Calendar Year-To-Date Per Election for Office Sought		1095959.94	Disbursement For: ☐ Primary ☒ 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 MM / DD / YYYY 05 / 18 / 2015	
Signature				

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 2256 OF 3250
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M M / D D D / Y Y Y Y Y Y				
Full Name of Payee Sasha L McClure			Date of Public Distribution/Dissemination 10 / 31 / 2014	
Mailing Address 2914 Anderson Rd			Amount 98.50	
City Burlington	State NC	Zip Code 27217	Transaction ID : 7ee19cae-f0f9-45f7-a Date of Disbursement or Obligation 10 / 31 / 2014	
Purpose of Expenditure Salary		Category/ Type 001		
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>NC</u>	
Calendar Year-To-Date Per Election for Office Sought		1095959.94	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶ _____	
Full Name of Payee Eugenio R McClure			Date of Public Distribution/Dissemination 10 / 31 / 2014	
Mailing Address 2914 Anderson Rd			Amount 98.50	
City Burlington	State NC	Zip Code 27217	Transaction ID : 066e8a69-eb28-4d76-a Date of Disbursement or Obligation 10 / 31 / 2014	
Purpose of Expenditure Salary		Category/ Type 001		
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>NC</u>	
Calendar Year-To-Date Per Election for Office Sought		1095959.94	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶ _____	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			197.00	
(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.				
Signature Ms. Emily Buchanan		[Electronically Filed]		Date 05 / 18 / 2015

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 2257 OF 3250
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M / D D / Y Y Y Y Y Y					
Full Name of Payee Eugenio R McClure			Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 10 / 31 / 2014		
Mailing Address 2914 Anderson Rd			Amount 14.10		
City Burlington		State NC	Zip Code 27217		Transaction ID : d2165267-1fd0-4738-9
Purpose of Expenditure Mileage		Category/ Type 002		Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 10 / 31 / 2014	
Name of Federal Candidate Ms. Kay Hagan			☐ Support ☒ Oppose		Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: NC
Calendar Year-To-Date Per Election for Office Sought			1095959.94		
Disbursement For: ☐ Primary ☒ General 2014			☐ Other (specify) ▶		
Full Name of Payee Claire A Smith			Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 10 / 31 / 2014		
Mailing Address 6610 Walcott Rd			Amount 20.00		
City Paragoud		State AR	Zip Code 72450		Transaction ID : 1e0a68c4-a14e-4f3f-b
Purpose of Expenditure Salary		Category/ Type 001		Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 10 / 31 / 2014	
Name of Federal Candidate Mr. Mark L Pryor			☐ Support ☒ Oppose		Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: AR
Calendar Year-To-Date Per Election for Office Sought			292370.62		
Disbursement For: ☐ Primary ☒ General 2014			☐ Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			34.10		
(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.					
Signature Ms. Emily Buchanan			[Electronically Filed]		Date M M / D D / Y Y Y Y Y Y 05 / 18 / 2015

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 2258 OF 3250
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on / /					
Full Name of Payee Claire A Smith			Date of Public Distribution/Dissemination / / 10 / 31 / 2014		
Mailing Address 6610 Walcott Rd			Amount 3.60		
City Paragoud		State AR	Zip Code 72450		Transaction ID : afe08b39-7c1d-496c-b
Purpose of Expenditure Mileage		Category/ Type 002		Date of Disbursement or Obligation / / 10 / 31 / 2014	
Name of Federal Candidate Mr. Mark L Pryor			☐ Support ☒ Oppose		Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: AR
Calendar Year-To-Date Per Election for Office Sought 292370.62			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶ _____		
Full Name of Payee Anthony Pearson			Date of Public Distribution/Dissemination / / 10 / 31 / 2014		
Mailing Address 112 apache Dr			Amount 20.00		
City Search		State AR	Zip Code 72149		Transaction ID : 4f61c08a-25a4-4c04-b
Purpose of Expenditure Salary		Category/ Type 001		Date of Disbursement or Obligation / / 10 / 31 / 2014	
Name of Federal Candidate Mr. Mark L Pryor			☐ Support ☒ Oppose		Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: AR
Calendar Year-To-Date Per Election for Office Sought 292370.62			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶ _____		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			 23.60		
(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.					
Signature Ms. Emily Buchanan			[Electronically Filed]		Date / / 05 / 18 / 2015

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 2259 OF 3250
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC		FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on		M M M / D D D / Y Y Y Y Y Y	
Full Name of Payee Anthony Pearson		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 10 / 31 / 2014	
Mailing Address 112 apache Dr		Amount 3.60	
City Search	State AR	Zip Code 72149	Transaction ID : 7b5f7b5c-d12f-45f0-9
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 10 / 31 / 2014
Name of Federal Candidate Mr. Mark L Pryor		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: AR
Calendar Year-To-Date Per Election for Office Sought 292370.62		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Talia J DeGisi		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 10 / 31 / 2014	
Mailing Address 9513 Beverly Dr		Amount 27.50	
City Overland Park	State KS	Zip Code 66207	Transaction ID : db6e033a-15d6-44c5-b
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 10 / 31 / 2014
Name of Federal Candidate Mr. Greg Orman		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: KS
Calendar Year-To-Date Per Election for Office Sought 261541.03		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶		31.10	
(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.			
Signature Ms. Emily Buchanan		Date M M M / D D D / Y Y Y Y Y Y 05 / 18 / 2015	
		[Electronically Filed]	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

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 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M / D D / Y Y Y Y					
Full Name of Payee Talia J DeGisi			Date of Public Distribution/Dissemination 10 / 31 / 2014		
Mailing Address 9513 Beverly Dr			Amount 4.50		
City Overland Park		State KS	Zip Code 66207		Transaction ID : eefa9759-350c-4624-8
Purpose of Expenditure Mileage		Category/ Type 002		Date of Disbursement or Obligation 10 / 31 / 2014	
Name of Federal Candidate Mr. Greg Orman			☐ Support ☒ Oppose Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>KS</u>		
Calendar Year-To-Date Per Election for Office Sought 261541.03			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶ _____		
Full Name of Payee Carol L Walters			Date of Public Distribution/Dissemination 10 / 31 / 2014		
Mailing Address 1900 Glen West Way			Amount 85.00		
City Fort Smith		State AR	Zip Code 72916		Transaction ID : 02d9a91a-1050-4439-b
Purpose of Expenditure Salary		Category/ Type 001		Date of Disbursement or Obligation 10 / 31 / 2014	
Name of Federal Candidate Mr. Mark L Pryor			☐ Support ☒ Oppose Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>AR</u>		
Calendar Year-To-Date Per Election for Office Sought 292370.62			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶ _____		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			89.50		
(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.					
Signature <u>Ms. Emily Buchanan</u> [Electronically Filed]			Date 05 / 18 / 2015		

Full Name of Payee Leona Martin			Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 31 / 2014		
Mailing Address 9901 Floyd St			Amount 35.00		
City	State	Zip Code	Transaction ID : fd850e0e-4b74-4b8c-a Date of Disbursement or Obligation MM / DD / YYYY 10 / 31 / 2014		
Overland Park	KS	66212			
Purpose of Expenditure Salary		Category/ Type	MM / DD / YYYY 10 / 31 / 2014		
Name of Federal Candidate		☐ Support ☒ Oppose	Office Sought: ☐ House ☒ Senate ☐ President ☒ Other (specify) _____		
Mr. Greg Orman			District: <u>00</u> State: <u>KS</u>		
Calendar Year-To-Date Per Election for Office Sought		261541.03	Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ► _____		

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	41.60
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 2262 OF 3250
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M M / D D D / Y Y Y Y Y Y					
Full Name of Payee Leona Martin			Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 10 / 31 / 2014		
Mailing Address 9901 Floyd St			Amount 5.40		
City Overland Park		State KS	Zip Code 66212		Transaction ID : 580a3ad8-5b04-437d-a
Purpose of Expenditure Mileage		Category/ Type 002		Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 10 / 31 / 2014	
Name of Federal Candidate Mr. Greg Orman			☐ Support ☒ Oppose		Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: KS
Calendar Year-To-Date Per Election for Office Sought 261541.03			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
Full Name of Payee Robert B Johnson			Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 10 / 31 / 2014		
Mailing Address 804 Worthington Way			Amount 50.00		
City Wilmington		State NC	Zip Code 28411		Transaction ID : 6bd65677-aeda-4626-9
Purpose of Expenditure Salary		Category/ Type 001		Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 10 / 31 / 2014	
Name of Federal Candidate Ms. Kay Hagan			☐ Support ☒ Oppose		Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: NC
Calendar Year-To-Date Per Election for Office Sought 1095959.94			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			55.40		
(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.					
Signature Ms. Emily Buchanan			[Electronically Filed]		Date M M M / D D D / Y Y Y Y Y Y 05 / 18 / 2015

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 2263 OF 3250
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC		FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on		M M M / D D D / Y Y Y Y Y Y	
Full Name of Payee Timothy Foley		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 10 / 31 / 2014	
Mailing Address 20679 Glenbrook Terrace		Amount 40.00	
City Sterling	State VA	Zip Code 20165	Transaction ID : cdf2c9d3-bcc4-4a35-a
Purpose of Expenditure Salary		Category/Type 001	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 10 / 31 / 2014
Name of Federal Candidate Mr. Greg Orman		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: KS
Calendar Year-To-Date Per Election for Office Sought 261541.03		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Julia Perry		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 10 / 31 / 2014	
Mailing Address 2046 Perrin St Apt C		Amount 80.00	
City Shreveport	State LA	Zip Code 71101	Transaction ID : 7e7fdc25-c104-4c89-9
Purpose of Expenditure Salary		Category/Type 001	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 10 / 31 / 2014
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: LA
Calendar Year-To-Date Per Election for Office Sought 554635.78		Disbursement For: ☐ Primary ☒ 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.			
Signature Ms. Emily Buchanan		[Electronically Filed] Date M M M / D D D / Y Y Y Y Y Y 05 / 18 / 2015	

Full Name of Payee Daniel M Qauckenbush		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 31 / 2014	
Mailing Address 12062 NC 902 Hwy		Amount 22.80	
City Bear Creek	State NC	Zip Code 27207	Transaction ID : 33e07045-9a17-4870-8 Date of Disbursement or Obligation MM / DD / YYYY 10 / 31 / 2014
Purpose of Expenditure Mileage	Category/ Type	002	
Name of Federal Candidate Ms. Kay Hagan	☐ Support ☒ Oppose	Office Sought: ☐ President ☒ Senate	District: 00 State: NC
Calendar Year-To-Date Per Election for Office Sought	1095959.94	Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	85.30
(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.

Date _____

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 2265 OF 3250
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on MM / DD / YYYY				
Full Name of Payee Tabitha J Barnett			Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 31 / 2014	
Mailing Address 1001 N Prospect			Amount 40.00	
City Liberal	State KS	Zip Code 67901	Transaction ID : 76b73467-20cb-4f33-8 Date of Disbursement or Obligation MM / DD / YYYY 10 / 31 / 2014	
Purpose of Expenditure Salary		Category/ Type 001		
Name of Federal Candidate Mr. Greg Orman		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>KS</u>	
Calendar Year-To-Date Per Election for Office Sought		261541.03	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶ _____	
Full Name of Payee Tabitha J Barnett			Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 31 / 2014	
Mailing Address 1001 N Prospect			Amount 4.86	
City Liberal	State KS	Zip Code 67901	Transaction ID : c6a44e1b-e59e-4865-b Date of Disbursement or Obligation MM / DD / YYYY 10 / 31 / 2014	
Purpose of Expenditure Mileage		Category/ Type 002		
Name of Federal Candidate Mr. Greg Orman		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>KS</u>	
Calendar Year-To-Date Per Election for Office Sought		261541.03	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶ _____	
(a) SUBTOTAL of Itemized Independent Expenditures.....▶			44.86	
(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.				
Signature Ms. Emily Buchanan		[Electronically Filed]		Date MM / DD / YYYY 05 / 18 / 2015

Full Name of Payee Pound Feinstein & Associates		Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y 10 / 22 / 2014	
Mailing Address 5614 Connecticut Ave NW Ste 270		Amount 255.25	
City Washington	State DC	Zip Code 20015	Transaction ID : 7fd9948d-4b51-49ea-a Date of Disbursement or Obligation M M / D D / Y Y Y Y Y 10 / 30 / 2014
Purpose of Expenditure Mailer		Category/ Type 004	
Name of Federal Candidate Marilinda Garcia		☒ Support ☐ Oppose	Office Sought: ☒ House ☐ President ☐ Senate
District: <u>02</u> State: <u>NH</u>		Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ► _____	
Calendar Year-To-Date Per Election for Office Sought		1016.94	

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	290.25
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

05 / 18 / 2015

FEC Schedule E (Form 3X) Rev. 09/2013

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 2267 OF 3250
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M M / D D D / Y Y Y Y Y Y					
Full Name of Payee Pound Feinstein & Associates			Date of Public Distribution/Dissemination 10 / 22 / 2014		
Mailing Address 5614 Connecticut Ave NW Ste 270			Amount 765.75		
City Washington		State DC	Zip Code 20015		Transaction ID : b5417347-2498-4fd3-8
Purpose of Expenditure Mailer		Category/ Type 004		Date of Disbursement or Obligation 10 / 30 / 2014	
Name of Federal Candidate Ann Kuster			Office Sought: ☒ House District: <u>02</u> ☐ President ☐ Senate State: <u>NH</u>		
Calendar Year-To-Date Per Election for Office Sought 53317.37			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
Full Name of Payee OLynda Walker			Date of Public Distribution/Dissemination 10 / 31 / 2014		
Mailing Address 10000 Mount Pleasant Rd			Amount 35.00		
City Midland		State NC	Zip Code 28107		Transaction ID : 2a61eb27-7e52-4f7c-9
Purpose of Expenditure Salary		Category/ Type 001		Date of Disbursement or Obligation 10 / 31 / 2014	
Name of Federal Candidate Ms. Kay Hagan			Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>NC</u>		
Calendar Year-To-Date Per Election for Office Sought 1095959.94			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			800.75		
(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.					
Signature <i>Ms. Emily Buchanan</i>			Date 05 / 18 / 2015		
[Electronically Filed]					

Full Name of Payee Aleksandra B Padua		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 31 / 2014	
Mailing Address 110 Bridge gate Dr		Amount 55.00	
City Cary	State NC	Zip Code 27519	Transaction ID : 6b1a86f3-9321-43d0-b Date of Disbursement or Obligation MM / DD / YYYY 10 / 31 / 2014
Purpose of Expenditure Salary	Category/ Type	001	
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: NC
Calendar Year-To-Date Per Election for Office Sought		1095959.94	Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶ <table border="1" data-bbox="1114 1640 1359 1644"> <tr> <td data-bbox="1114 1640 1359 1644">69.10</td></tr> </table>	69.10
69.10		
(b) SUBTOTAL of Unitemized Independent Expenditures	▶ <table border="1" data-bbox="1114 1644 1359 1648"> <tr> <td data-bbox="1114 1644 1359 1648"></td></tr> </table>	
(c) TOTAL Independent Expenditures.....	▶ <table border="1" data-bbox="1114 1648 1359 1659"> <tr> <td data-bbox="1114 1648 1359 1659"></td></tr> </table>	

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.

Date _____

Signature

Full Name of Payee Avery Rodriguez		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 31 / 2014	
Mailing Address 11 Cooper Lane		Amount 9999999999 74.00	
City Conway	State AR	Zip Code 72034	Transaction ID : 57a3001c-a4d7-44da-b Date of Disbursement or Obligation MM / DD / YYYY 10 / 31 / 2014
Purpose of Expenditure Salary	Category/ Type	001	
Name of Federal Candidate Mr. Mark L Pryor	☐ Support ☒ Oppose	Office Sought: ☐ President ☒ Senate	District: 00 State: AR
Calendar Year-To-Date Per Election for Office Sought	9999999999 292370.62		Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	84.86
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

05 / 18 / 2015

FEC Schedule E (Form 3X) Rev. 09/2013

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 2270 OF 3250
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M M / D D D / Y Y Y Y Y Y					
Full Name of Payee Avery Rodriguez			Date of Public Distribution/Dissemination 10 / 31 / 2014		
Mailing Address 11 Cooper Lane			Amount 63.30		
City Conway		State AR	Zip Code 72034		Transaction ID : 408f8c3f-f09d-4ea8-b
Purpose of Expenditure Mileage		Category/ Type 002		Date of Disbursement or Obligation 10 / 31 / 2014	
Name of Federal Candidate Mr. Mark L Pryor			Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: AR		
Calendar Year-To-Date Per Election for Office Sought 292370.62			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
Full Name of Payee Edward N Walker			Date of Public Distribution/Dissemination 10 / 31 / 2014		
Mailing Address 3 Girard St			Amount 60.00		
City Ft Smith		State AR	Zip Code 72901		Transaction ID : 10b80b0f-ad4e-457e-b
Purpose of Expenditure Salary		Category/ Type 001		Date of Disbursement or Obligation 10 / 31 / 2014	
Name of Federal Candidate Mr. Mark L Pryor			Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: AR		
Calendar Year-To-Date Per Election for Office Sought 292370.62			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			123.30		
(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.					
Signature Ms. Emily Buchanan			Date 05 / 18 / 2015		
[Electronically Filed]					

Full Name of Payee Sue G Walker		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 31 / 2014	
Mailing Address 3 Girard		Amount 80.00	
City Fort Smith	State AR	Zip Code 72901	Transaction ID : 701c289a-ea36-45eb-b
Purpose of Expenditure Salary	Category/ Type	001	Date of Disbursement or Obligation MM / DD / YYYY 10 / 31 / 2014
Name of Federal Candidate Mr. Mark L Pryor	☐ Support ☒ Oppose	Office Sought: ☐ President ☒ Senate	District: 00 State: AR
Calendar Year-To-Date Per Election for Office Sought	292370.62	Disbursement For: 2014 ☐ Other (specify) ▶	☐ Primary ☒ General

(a) SUBTOTAL of Itemized Independent Expenditures.....	103.10
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures.....	

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 2272 OF 3250
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC		FEC IDENTIFICATION NUMBER ▼ C C00530766
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on		MM / DD / YYYY

Full Name of Payee Sue G Walker		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 31 / 2014	
Mailing Address 3 Girard		Amount 35.10	
City Fort Smith	State AR	Zip Code 72901	Transaction ID : 57288bcd-69e2-4118-b
Purpose of Expenditure Mileage		Category/Type 002	Date of Disbursement or Obligation MM / DD / YYYY 10 / 31 / 2014
Name of Federal Candidate Mr. Mark L Pryor		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: AR
Calendar Year-To-Date Per Election for Office Sought 292370.62		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	

Full Name of Payee Krista J Smith		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 31 / 2014	
Mailing Address 41176 Bertville Rd		Amount 15.00	
City Gonzales	State LA	Zip Code 70737	Transaction ID : a373effe-e4c2-4d1a-b
Purpose of Expenditure Salary		Category/Type 001	Date of Disbursement or Obligation MM / DD / YYYY 10 / 31 / 2014
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: LA
Calendar Year-To-Date Per Election for Office Sought 554635.78		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	50.10
(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]

Signature

Date

MM / DD / YYYY
05 / 18 / 2015

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 2273 OF 3250
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC		FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on		M M M / D D D / Y Y Y Y Y Y	
Full Name of Payee Krista J Smith		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 10 / 31 / 2014	
Mailing Address 41176 Bertville Rd		Amount 2.10	
City Gonzales	State LA	Zip Code 70737	Transaction ID : 09138f61-b6eb-480a-b
Purpose of Expenditure Mileage	Category/ Type 002	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 10 / 31 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	
Office Sought: ☐ President ☒ Senate		District: 00 State: LA	
Calendar Year-To-Date Per Election for Office Sought 554635.78		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Kyler A Jost		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 10 / 31 / 2014	
Mailing Address 1830 College Height Rd		Amount 20.00	
City Manhattan	State KS	Zip Code 66502	Transaction ID : 8425ca69-3fcb-4105-b
Purpose of Expenditure Salary	Category/ Type 001	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 10 / 31 / 2014	
Name of Federal Candidate Mr. Greg Orman		☐ Support ☒ Oppose	
Office Sought: ☐ President ☒ Senate		District: 00 State: KS	
Calendar Year-To-Date Per Election for Office Sought 261541.03		Disbursement For: ☐ Primary ☒ 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.			
Signature Ms. Emily Buchanan		Date M M M / D D D / Y Y Y Y Y Y 05 / 18 / 2015	
[Electronically Filed]			

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 2274 OF 3250
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC		FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on		M M M / D D D / Y Y Y Y Y Y	
Full Name of Payee Kyler A Jost		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 10 / 31 / 2014	
Mailing Address 1830 College Height Rd		Amount 1.20	
City Manhattan	State KS	Zip Code 66502	Transaction ID : 0b072820-e79a-4330-8
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 10 / 31 / 2014
Name of Federal Candidate Mr. Greg Orman		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: KS
Calendar Year-To-Date Per Election for Office Sought		261541.03	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶
Full Name of Payee Luke S Buren		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 10 / 31 / 2014	
Mailing Address 415 E Carroll		Amount 35.00	
City Macomb	State IL	Zip Code 61455	Transaction ID : 89c1522b-b19b-4665-b
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 10 / 31 / 2014
Name of Federal Candidate Mr. Mark L Pryor		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: AR
Calendar Year-To-Date Per Election for Office Sought		292370.62	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶		36.20	
(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.			
Signature Ms. Emily Buchanan		Date 05 / 18 / 2015	
		[Electronically Filed]	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 2275 OF 3250
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC		FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M / D D / Y Y Y Y			
Full Name of Payee Julie M Gentry		Date of Public Distribution/Dissemination 10 / 31 / 2014	
Mailing Address 314 S Main St		Amount 65.00	
City Roxboro	State NC	Zip Code 27573	Transaction ID : ec0c6e9f-bf0b-4e2f-b
Purpose of Expenditure Salary	Category/ Type	001	Date of Disbursement or Obligation 10 / 31 / 2014
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>NC</u>
Calendar Year-To-Date Per Election for Office Sought		1095959.94	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶
Full Name of Payee Julie M Gentry		Date of Public Distribution/Dissemination 10 / 31 / 2014	
Mailing Address 314 S Main St		Amount 6.78	
City Roxboro	State NC	Zip Code 27573	Transaction ID : 2e241c51-ff7a-48cb-b
Purpose of Expenditure Mileage	Category/ Type	002	Date of Disbursement or Obligation 10 / 31 / 2014
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>NC</u>
Calendar Year-To-Date Per Election for Office Sought		1095959.94	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures.....		71.78	
(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]	
Signature		Date 05 / 18 / 2015	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 2276 OF 3250
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC		FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on		M M M / D D D / Y Y Y Y Y Y	
Full Name of Payee Nathan D Stevens		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 10 / 31 / 2014	
Mailing Address 9653 Nations Dr		Amount 35.00	
City Springdale	State AR	Zip Code 72762	Transaction ID : b9fc0c88-0d64-4380-8
Purpose of Expenditure Salary	Category/Type 001	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 10 / 31 / 2014	
Name of Federal Candidate Mr. Mark L Pryor		Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: AR	
Calendar Year-To-Date Per Election for Office Sought 292370.62		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Nathan D Stevens		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 10 / 31 / 2014	
Mailing Address 9653 Nations Dr		Amount 27.90	
City Springdale	State AR	Zip Code 72762	Transaction ID : 0c8a5138-9385-4852-8
Purpose of Expenditure Mileage	Category/Type 002	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 10 / 31 / 2014	
Name of Federal Candidate Mr. Mark L Pryor		Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: AR	
Calendar Year-To-Date Per Election for Office Sought 292370.62		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶		62.90	
(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.			
Signature Ms. Emily Buchanan		Date M M M / D D D / Y Y Y Y Y Y 05 / 18 / 2015	
		[Electronically Filed]	

Full Name of Payee Brenda K Billington		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 31 / 2014	
Mailing Address 437 Roberson Creek Rd		Amount 30.00	
City Pittsboro	State NC	Zip Code 27312	Transaction ID : d59bd145-2d4c-47f8-b Date of Disbursement or Obligation MM / DD / YYYY 10 / 31 / 2014
Purpose of Expenditure Salary		Category/ Type 001	
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: NC
Calendar Year-To-Date Per Election for Office Sought 1095959.94		Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ►	

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	105.00
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

FEC Schedule E (Form 3X) Rev. 09/2013

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 2278 OF 3250
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC		FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on		M M M / D D D / Y Y Y Y Y Y	
Full Name of Payee Brenda K Billington		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 10 / 31 / 2014	
Mailing Address 437 Roberson Creek Rd		Amount 13.80	
City Pittsboro	State NC	Zip Code 27312	Transaction ID : 8bbbaee-3fe1-445e-b
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 10 / 31 / 2014
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: NC
Calendar Year-To-Date Per Election for Office Sought 1095959.94		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Caleb J Ellicott		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 10 / 31 / 2014	
Mailing Address 56893 S 695 rd		Amount 20.00	
City Colcord	State OK	Zip Code 74338	Transaction ID : 31cc79b1-ddb1-45c9-a
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 10 / 31 / 2014
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: NC
Calendar Year-To-Date Per Election for Office Sought 1095959.94		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶		33.80	
(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]	
Signature		Date M M M / D D D / Y Y Y Y Y Y 05 / 18 / 2015	

Full Name of Payee Karen Congema			Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 31 / 2014		
Mailing Address 813 Worthington Way			Amount 3.30		
City Wilmington	State NC	Zip Code 28411	Transaction ID : 9625ce17-a31f-47cf-8 Date of Disbursement or Obligation MM / DD / YYYY 10 / 31 / 2014		
Purpose of Expenditure Mileage		Category/ Type 002			
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House ☒ Senate ☐ President District: 00 State: NC		
Calendar Year-To-Date Per Election for Office Sought		1095959.94	Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ▶		

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	40.80
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

FEC Schedule E (Form 3X) Rev. 09/2013

Full Name of Payee Parker H Morrow			Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 31 / 2014		
Mailing Address 506 N Horton Street			Amount 57.30		
City	State	Zip Code	Transaction ID : af0b1960-1855-4ed7-9 Date of Disbursement or Obligation MM / DD / YYYY 10 / 31 / 2014		
Searcy	AR	72143			
Purpose of Expenditure Mileage		Category/ Type	002		
Name of Federal Candidate Mr. Mark L Pryor			☐ Support ☒ Oppose		
Calendar Year-To-Date Per Election for Office Sought			Office Sought: ☐ House ☒ Senate District: 00 State: AR Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ▶		
292370.62					

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	107.30
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 2281 OF 3250
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC		FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on / /			
Full Name of Payee Kevin L Battle		Date of Public Distribution/Dissemination / / 10 / 31 / 2014	
Mailing Address 3300 Asher Ave		Amount 60.00	
City Little Rock	State AR	Zip Code 72204	Transaction ID : 8eef43ab-92bf-426d-b Date of Disbursement or Obligation / / 10 / 31 / 2014
Purpose of Expenditure Salary		Category/ Type 001	
Name of Federal Candidate Mr. Mark L Pryor		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>AR</u>
Calendar Year-To-Date Per Election for Office Sought 292370.62		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶ _____	
Full Name of Payee Kevin L Battle		Date of Public Distribution/Dissemination / / 10 / 31 / 2014	
Mailing Address 3300 Asher Ave		Amount 93.00	
City Little Rock	State AR	Zip Code 72204	Transaction ID : f57c525d-5ac2-4e1f-8 Date of Disbursement or Obligation / / 10 / 31 / 2014
Purpose of Expenditure Mileage		Category/ Type 002	
Name of Federal Candidate Mr. Mark L Pryor		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>AR</u>
Calendar Year-To-Date Per Election for Office Sought 292370.62		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶ _____	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶		 153.00	
(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.			
Signature <i>Ms. Emily Buchanan</i>		Date / / 05 / 18 / 2015	
[Electronically Filed]			

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 2282 OF 3250
 FOR LINE 24 OF FORM 3X

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

Full Name of Payee Billy Martin		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 31 / 2014	
Mailing Address 250 JS Brewton rd		Amount 40.00	
City goldonna	State LA	Zip Code 71031	Transaction ID : 1302d3ab-4308-489d-a Date of Disbursement or Obligation MM / DD / YYYY 10 / 31 / 2014
Purpose of Expenditure Salary	Category/Type 001		
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: LA
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	

Full Name of Payee Billy Martin		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 31 / 2014	
Mailing Address 250 JS Brewton rd		Amount 3.60	
City goldonna	State LA	Zip Code 71031	Transaction ID : ad35f835-7673-45c4-a Date of Disbursement or Obligation MM / DD / YYYY 10 / 31 / 2014
Purpose of Expenditure Mileage	Category/Type 002		
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: LA
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	43.60
(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

MM / DD / YYYY
05 / 18 / 2015

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 2283 OF 3250
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M M / D D D / Y Y Y Y Y Y					
Full Name of Payee Andrea M Gatts			Date of Public Distribution/Dissemination 10 / 31 / 2014		
Mailing Address 6894 106th			Amount 90.00		
City Ozawkie		State KS	Zip Code 66070		Transaction ID : 7fa9391e-7301-4201-b Date of Disbursement or Obligation 10 / 31 / 2014
Purpose of Expenditure Salary		Category/ Type 001			
Name of Federal Candidate Mr. Greg Orman			☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>KS</u>	
Calendar Year-To-Date Per Election for Office Sought 261541.03			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
Full Name of Payee Felicia A Jones			Date of Public Distribution/Dissemination 10 / 31 / 2014		
Mailing Address 4106 Martha St			Amount 80.00		
City Shreveport		State LA	Zip Code 71109		Transaction ID : 90f4b017-6501-42ef-8 Date of Disbursement or Obligation 10 / 31 / 2014
Purpose of Expenditure Salary		Category/ Type 001			
Name of Federal Candidate Ms. Mary L Landrieu			☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>LA</u>	
Calendar Year-To-Date Per Election for Office Sought 554635.78			Disbursement For: ☐ Primary ☒ 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.					
Signature <i>Ms. Emily Buchanan</i>			Date 05 / 18 / 2015		
			[Electronically Filed]		

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 2284 OF 3250
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M / D D / Y Y Y Y					
Full Name of Payee Andrea M Gatts			Date of Public Distribution/Dissemination 10 / 31 / 2014		
Mailing Address 6894 106th			Amount 28.08		
City Ozawkie	State KS	Zip Code 66070	Transaction ID : b14751f5-ca51-4a4b-a		
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement or Obligation 10 / 31 / 2014		
Name of Federal Candidate Mr. Greg Orman		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>KS</u>		
Calendar Year-To-Date Per Election for Office Sought		261541.03	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
Full Name of Payee Felicia A Jones			Date of Public Distribution/Dissemination 10 / 31 / 2014		
Mailing Address 4106 Martha St			Amount 7.50		
City Shreveport	State LA	Zip Code 71109	Transaction ID : 880f3389-19c2-4a26-a		
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement or Obligation 10 / 31 / 2014		
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>LA</u>		
Calendar Year-To-Date Per Election for Office Sought		554635.78	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			35.58		
(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.					
Signature Ms. Emily Buchanan		[Electronically Filed]		Date 05 / 18 / 2015	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 2285 OF 3250
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on MM / DD / YYYY				
Full Name of Payee Chad Stieben			Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 31 / 2014	
Mailing Address 16864 Stillwell Rd			Amount 90.00	
City Bonner Springs	State KS	Zip Code 66012	Transaction ID : ab2c032d-eb81-4981-b	
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation MM / DD / YYYY 10 / 31 / 2014	
Name of Federal Candidate Mr. Greg Orman		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>KS</u>	
Calendar Year-To-Date Per Election for Office Sought		261541.03	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Chad Stieben			Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 31 / 2014	
Mailing Address 16864 Stillwell Rd			Amount 28.08	
City Bonner Springs	State KS	Zip Code 66012	Transaction ID : f4bbf93d-b1d0-4775-a	
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement or Obligation MM / DD / YYYY 10 / 31 / 2014	
Name of Federal Candidate Mr. Greg Orman		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>KS</u>	
Calendar Year-To-Date Per Election for Office Sought		261541.03	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			118.08	
(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.				
Signature Ms. Emily Buchanan		[Electronically Filed]		Date MM / DD / YYYY 05 / 18 / 2015

Full Name of Payee Joshua D Syrotchen		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 31 / 2014	
Mailing Address 915 East Market Ave		Amount 66.90	
City	State	Zip Code	Transaction ID : 1b44159b-ae73-42ae-8 Date of Disbursement or Obligation MM / DD / YYYY 10 / 31 / 2014
Searcy	AR	72149	
Purpose of Expenditure Mileage		Category/ Type	002
Name of Federal Candidate Mr. Mark L Pryor		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: AR
Calendar Year-To-Date Per Election for Office Sought		292370.62	
		Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....		136.90
(b) SUBTOTAL of Unitemized Independent Expenditures		
(c) TOTAL Independent Expenditures.....		

05 / 18 / 2015

FEC Schedule E (Form 3X) Rev. 09/2013

Full Name of Payee Mry S Everly		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 31 / 2014	
Mailing Address 787 N 1851 Diagonal Rd		Amount 10.50	
City Lecompton	State KS	Zip Code 66050	Transaction ID : 601a1e78-5415-4d09-9 Date of Disbursement or Obligation MM / DD / YYYY 10 / 31 / 2014
Purpose of Expenditure Mileage	Category/ Type 002		
Name of Federal Candidate Mr. Greg Orman	☐ Support ☒ Oppose	Office Sought: ☐ President ☒ Senate ☐ Other (specify) ▶	District: 00 State: KS ☐ Primary ☒ General
Calendar Year-To-Date Per Election for Office Sought	261541.03		

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	40.50
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

FEC Schedule E (Form 3X) Rev. 09/2013

Full Name of Payee Jennifer F Gilbert		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 31 / 2014	
Mailing Address 180 McNeil Steep Hollow Rd		Amount 44.40	
City Carriere	State MS	Zip Code 39426	Transaction ID : 4c970a25-6377-4220-8
Purpose of Expenditure Mileage	Category/ Type	002	Date of Disbursement or Obligation MM / DD / YYYY 10 / 31 / 2014
Name of Federal Candidate Ms. Mary L Landrieu	☐ Support ☒ Oppose	Office Sought: ☐ President ☒ Senate	District: 00 State: LA
Calendar Year-To-Date Per Election for Office Sought	554635.78	Disbursement For: 2014 ☐ Other (specify) ▶	☐ Primary ☒ General

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	116.90
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

Signature

Full Name of Payee Ashley n Thompson		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 31 / 2014	
Mailing Address 272 Westgate Ct Apt 6		Amount 40.00	
City Lexington	State NC	Zip Code 27295	Transaction ID : 9ad1a67b-5ef0-4811-8 Date of Disbursement or Obligation MM / DD / YYYY 10 / 31 / 2014
Purpose of Expenditure Salary	Category/ Type	001	
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House ☒ Senate ☐ President ☒ Senate
Calendar Year-To-Date Per Election for Office Sought 1095959.94		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	

Full Name of Payee Ashley n Thompson		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 31 / 2014	
Mailing Address 272 Westgate Ct Apt 6		Amount 9.00	
City Lexington	State NC	Zip Code 27295	Transaction ID : c4ab4f7c-7690-4cb1-9 Date of Disbursement or Obligation MM / DD / YYYY 10 / 31 / 2014
Purpose of Expenditure Mileage	Category/ Type	002	
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: NC
Calendar Year-To-Date Per Election for Office Sought		1095959.94	Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	
(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.

Date _____

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 2290 OF 3250
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M M / D D D / Y Y Y Y Y Y				
Full Name of Payee Randy G Lookabill			Date of Public Distribution/Dissemination 10 / 31 / 2014	
Mailing Address 200 Carawood Lane			Amount 80.00	
City Lexington	State NC	Zip Code 27295	Transaction ID : 22ea5019-baca-49a5-8	
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation 10 / 31 / 2014	
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>NC</u>	
Calendar Year-To-Date Per Election for Office Sought		1095959.94	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Randy G Lookabill			Date of Public Distribution/Dissemination 10 / 31 / 2014	
Mailing Address 200 Carawood Lane			Amount 25.50	
City Lexington	State NC	Zip Code 27295	Transaction ID : 9f499f9f-688e-4a50-8	
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement or Obligation 10 / 31 / 2014	
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>NC</u>	
Calendar Year-To-Date Per Election for Office Sought		1095959.94	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			105.50	
(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 05 / 18 / 2015	
Signature				

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 2291 OF 3250
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M / D D / Y Y Y Y Y Y					
Full Name of Payee Christopher Marquess			Date of Public Distribution/Dissemination 10 / 31 / 2014		
Mailing Address 110 W Pecan St			Amount 50.00		
City Ville Platte		State LA	Zip Code 70586		Transaction ID : 4b6ab176-169d-4858-8 Date of Disbursement or Obligation 10 / 31 / 2014
Purpose of Expenditure Salary		Category/ Type 001			
Name of Federal Candidate Ms. Mary L Landrieu			☐ Support ☒ Oppose		Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: LA
Calendar Year-To-Date Per Election for Office Sought 554635.78			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
Full Name of Payee Christopher Marquess			Date of Public Distribution/Dissemination 10 / 31 / 2014		
Mailing Address 110 W Pecan St			Amount 36.90		
City Ville Platte		State LA	Zip Code 70586		Transaction ID : 2fb892c4-29e9-497a-b Date of Disbursement or Obligation 10 / 31 / 2014
Purpose of Expenditure Mileage		Category/ Type 002			
Name of Federal Candidate Ms. Mary L Landrieu			☐ Support ☒ Oppose		Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: LA
Calendar Year-To-Date Per Election for Office Sought 554635.78			Disbursement For: ☐ Primary ☒ 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 05 / 18 / 2015
Signature					

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 2292 OF 3250
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC		FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on		MM / DD / YYYY	
Full Name of Payee James W Blevins		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 31 / 2014	
Mailing Address 108 East Clinton St PO Box 410		Amount 44.50	
City Salemberg	State NC	Zip Code 28385	Transaction ID : 8f9e3011-d474-4a0b-b
Purpose of Expenditure Salary	Category/ Type	001	Date of Disbursement or Obligation MM / DD / YYYY 10 / 31 / 2014
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: NC
Calendar Year-To-Date Per Election for Office Sought		1095959.94	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶
Full Name of Payee James W Blevins		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 31 / 2014	
Mailing Address 108 East Clinton St PO Box 410		Amount 11.88	
City Salemberg	State NC	Zip Code 28385	Transaction ID : e59d6551-9f3d-4717-a
Purpose of Expenditure Mileage	Category/ Type	002	Date of Disbursement or Obligation MM / DD / YYYY 10 / 31 / 2014
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: NC
Calendar Year-To-Date Per Election for Office Sought		1095959.94	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures.....		56.38	
(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]	
Signature		Date MM / DD / YYYY 05 / 18 / 2015	

Full Name of Payee Phillip Williams			Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 31 / 2014		
Mailing Address 3007 Darden Rd			Amount 16.80		
City Greensboro	State NC	Zip Code 27407	Transaction ID : e9da5340-c9a5-40ed-8 Date of Disbursement or Obligation MM / DD / YYYY 10 / 31 / 2014		
Purpose of Expenditure Mileage		Category/ Type 002			
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: NC		
Calendar Year-To-Date Per Election for Office Sought		1095959.94	Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ►		

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	96.80
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

05 / 18 / 2015

FEC Schedule E (Form 3X) Rev. 09/2013

Full Name of Payee Kathryn M Wolfe		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 31 / 2014	
Mailing Address 204 W 9th St		Amount 50.00	
City Pittsburg	State KS	Zip Code 66762	Transaction ID : a6c5a7e3-0e8a-4324-9 Date of Disbursement or Obligation MM / DD / YYYY 10 / 31 / 2014
Purpose of Expenditure Salary	Category/ Type 001		
Name of Federal Candidate Mr. Greg Orman	☐ Support ☒ Oppose	Office Sought: ☐ President ☒ Senate ☐ Other (specify) ▶	District: 00 State: KS ☐ Primary ☒ General
Calendar Year-To-Date Per Election for Office Sought	261541.03		

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	130.00
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

FEC Schedule E (Form 3X) Rev. 09/2013

Full Name of Payee John MacDonald		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 31 / 2014	
Mailing Address 1926 Edgewater Dr		Amount 15.00	
City Charolette	State NC	Zip Code 28210	Transaction ID : 9fc30ac0-e19d-427a-a Date of Disbursement or Obligation MM / DD / YYYY 10 / 31 / 2014
Purpose of Expenditure Salary	Category/ Type 001		
Name of Federal Candidate Ms. Kay Hagan	☐ Support ☒ Oppose	Office Sought: ☐ President ☒ Senate	District: 00 State: NC
Calendar Year-To-Date Per Election for Office Sought	1095959.94	Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	
(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.

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 2296 OF 3250
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on			M M M / D D D / Y Y Y Y Y Y	
Full Name of Payee John MacDonald		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 10 / 31 / 2014		
Mailing Address 1926 Edgewater Dr		Amount 4.20		
City Charolette	State NC	Zip Code 28210	Transaction ID : be096b77-5f6d-401a-b	
Purpose of Expenditure Mileage		Category/ Type	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 10 / 31 / 2014	
		002		
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>NC</u>	
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
		1095959.94		
Full Name of Payee Jackson S Tuttle		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 10 / 31 / 2014		
Mailing Address 404 Chancery Park Ct		Amount 55.00		
City Kernersville	State NC	Zip Code 27284	Transaction ID : 683e84d8-83eb-471b-9	
Purpose of Expenditure Salary		Category/ Type	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 10 / 31 / 2014	
		001		
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>NC</u>	
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
		1095959.94		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶		59.20		
(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
Signature		M M M / D D D / Y Y Y Y Y Y 05 / 18 / 2015		

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 2297 OF 3250
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC		FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on		M M M / D D D / Y Y Y Y Y Y	
Full Name of Payee Jackson S Tuttle		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 10 / 31 / 2014	
Mailing Address 404 Chancery Park Ct		Amount 9.00	
City Kernersville	State NC	Zip Code 27284	Transaction ID : b7120c3c-036d-43d6-9
Purpose of Expenditure Mileage	Category/Type 002	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 10 / 31 / 2014	
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	
Office Sought: ☐ President ☒ Senate		District: 00 State: NC	
Calendar Year-To-Date Per Election for Office Sought 1095959.94		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Joe Dockers		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 10 / 31 / 2014	
Mailing Address 419 W Ford St Apt C		Amount 50.00	
City Pittsburg	State KS	Zip Code 66762	Transaction ID : 9e10dc42-febc-473f-b
Purpose of Expenditure Salary	Category/Type 001	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 10 / 31 / 2014	
Name of Federal Candidate Mr. Greg Orman		☐ Support ☒ Oppose	
Office Sought: ☐ President ☒ Senate		District: 00 State: KS	
Calendar Year-To-Date Per Election for Office Sought 261541.03		Disbursement For: ☐ Primary ☒ 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.			
Signature Ms. Emily Buchanan		Date M M M / D D D / Y Y Y Y Y Y 05 / 18 / 2015	
[Electronically Filed]			

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 2298 OF 3250
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M / D D / Y Y Y Y					
Full Name of Payee Mary Catherine Toburen			Date of Public Distribution/Dissemination 10 / 31 / 2014		
Mailing Address 1222 SE 44 St			Amount 75.00		
City Topeka	State KS	Zip Code 66609	Transaction ID : 6bb8d4d7-b0ee-4b3c-8 Date of Disbursement or Obligation 10 / 31 / 2014		
Purpose of Expenditure Salary		Category/ Type 001			
Name of Federal Candidate Mr. Greg Orman		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: KS		
Calendar Year-To-Date Per Election for Office Sought 261541.03			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
Full Name of Payee Mary Catherine Toburen			Date of Public Distribution/Dissemination 10 / 31 / 2014		
Mailing Address 1222 SE 44 St			Amount 19.50		
City Topeka	State KS	Zip Code 66609	Transaction ID : 4a58daac-ff89-4525-a Date of Disbursement or Obligation 10 / 31 / 2014		
Purpose of Expenditure Mileage		Category/ Type 002			
Name of Federal Candidate Mr. Greg Orman		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: KS		
Calendar Year-To-Date Per Election for Office Sought 261541.03			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			94.50		
(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.					
Signature Ms. Emily Buchanan		[Electronically Filed]		Date 05 / 18 / 2015	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 2299 OF 3250
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on			MM / DD / YYYY	
Full Name of Payee Joneisha Stewart		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 31 / 2014		
Mailing Address 2329 Runnymede Dr		Amount 70.00		
City Marrero	State LA	Zip Code 70072	Transaction ID : 1c001e7f-7c96-4590-b	
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation MM / DD / YYYY 10 / 31 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: LA	
Calendar Year-To-Date Per Election for Office Sought		554635.78	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Joneisha Stewart		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 31 / 2014		
Mailing Address 2329 Runnymede Dr		Amount 10.20		
City Marrero	State LA	Zip Code 70072	Transaction ID : 2d3a6d99-1cca-48ac-b	
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement or Obligation MM / DD / YYYY 10 / 31 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: LA	
Calendar Year-To-Date Per Election for Office Sought		554635.78	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures.....		80.20		
(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
Signature		MM / DD / YYYY 05 / 18 / 2015		

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 2300 OF 3250
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC		FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on		M M M / D D D / Y Y Y Y Y Y	
Full Name of Payee William M Criswell		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 10 / 31 / 2014	
Mailing Address 115 Burns Mitchell Drive		Amount 70.00	
City Belmont	State NC	Zip Code 28012	Transaction ID : 33440353-d528-444f-b
Purpose of Expenditure Salary	Category/Type 001	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 10 / 31 / 2014	
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	
Office Sought: ☐ President ☒ Senate		District: 00 State: NC	
Calendar Year-To-Date Per Election for Office Sought 1095959.94		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee William M Criswell		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 10 / 31 / 2014	
Mailing Address 115 Burns Mitchell Drive		Amount 7.50	
City Belmont	State NC	Zip Code 28012	Transaction ID : 356e7a03-1dc6-4402-a
Purpose of Expenditure Mileage	Category/Type 002	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 10 / 31 / 2014	
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	
Office Sought: ☐ President ☒ Senate		District: 00 State: NC	
Calendar Year-To-Date Per Election for Office Sought 1095959.94		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶		77.50	
(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]	
Signature		Date M M M / D D D / Y Y Y Y Y Y 05 / 18 / 2015	

Full Name of Payee Adena V Smith		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 31 / 2014	
Mailing Address 450 Judson Dr		Amount 1.56	
City Wake Forest	State NC	Zip Code 27587	Transaction ID : 666bc5b1-d1c8-4430-a Date of Disbursement or Obligation MM / DD / YYYY 10 / 31 / 2014
Purpose of Expenditure Mileage	Category/ Type	002	
Name of Federal Candidate Ms. Kay Hagan	☐ Support ☒ Oppose	Office Sought: ☐ President ☒ Senate	District: 00 State: NC
Calendar Year-To-Date Per Election for Office Sought	1095959.94		Disbursement For: 2014 ☐ Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....		36.56
(b) SUBTOTAL of Unitemized Independent Expenditures		
(c) TOTAL Independent Expenditures.....		

FEC Schedule E (Form 3X) Rev. 09/2013

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 2302 OF 3250
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC		FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on		M M M / D D D / Y Y Y Y Y Y	
Full Name of Payee Peggy A Sides		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 10 / 31 / 2014	
Mailing Address 2183 Spokane Rd		Amount 70.00	
City Fayetteville	State NC	Zip Code 28304	Transaction ID : b3585e03-09b9-4efd-8
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 10 / 31 / 2014
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: NC
Calendar Year-To-Date Per Election for Office Sought 1095959.94		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Peggy A Sides		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 10 / 31 / 2014	
Mailing Address 2183 Spokane Rd		Amount 12.00	
City Fayetteville	State NC	Zip Code 28304	Transaction ID : 89463f2a-1bb2-4f97-8
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 10 / 31 / 2014
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: NC
Calendar Year-To-Date Per Election for Office Sought 1095959.94		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶		82.00	
(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]	
Signature		Date M M M / D D D / Y Y Y Y Y Y 05 / 18 / 2015	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

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 FOR LINE 24 OF FORM 3X

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

Full Name of Payee Todd Ellis		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 31 / 2014	
Mailing Address P.O. Box 712		Amount 120.00	
City Alexander	State AR	Zip Code 72002	Transaction ID : d74e9096-1b15-4506-9
Purpose of Expenditure Salary	Category/Type 001	Date of Disbursement or Obligation MM / DD / YYYY 10 / 31 / 2014	
Name of Federal Candidate Mr. Mark L Pryor		☐ Support ☒ Oppose Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: AR	
Calendar Year-To-Date Per Election for Office Sought 292370.62		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	

Full Name of Payee Todd Ellis		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 31 / 2014	
Mailing Address P.O. Box 712		Amount 44.40	
City Alexander	State AR	Zip Code 72002	Transaction ID : 5f4b4a47-c2ac-4f92-8
Purpose of Expenditure Mileage	Category/Type 002	Date of Disbursement or Obligation MM / DD / YYYY 10 / 31 / 2014	
Name of Federal Candidate Mr. Mark L Pryor		☐ Support ☒ Oppose Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: AR	
Calendar Year-To-Date Per Election for Office Sought 292370.62		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	164.40
(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

MM / DD / YYYY
05 / 18 / 2015

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 2304 OF 3250
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M / D D / Y Y Y Y Y Y					
Full Name of Payee Evelyn Lesaicherre			Date of Public Distribution/Dissemination 10 / 31 / 2014		
Mailing Address 629 Radiance Ave			Amount 70.00		
City Metairie	State LA	Zip Code 70001	Transaction ID : 6511cd43-e653-4dcb-9		
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation 10 / 31 / 2014		
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: LA		
Calendar Year-To-Date Per Election for Office Sought		554635.78	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
Full Name of Payee Evelyn Lesaicherre			Date of Public Distribution/Dissemination 10 / 31 / 2014		
Mailing Address 629 Radiance Ave			Amount 8.40		
City Metairie	State LA	Zip Code 70001	Transaction ID : 064675dc-105e-47f1-b		
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement or Obligation 10 / 31 / 2014		
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: LA		
Calendar Year-To-Date Per Election for Office Sought		554635.78	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			78.40		
(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.					
Signature Ms. Emily Buchanan		[Electronically Filed]		Date 05 / 18 / 2015	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 2305 OF 3250
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC		FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on		M M M / D D D / Y Y Y Y Y Y	
Full Name of Payee Caleb Craig		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 10 / 31 / 2014	
Mailing Address 1410 Bushville drive		Amount 100.00	
City Lenoir	State NC	Zip Code 28645	Transaction ID : b8ebe883-faa2-425c-a
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 10 / 31 / 2014
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: NC
Calendar Year-To-Date Per Election for Office Sought 1095959.94		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Sharon t Craig		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 10 / 31 / 2014	
Mailing Address 1410 Bushville Dr		Amount 50.00	
City Lenoir	State NC	Zip Code 28645	Transaction ID : b3527573-fae6-4409-9
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 10 / 31 / 2014
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: NC
Calendar Year-To-Date Per Election for Office Sought 1095959.94		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶		150.00	
(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]	
Signature		Date M M M / D D D / Y Y Y Y Y Y 05 / 18 / 2015	

Full Name of Payee Paul D Dreyer		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 31 / 2014	
Mailing Address 209 S Carl Stq		Amount 70.00	
City Siloam Springs	State AR	Zip Code 72761	Transaction ID : d3b5cd83-57a1-4ce7-a Date of Disbursement or Obligation MM / DD / YYYY 10 / 31 / 2014
Purpose of Expenditure Salary	Category/ Type	001	
Name of Federal Candidate Mr. Mark L Pryor	☐ Support ☒ Oppose	Office Sought: ☐ President ☒ Senate	District: 00 State: AR
Calendar Year-To-Date Per Election for Office Sought	292370.62	Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	84.40
(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.

Date _____

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 2307 OF 3250
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M / D D / Y Y Y Y Y Y					
Full Name of Payee Paul D Dreyer			Date of Public Distribution/Dissemination 10 / 31 / 2014		
Mailing Address 209 S Carl Stq			Amount 12.27		
City Siloam Springs		State AR	Zip Code 72761		Transaction ID : 7a2a3f92-90d4-457e-9
Purpose of Expenditure Mileage		Category/ Type 002		Date of Disbursement or Obligation 10 / 31 / 2014	
Name of Federal Candidate Mr. Mark L Pryor			Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: AR		
Calendar Year-To-Date Per Election for Office Sought 292370.62			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
Full Name of Payee Cecilla A Rebrick			Date of Public Distribution/Dissemination 10 / 31 / 2014		
Mailing Address 5003 Allison Lane			Amount 60.00		
City Ft. Smith		State AR	Zip Code 72901		Transaction ID : e32114ec-4acd-41ff-b
Purpose of Expenditure Salary		Category/ Type 001		Date of Disbursement or Obligation 10 / 31 / 2014	
Name of Federal Candidate Mr. Mark L Pryor			Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: AR		
Calendar Year-To-Date Per Election for Office Sought 292370.62			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			72.27		
(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.					
Signature Ms. Emily Buchanan			Date 05 / 18 / 2015		
[Electronically Filed]					

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 2308 OF 3250
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC		FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on MM / DD / YYYY			
Full Name of Payee Cecilla A Rebrick		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 31 / 2014	
Mailing Address 5003 Allison Lane		Amount 6.60	
City Ft. Smith	State AR	Zip Code 72901	Transaction ID : b4a9274a-3091-48aa-b
Purpose of Expenditure Mileage	Category/ Type 002	Date of Disbursement or Obligation MM / DD / YYYY 10 / 31 / 2014	
Name of Federal Candidate Mr. Mark L Pryor		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>AR</u>
Calendar Year-To-Date Per Election for Office Sought 292370.62		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Cecilla A Rebrick		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 31 / 2014	
Mailing Address 5003 Allison Lane		Amount 60.00	
City Ft. Smith	State AR	Zip Code 72901	Transaction ID : b9519439-f38f-424b-8
Purpose of Expenditure Salary	Category/ Type 001	Date of Disbursement or Obligation MM / DD / YYYY 10 / 31 / 2014	
Name of Federal Candidate Mr. Mark L Pryor		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>AR</u>
Calendar Year-To-Date Per Election for Office Sought 292370.62		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶		66.60	
(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.			
Signature <i>Ms. Emily Buchanan</i>		Date MM / DD / YYYY 05 / 18 / 2015	
		[Electronically Filed]	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 2309 OF 3250
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC		FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on		M M M / D D D / Y Y Y Y Y Y	
Full Name of Payee Cecilla A Rebrick		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 10 / 31 / 2014	
Mailing Address 5003 Allison Lane		Amount 1.50	
City Ft. Smith	State AR	Zip Code 72901	Transaction ID : 3691abc7-c697-44a0-a
Purpose of Expenditure Mileage		Category/Type 002	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 10 / 31 / 2014
Name of Federal Candidate Mr. Mark L Pryor		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: AR
Calendar Year-To-Date Per Election for Office Sought 292370.62		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Cameryn L Rasmussen		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 10 / 31 / 2014	
Mailing Address 4455 N Edaemoor Ct		Amount 20.00	
City Bel Aire	State KS	Zip Code 67220	Transaction ID : a8933f71-a5f0-4b92-a
Purpose of Expenditure Salary		Category/Type 001	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 10 / 31 / 2014
Name of Federal Candidate Mr. Greg Orman		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: KS
Calendar Year-To-Date Per Election for Office Sought 261541.03		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶		21.50	
(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.			
Signature Ms. Emily Buchanan		Date M M M / D D D / Y Y Y Y Y Y 05 / 18 / 2015	
		[Electronically Filed]	

Full Name of Payee Samantha Howell		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 31 / 2014	
Mailing Address 4849 N Glendale		Amount Amount 20.00	
City Bel Aire	State KS	Zip Code 67220	Transaction ID : 1c27365b-f2fd-43b5-b Date of Disbursement or Obligation MM / DD / YYYY 10 / 31 / 2014
Purpose of Expenditure Salary	Category/ Type 001		
Name of Federal Candidate Mr. Greg Orman	☐ Support ☒ Oppose	Office Sought: ☐ President ☒ Senate	District: 00 State: KS
Calendar Year-To-Date Per Election for Office Sought	Amount 261541.03	Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	27.80
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

05 / 18 / 2015

FEC Schedule E (Form 3X) Rev. 09/2013

Full Name of Payee Dianna R Williams		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 31 / 2014	
Mailing Address 1510 W Pawnee Apt 2103		Amount 50.00	
City Wichita	State KS	Zip Code 67213	Transaction ID : f22c18b1-0362-4510-9 Date of Disbursement or Obligation MM / DD / YYYY 10 / 31 / 2014
Purpose of Expenditure Salary	Category/ Type	001	
Name of Federal Candidate Mr. Greg Orman		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: KS
Calendar Year-To-Date Per Election for Office Sought		261541.03	Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	57.80
(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.

Date _____

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 2312 OF 3250
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on MM / DD / YYYY					
Full Name of Payee Dianna R Williams			Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 31 / 2014		
Mailing Address 1510 W Pawnee Apt 2103			Amount 16.20		
City Wichita	State KS	Zip Code 67213	Transaction ID : 6a4fed37-14e2-43fc-b		
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement or Obligation MM / DD / YYYY 10 / 31 / 2014		
Name of Federal Candidate Mr. Greg Orman		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>KS</u>		
Calendar Year-To-Date Per Election for Office Sought		261541.03	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶ _____		
Full Name of Payee Rose M Aldapa			Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 31 / 2014		
Mailing Address 14817 E 29th N			Amount 10.00		
City Wichita	State KS	Zip Code 67228	Transaction ID : 0f53c5b8-b126-4db8-a		
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation MM / DD / YYYY 10 / 31 / 2014		
Name of Federal Candidate Mr. Greg Orman		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>KS</u>		
Calendar Year-To-Date Per Election for Office Sought		261541.03	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶ _____		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			26.20		
(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.					
Signature <i>Ms. Emily Buchanan</i>		[Electronically Filed]		Date MM / DD / YYYY 05 / 18 / 2015	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 2313 OF 3250
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M / D D / Y Y Y Y Y Y					
Full Name of Payee Rose M Aldapa			Date of Public Distribution/Dissemination 10 / 31 / 2014		
Mailing Address 14817 E 29th N			Amount 9.00		
City Wichita		State KS	Zip Code 67228		Transaction ID : 5a7a4df2-b741-40d0-9
Purpose of Expenditure Mileage		Category/ Type	Date of Disbursement or Obligation 10 / 31 / 2014		
Name of Federal Candidate Mr. Greg Orman		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: KS		
Calendar Year-To-Date Per Election for Office Sought		261541.03		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Brandon Wheeler			Date of Public Distribution/Dissemination 10 / 31 / 2014		
Mailing Address 10112 Piney Creek Ct			Amount 65.00		
City Charolette		State NC	Zip Code 28215		Transaction ID : f8c99938-13df-4af6-a
Purpose of Expenditure Salary		Category/ Type	Date of Disbursement or Obligation 10 / 31 / 2014		
Name of Federal Candidate Mr. Mark L Pryor		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: AR		
Calendar Year-To-Date Per Election for Office Sought		292370.62		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			74.00		
(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.					
Signature Ms. Emily Buchanan		[Electronically Filed]		Date 05 / 18 / 2015	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 2314 OF 3250
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on MM / DD / YYYY					
Full Name of Payee Brandon Wheeler			Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 31 / 2014		
Mailing Address 10112 Piney Creek Ct			Amount 40.50		
City Charolette	State NC	Zip Code 28215	Transaction ID : f56efaf2-71f8-4928-b		
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement or Obligation MM / DD / YYYY 10 / 31 / 2014		
Name of Federal Candidate Mr. Mark L Pryor		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: AR		
Calendar Year-To-Date Per Election for Office Sought		292370.62	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
Full Name of Payee Mr. Roger McKinney			Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 31 / 2014		
Mailing Address 308 West Main Street			Amount 105.00		
City Pilot Mountain	State NC	Zip Code 27041	Transaction ID : 779d64ef-8283-4c78-9		
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation MM / DD / YYYY 10 / 31 / 2014		
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: NC		
Calendar Year-To-Date Per Election for Office Sought		1095959.94	Disbursement For: ☐ Primary ☒ 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.					
Signature Ms. Emily Buchanan		[Electronically Filed]		Date MM / DD / YYYY 05 / 18 / 2015	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 2315 OF 3250
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC		FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on		M M M / D D D / Y Y Y Y Y Y	
Full Name of Payee Mr. Roger McKinney		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 10 / 31 / 2014	
Mailing Address 308 West Main Street		Amount 22.11	
City Pilot Mountain	State NC	Zip Code 27041	Transaction ID : 8ae79d72-532c-4113-8
Purpose of Expenditure Mileage	Category/ Type 002	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 10 / 31 / 2014	
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: NC
Calendar Year-To-Date Per Election for Office Sought 1095959.94		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Aaron L Watson		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 10 / 31 / 2014	
Mailing Address 30217 Crook Rd		Amount 50.00	
City Cleveland	State MO	Zip Code 64734	Transaction ID : afa407c9-c9ab-4c96-a
Purpose of Expenditure Salary	Category/ Type 001	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 10 / 31 / 2014	
Name of Federal Candidate Mr. Greg Orman		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: KS
Calendar Year-To-Date Per Election for Office Sought 261541.03		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶		72.11	
(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.			
Signature Ms. Emily Buchanan		Date M M M / D D D / Y Y Y Y Y Y 05 / 18 / 2015	
		[Electronically Filed]	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 2316 OF 3250
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on MM / DD / YYYY				
Full Name of Payee Aaron L Watson			Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 31 / 2014	
Mailing Address 30217 Crook Rd			Amount 15.00	
City Cleveland	State MO	Zip Code 64734	Transaction ID : 0347f9a4-a713-4f96-9 Date of Disbursement or Obligation MM / DD / YYYY 10 / 31 / 2014	
Purpose of Expenditure Mileage		Category/ Type 002		
Name of Federal Candidate Mr. Greg Orman		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: KS	
Calendar Year-To-Date Per Election for Office Sought		261541.03	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee April A Watson			Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 31 / 2014	
Mailing Address 30217 Crook Rd			Amount 55.00	
City Cleveland	State MO	Zip Code 64734	Transaction ID : f2a1b364-6f86-4412-b Date of Disbursement or Obligation MM / DD / YYYY 10 / 31 / 2014	
Purpose of Expenditure Salary		Category/ Type 001		
Name of Federal Candidate Mr. Greg Orman		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: KS	
Calendar Year-To-Date Per Election for Office Sought		261541.03	Disbursement For: ☐ Primary ☒ 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.				
Signature Ms. Emily Buchanan		[Electronically Filed]		Date MM / DD / YYYY 05 / 18 / 2015

Full Name of Payee Avery Watson		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 31 / 2014	
Mailing Address 30217 Crook Rd		Amount 10.00	
City Cleveland	State MO	Zip Code 64734	Transaction ID : 3162cbcf-48d4-475c-b Date of Disbursement or Obligation MM / DD / YYYY 10 / 31 / 2014
Purpose of Expenditure Salary	Category/ Type	001	
Name of Federal Candidate Mr. Greg Orman		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: KS
Calendar Year-To-Date Per Election for Office Sought	261541.03		Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	36.70
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

05 / 18 / 2015

FEC Schedule E (Form 3X) Rev. 09/2013

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 2318 OF 3250
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M M / D D D / Y Y Y Y Y Y					
Full Name of Payee Avery Watson			Date of Public Distribution/Dissemination 10 / 31 / 2014		
Mailing Address 30217 Crook Rd			Amount 3.00		
City Cleveland	State MO	Zip Code 64734	Transaction ID : b2ba751d-c34b-47a9-a Date of Disbursement or Obligation 10 / 31 / 2014		
Purpose of Expenditure Mileage		Category/ Type 002			
Name of Federal Candidate Mr. Greg Orman		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>KS</u>		
Calendar Year-To-Date Per Election for Office Sought		261541.03	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
Full Name of Payee Cynthia J Christmas			Date of Public Distribution/Dissemination 10 / 31 / 2014		
Mailing Address 1731 Frenchmen St			Amount 50.00		
City New Orleans	State LA	Zip Code 70116	Transaction ID : d8ab4c92-5eab-4c25-b Date of Disbursement or Obligation 10 / 31 / 2014		
Purpose of Expenditure Salary		Category/ Type 001			
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>LA</u>		
Calendar Year-To-Date Per Election for Office Sought		554635.78	Disbursement For: ☐ Primary ☒ 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.					
Signature Ms. Emily Buchanan		[Electronically Filed]		Date 05 / 18 / 2015	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 2319 OF 3250
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on MM / DD / YYYY				
Full Name of Payee Dylan J Sparks			Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 31 / 2014	
Mailing Address 915 East Market Ave			Amount 100.00	
City Searcy	State AR	Zip Code 72149	Transaction ID : ac71d054-989f-4f0a-a Date of Disbursement or Obligation MM / DD / YYYY 10 / 31 / 2014	
Purpose of Expenditure Salary		Category/ Type 001		
Name of Federal Candidate Mr. Mark L Pryor		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>AR</u>	
Calendar Year-To-Date Per Election for Office Sought		292370.62	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Dylan J Sparks			Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 31 / 2014	
Mailing Address 915 East Market Ave			Amount 86.40	
City Searcy	State AR	Zip Code 72149	Transaction ID : ee9c3a06-7f74-408c-9 Date of Disbursement or Obligation MM / DD / YYYY 10 / 31 / 2014	
Purpose of Expenditure Mileage		Category/ Type 002		
Name of Federal Candidate Mr. Mark L Pryor		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>AR</u>	
Calendar Year-To-Date Per Election for Office Sought		292370.62	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			186.40	
(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.				
Signature <i>Ms. Emily Buchanan</i>		[Electronically Filed]		Date MM / DD / YYYY 05 / 18 / 2015

Full Name of Payee Colton R Overcash		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 31 / 2014	
Mailing Address 121 Ohara Dr		Amount 90.00	
City Salisbury	State NC	Zip Code 28147	Transaction ID : aec36db0-e50d-4638-b Date of Disbursement or Obligation MM / DD / YYYY 10 / 31 / 2014
Purpose of Expenditure Salary		Category/ Type 001	
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: NC
Calendar Year-To-Date Per Election for Office Sought 1095959.94		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	

Full Name of Payee Colton R Overcash			Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 31 / 2014		
Mailing Address 121 Ohara Dr			Amount 135.60		
City Salisbury	State NC	Zip Code 28147	Transaction ID : 04b448ba-8a81-4c7c-9 Date of Disbursement or Obligation MM / DD / YYYY 10 / 31 / 2014		
Purpose of Expenditure Mileage		Category/ Type 002			
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House ☒ Senate ☐ President ☒ Senate		
Calendar Year-To-Date Per Election for Office Sought 1095959.94		Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ▶			

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	225.60
(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.

Date _____

Signature

05 / 18 / 2015

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 2321 OF 3250
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC		FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on		MM / DD / YYYY	
Full Name of Payee Christine Stevens		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 31 / 2014	
Mailing Address 100 Asbury Ct		Amount 75.00	
City Winchester	State VA	Zip Code 22602	Transaction ID : 3144dd8b-3fd2-4c89-9
Purpose of Expenditure Salary	Category/Type 001	Date of Disbursement or Obligation MM / DD / YYYY 10 / 31 / 2014	
Name of Federal Candidate Mr. Greg Orman		Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: KS	
Calendar Year-To-Date Per Election for Office Sought 261541.03		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Jazmine d Conner		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 31 / 2014	
Mailing Address 100 ASBURY CT		Amount 70.00	
City WINCHESTER	State VA	Zip Code 22602	Transaction ID : 71bf5d75-1f1d-4e47-9
Purpose of Expenditure Salary	Category/Type 001	Date of Disbursement or Obligation MM / DD / YYYY 10 / 31 / 2014	
Name of Federal Candidate Mr. Greg Orman		Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: KS	
Calendar Year-To-Date Per Election for Office Sought 261541.03		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶		145.00	
(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.			
Signature Ms. Emily Buchanan		Date MM / DD / YYYY 05 / 18 / 2015	
		[Electronically Filed]	

Full Name of Payee Rodney O Culbreath		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 31 / 2014	
Mailing Address 100 Asbury Ct		Amount 80.00	
City Winchester	State VA	Zip Code 22602	Transaction ID : 45f780f9-acf0-41ff-a Date of Disbursement or Obligation MM / DD / YYYY 10 / 31 / 2014
Purpose of Expenditure Salary		Category/ Type 001	
Name of Federal Candidate Mr. Greg Orman		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: KS
Calendar Year-To-Date Per Election for Office Sought 261541.03		Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ►	

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	155.00
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

05 / 18 / 2015

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 2323 OF 3250
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M M / D D D / Y Y Y Y Y Y Y Y					
Full Name of Payee Rodney D Culbreth			Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y Y Y 10 / 31 / 2014		
Mailing Address 100 Asbury CT 3200 Dam Neck Rd			Amount 80.00		
City Winchester		State VA	Zip Code 22602		Transaction ID : 83966a22-dd35-4565-b
Purpose of Expenditure Salary		Category/ Type 001		Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y Y Y 10 / 31 / 2014	
Name of Federal Candidate Mr. Greg Orman			☐ Support ☒ Oppose		Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: KS
Calendar Year-To-Date Per Election for Office Sought			261541.03		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶
Full Name of Payee Rze Culbreath			Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y Y Y 10 / 31 / 2014		
Mailing Address 100 Asbury Ct			Amount 75.00		
City Winchester		State VA	Zip Code 22602		Transaction ID : 49278446-5d72-4f2f-a
Purpose of Expenditure Salary		Category/ Type 001		Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y Y Y 10 / 31 / 2014	
Name of Federal Candidate Mr. Greg Orman			☐ Support ☒ Oppose		Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: KS
Calendar Year-To-Date Per Election for Office Sought			261541.03		Disbursement For: ☐ Primary ☒ 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.					
Signature Ms. Emily Buchanan			[Electronically Filed]		Date M M M / D D D / Y Y Y Y Y Y Y Y 05 / 18 / 2015

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 2324 OF 3250
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC		FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on		M M M / D D D / Y Y Y Y Y Y	
Full Name of Payee Brieshauna M Stevens		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 10 / 31 / 2014	
Mailing Address 1703 Torrey Pines Ct		Amount 30.00	
City Reston	State VA	Zip Code 20190	Transaction ID : 70f5cfb4-82e2-49b0-a
Purpose of Expenditure Salary	Category/Type 001	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 10 / 31 / 2014	
Name of Federal Candidate Mr. Greg Orman		☐ Support ☒ Oppose	
Office Sought: ☐ President ☒ Senate		District: 00 State: KS	
Calendar Year-To-Date Per Election for Office Sought 261541.03		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Karen R Myers		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 10 / 31 / 2014	
Mailing Address 14566 NW 110th St		Amount 82.50	
City Whitewater	State KS	Zip Code 67154	Transaction ID : 96af8b0b-2be8-425e-9
Purpose of Expenditure Salary	Category/Type 001	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 10 / 31 / 2014	
Name of Federal Candidate Mr. Greg Orman		☐ Support ☒ Oppose	
Office Sought: ☐ President ☒ Senate		District: 00 State: KS	
Calendar Year-To-Date Per Election for Office Sought 261541.03		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶		112.50	
(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.			
Signature Ms. Emily Buchanan		Date M M M / D D D / Y Y Y Y Y Y 05 / 18 / 2015	
[Electronically Filed]			

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 2325 OF 3250
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M / D D / Y Y Y Y Y Y				
Full Name of Payee Karen R Myers			Date of Public Distribution/Dissemination 10 / 31 / 2014	
Mailing Address 14566 NW 110th St			Amount 28.20	
City Whitewater	State KS	Zip Code 67154	Transaction ID : df93d244-edb2-4dce-8 Date of Disbursement or Obligation 10 / 31 / 2014	
Purpose of Expenditure Mileage		Category/ Type 002		
Name of Federal Candidate Mr. Greg Orman		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: KS	
Calendar Year-To-Date Per Election for Office Sought		261541.03	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Stuart T Haley			Date of Public Distribution/Dissemination 10 / 31 / 2014	
Mailing Address 600 W Vine Ave			Amount 115.00	
City Searcy	State AR	Zip Code 72143	Transaction ID : 9eac615-f82c-4ba3-a Date of Disbursement or Obligation 10 / 31 / 2014	
Purpose of Expenditure Salary		Category/ Type 001		
Name of Federal Candidate Mr. Mark L Pryor		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: AR	
Calendar Year-To-Date Per Election for Office Sought		292370.62	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			143.20	
(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.				
Signature Ms. Emily Buchanan		[Electronically Filed]		Date 05 / 18 / 2015

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 2326 OF 3250
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC		FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on		M M M / D D D / Y Y Y Y Y Y	
Full Name of Payee Stuart T Haley		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 10 / 31 / 2014	
Mailing Address 600 W Vine Ave		Amount 60.00	
City Searcy	State AR	Zip Code 72143	Transaction ID : f172e78c-35fd-49c2-8
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 10 / 31 / 2014
Name of Federal Candidate Mr. Mark L Pryor		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: AR
Calendar Year-To-Date Per Election for Office Sought 292370.62		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee LaVonna A Brown		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 10 / 31 / 2014	
Mailing Address 1211 Treaty Rd		Amount 95.00	
City Delphos	State KS	Zip Code 67436	Transaction ID : 5e3ddf98-ba61-4c2e-b
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 10 / 31 / 2014
Name of Federal Candidate Mr. Greg Orman		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: KS
Calendar Year-To-Date Per Election for Office Sought 261541.03		Disbursement For: ☐ Primary ☒ 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.			
Signature Ms. Emily Buchanan		Date M M M / D D D / Y Y Y Y Y Y 05 / 18 / 2015	
		[Electronically Filed]	

Full Name of Payee LaVonna A Brown			Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 31 / 2014		
Mailing Address 1211 Treaty Rd			Amount 27.00		
City Delphos	State KS	Zip Code 67436	Transaction ID : 2ffd134a-0769-45c2-8		
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement or Obligation MM / DD / YYYY 10 / 31 / 2014		
Name of Federal Candidate Mr. Greg Orman		☐ Support ☒ Oppose	Office Sought: ☐ House ☒ Senate District: 00 ☐ President State: KS		
Calendar Year-To-Date Per Election for Office Sought		261541.03	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		

Full Name of Payee Kaleigh J Wagner		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 31 / 2014	
Mailing Address 18065 Wayne Rd		Amount 130.00	
City Odessa	State FL	Zip Code 33556	Transaction ID : c2f08fc6-e8fc-4733-a Date of Disbursement or Obligation MM / DD / YYYY 10 / 31 / 2014
Purpose of Expenditure Salary		Category/ Type 001	
Name of Federal Candidate Mr. Mark L Pryor		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: AR
Calendar Year-To-Date Per Election for Office Sought 292370.62		Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ►	

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	157.00
(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.

Date _____

Signature

Full Name of Payee Heather N Montgomery			Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 31 / 2014		
Mailing Address 106 Wyncrest Ct			Amount 41.10		
City Hendersonville	State TN	Zip Code 37075	Transaction ID : 55f44266-006f-44e8-8 Date of Disbursement or Obligation MM / DD / YYYY 10 / 31 / 2014		
Purpose of Expenditure Mileage		Category/ Type 002			
Name of Federal Candidate Mr. Mark L Pryor		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: AR		
Calendar Year-To-Date Per Election for Office Sought		292370.62	Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ▶		

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	111.10
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 2329 OF 3250
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC		FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on		M M M / D D D / Y Y Y Y Y Y	
Full Name of Payee Randy M Gold		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 10 / 31 / 2014	
Mailing Address 1436 Haigs Creek Dr		Amount 130.00	
City Elgin	State SC	Zip Code 29045	Transaction ID : 54e1f59f-8a8d-4f49-9
Purpose of Expenditure Salary		Category/Type 001	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 10 / 31 / 2014
Name of Federal Candidate Mr. Mark L Pryor		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: AR
Calendar Year-To-Date Per Election for Office Sought 292370.62		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Randy M Gold		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 10 / 31 / 2014	
Mailing Address 1436 Haigs Creek Dr		Amount 90.48	
City Elgin	State SC	Zip Code 29045	Transaction ID : 1f17269a-cd8a-41eb-a
Purpose of Expenditure Mileage		Category/Type 002	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 10 / 31 / 2014
Name of Federal Candidate Mr. Mark L Pryor		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: AR
Calendar Year-To-Date Per Election for Office Sought 292370.62		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶		220.48	
(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]	
Signature		Date M M M / D D D / Y Y Y Y Y Y 05 / 18 / 2015	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 2330 OF 3250
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on MM / DD / YYYY					
Full Name of Payee Kinsey E Beck			Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 31 / 2014		
Mailing Address 103 Glenhaven Ct			Amount 70.00		
City Harvest	State AL	Zip Code 35749	Transaction ID : 02a41c98-9bdb-436c-b		
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation MM / DD / YYYY 10 / 31 / 2014		
Name of Federal Candidate Mr. Mark L Pryor		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>AR</u>		
Calendar Year-To-Date Per Election for Office Sought		292370.62	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶ _____		
Full Name of Payee Jeffrey Hampton			Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 31 / 2014		
Mailing Address 1700 E Part Ave			Amount 24.00		
City Searcy	State AR	Zip Code 72149	Transaction ID : 2a4a1576-0a2c-43dc-b		
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation MM / DD / YYYY 10 / 31 / 2014		
Name of Federal Candidate Mr. Mark L Pryor		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>AR</u>		
Calendar Year-To-Date Per Election for Office Sought		292370.62	Disbursement For: ☐ Primary ☒ 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.					
Signature Ms. Emily Buchanan		[Electronically Filed]		Date MM / DD / YYYY 05 / 18 / 2015	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 2331 OF 3250
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC		FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on		M M M / D D D / Y Y Y Y Y Y	
Full Name of Payee Jeffrey Hampton		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 10 / 31 / 2014	
Mailing Address 1700 E Part Ave		Amount 1.74	
City Searcy	State AR	Zip Code 72149	Transaction ID : 0efcd04e-d4d5-4777-b
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 10 / 31 / 2014
Name of Federal Candidate Mr. Mark L Pryor		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: AR
Calendar Year-To-Date Per Election for Office Sought 292370.62		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Darius Beverly		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 10 / 31 / 2014	
Mailing Address 157 Bishop Drive		Amount 75.00	
City Avondale	State LA	Zip Code 70094	Transaction ID : a76f634c-22f7-44eb-9
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 10 / 31 / 2014
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: LA
Calendar Year-To-Date Per Election for Office Sought 554635.78		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶		76.74	
(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.			
Signature Ms. Emily Buchanan		Date M M M / D D D / Y Y Y Y Y Y 05 / 18 / 2015	
		[Electronically Filed]	

Full Name of Payee Ms. Dinah Beverly		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 31 / 2014	
Mailing Address 157 Bishop Drive		Amount 6.90	
City Avondale	State LA	Zip Code 70064	Transaction ID : 6f54987f-54d7-4730-9 Date of Disbursement or Obligation MM / DD / YYYY 10 / 31 / 2014
Purpose of Expenditure Mileage	Category/ Type 002		
Name of Federal Candidate Ms. Mary L Landrieu	☐ Support ☒ Oppose	Office Sought: ☐ President ☒ Senate	District: 00 State: LA
Calendar Year-To-Date Per Election for Office Sought	554635.78	Disbursement For: 2014 ☐ Primary ☒ General ☐ Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	81.90
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 2333 OF 3250
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC		FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on		M M M / D D D / Y Y Y Y Y Y	
Full Name of Payee Earl Stewart		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 10 / 31 / 2014	
Mailing Address 9455 Snow Camp Road		Amount 55.00	
City Snowcamp	State NC	Zip Code 27349	Transaction ID : 52f8f73d-86a7-4c00-b
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 10 / 31 / 2014
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: NC
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Earl Stewart		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 10 / 31 / 2014	
Mailing Address 9455 Snow Camp Road		Amount 11.40	
City Snowcamp	State NC	Zip Code 27349	Transaction ID : b4f81bdf-6b5f-48b3-9
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 10 / 31 / 2014
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: NC
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶		66.40	
(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]	
Signature		Date M M M / D D D / Y Y Y Y Y Y 05 / 18 / 2015	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 2334 OF 3250
 FOR LINE 24 OF FORM 3X

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

Full Name of Payee Amelia Brackett		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 31 / 2014	
Mailing Address 804 Roundabout Circle		Amount 60.00	
City Searcy	State AR	Zip Code 72143	Transaction ID : 82edb02e-642b-4491-9
Purpose of Expenditure Salary	Category/Type 001	Date of Disbursement or Obligation MM / DD / YYYY 10 / 31 / 2014	
Name of Federal Candidate Mr. Mark L Pryor		☐ Support ☒ Oppose Office Sought: ☐ House ☒ Senate ☐ President ☐ State: AR	
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	

Full Name of Payee Kaitlyn B Allen		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 31 / 2014	
Mailing Address 2121 Daniel Dr		Amount 60.00	
City Searcy	State AR	Zip Code 72143	Transaction ID : cb1b35a7-a3e9-4b30-8
Purpose of Expenditure Salary	Category/Type 001	Date of Disbursement or Obligation MM / DD / YYYY 10 / 31 / 2014	
Name of Federal Candidate Mr. Mark L Pryor		☐ Support ☒ Oppose Office Sought: ☐ House ☒ Senate ☐ President ☐ State: AR	
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: ☐ Primary ☒ 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

MM / DD / YYYY
05 / 18 / 2015

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 2335 OF 3250
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M M / D D D / Y Y Y Y Y Y					
Full Name of Payee Kaitlyn B Allen			Date of Public Distribution/Dissemination 10 / 31 / 2014		
Mailing Address 2121 Daniel Dr			Amount 75.30		
City Searcy	State AR	Zip Code 72143	Transaction ID : 02409323-0f0b-43eb-a Date of Disbursement or Obligation 10 / 31 / 2014		
Purpose of Expenditure Mileage		Category/ Type 002			
Name of Federal Candidate Mr. Mark L Pryor		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: AR		
Calendar Year-To-Date Per Election for Office Sought		292370.62	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
Full Name of Payee John P Hilkert			Date of Public Distribution/Dissemination 10 / 31 / 2014		
Mailing Address 7 Bards Lane			Amount 70.00		
City Fletcher	State NC	Zip Code 28732	Transaction ID : d59aec01-7e98-4992-a Date of Disbursement or Obligation 10 / 31 / 2014		
Purpose of Expenditure Salary		Category/ Type 001			
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: NC		
Calendar Year-To-Date Per Election for Office Sought		1095959.94	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			145.30		
(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.					
Signature Ms. Emily Buchanan		[Electronically Filed]		Date 05 / 18 / 2015	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 2336 OF 3250
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC		FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M / D D / Y Y Y Y Y Y			
Full Name of Payee John P Hilkert		Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 10 / 31 / 2014	
Mailing Address 7 Bards Lane		Amount 16.20	
City Fletcher	State NC	Zip Code 28732	Transaction ID : d3266146-a8ea-46ef-8 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 10 / 31 / 2014
Purpose of Expenditure Mileage		Category/ Type 002	
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>NC</u>
Calendar Year-To-Date Per Election for Office Sought		1095959.94	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶ _____
Full Name of Payee Irene R Hoyer		Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 10 / 31 / 2014	
Mailing Address 4310 N Mission Rd		Amount 34.00	
City Bel Aire	State KS	Zip Code 67226	Transaction ID : 23630bed-2d2c-4722-b Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 10 / 31 / 2014
Purpose of Expenditure Salary		Category/ Type 001	
Name of Federal Candidate Mr. Greg Orman		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>KS</u>
Calendar Year-To-Date Per Election for Office Sought		261541.03	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶ _____
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶		50.20	
(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.			
Signature <i>Ms. Emily Buchanan</i>		Date M M / D D / Y Y Y Y Y Y 05 / 18 / 2015	
[Electronically Filed]			

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 2337 OF 3250
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on MM / DD / YYYY				
Full Name of Payee Irene R Hoyer			Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 31 / 2014	
Mailing Address 4310 N Mission Rd			Amount 9.00	
City Bel Aire	State KS	Zip Code 67226	Transaction ID : 229b5b01-407d-4245-b	
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement or Obligation MM / DD / YYYY 10 / 31 / 2014	
Name of Federal Candidate Mr. Greg Orman		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>KS</u>	
Calendar Year-To-Date Per Election for Office Sought		261541.03	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Josh R Arnold			Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 01 / 2014	
Mailing Address 1531 N Ridgewood Dr			Amount 25.00	
City Wichita	State KS	Zip Code 67208	Transaction ID : 1ea24a1b-0521-4d46-b	
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation MM / DD / YYYY 11 / 01 / 2014	
Name of Federal Candidate Mr. Greg Orman		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>KS</u>	
Calendar Year-To-Date Per Election for Office Sought		261541.03	Disbursement For: ☐ Primary ☒ 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.				
Signature Ms. Emily Buchanan		[Electronically Filed]		Date MM / DD / YYYY 05 / 18 / 2015

Full Name of Payee Joseph R English		Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 01 / 2014	
Mailing Address 915 East Market Ave Apt 4		Amount 80.00	
City Searcy	State AR	Zip Code 72143	Transaction ID : d59d51cb-608b-406c-b Date of Disbursement or Obligation MM / DD / YYYY 11 / 01 / 2014
Purpose of Expenditure Salary		Category/ Type 001	
Name of Federal Candidate Mr. Mark L Pryor		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: AR
Calendar Year-To-Date Per Election for Office Sought		292370.62	Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....	87.80
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures.....	

Ms. Emily Buchanan

[Electronically Filed]

Date 05 / 18 / 2015

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 2339 OF 3250
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M M / D D D / Y Y Y Y Y Y					
Full Name of Payee Joseph R English			Date of Public Distribution/Dissemination 11 / 01 / 2014		
Mailing Address 915 East Market Ave Apt 4			Amount 52.80		
City Searcy		State AR	Zip Code 72143		Transaction ID : 76a65430-e275-4e85-9
Purpose of Expenditure Mileage		Category/ Type 002		Date of Disbursement or Obligation 11 / 01 / 2014	
Name of Federal Candidate Mr. Mark L Pryor			Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>AR</u> ☐ Support ☒ Oppose		
Calendar Year-To-Date Per Election for Office Sought 292370.62			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
Full Name of Payee Dorthy Meyer			Date of Public Distribution/Dissemination 11 / 01 / 2014		
Mailing Address 11707 South African Street			Amount 15.00		
City Olathe		State KS	Zip Code 66062		Transaction ID : 236c4c9e-2ff4-48a1-b
Purpose of Expenditure Salary		Category/ Type 001		Date of Disbursement or Obligation 11 / 01 / 2014	
Name of Federal Candidate Ms. Kay Hagan			Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>NC</u> ☐ Support ☒ Oppose		
Calendar Year-To-Date Per Election for Office Sought 1095959.94			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			67.80		
(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.					
Signature <u>Ms. Emily Buchanan</u> [Electronically Filed]			Date 05 / 18 / 2015		

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 2340 OF 3250
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M M / D D D / Y Y Y Y Y Y					
Full Name of Payee Laurel Littler			Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 11 / 01 / 2014		
Mailing Address 145 Bradford Circle			Amount 30.00		
City Clayton	State NC	Zip Code 27527	Transaction ID : 85297bea-e92b-4c8c-9		
Purpose of Expenditure Salary		Category/Type 001	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 11 / 01 / 2014		
Name of Federal Candidate Ms. Kay Hagan			Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>NC</u> ☐ Support ☒ Oppose		
Calendar Year-To-Date Per Election for Office Sought 1095959.94			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
Full Name of Payee Laurel Littler			Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 11 / 01 / 2014		
Mailing Address 145 Bradford Circle			Amount 19.65		
City Clayton	State NC	Zip Code 27527	Transaction ID : a0ef7598-91a8-4c1e-a		
Purpose of Expenditure Mileage		Category/Type 002	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 11 / 01 / 2014		
Name of Federal Candidate Ms. Kay Hagan			Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>NC</u> ☐ Support ☒ Oppose		
Calendar Year-To-Date Per Election for Office Sought 1095959.94			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			49.65		
(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.					
Signature <u>Ms. Emily Buchanan</u> [Electronically Filed]			Date M M M / D D D / Y Y Y Y Y Y 05 / 18 / 2015		

Full Name of Payee Andrea L Hammond		Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 01 / 2014	
Mailing Address 12920 Kneeland Ln		Amount 10.00	
City Neosho	State MO	Zip Code 64850	Transaction ID : e117a357-63bc-4e26-a Date of Disbursement or Obligation MM / DD / YYYY 11 / 01 / 2014
Purpose of Expenditure Salary	Category/ Type 001		
Name of Federal Candidate Mr. Mark L Pryor	☐ Support ☒ Oppose	Office Sought: ☐ President ☒ Senate ☐ Other (specify) ▶	District: 00 State: AR
Calendar Year-To-Date Per Election for Office Sought	292370.62		

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	40.00
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

05 / 18 / 2015

FEC Schedule E (Form 3X) Rev. 09/2013

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 2342 OF 3250
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC		FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on		M M M / D D D / Y Y Y Y Y Y	
Full Name of Payee Judith A Murphy		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 11 / 01 / 2014	
Mailing Address PO Box 37		Amount 67.50	
City East Bend	State NC	Zip Code 27018	Transaction ID : 1d53eaac-7b55-49b8-b
Purpose of Expenditure Salary	Category/ Type	001	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 11 / 01 / 2014
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>NC</u>
Calendar Year-To-Date Per Election for Office Sought		1095959.94	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶
Full Name of Payee Judith A Murphy		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 11 / 01 / 2014	
Mailing Address PO Box 37		Amount 14.30	
City East Bend	State NC	Zip Code 27018	Transaction ID : b2f00abe-e3d5-4f88-8
Purpose of Expenditure Mileage	Category/ Type	002	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 11 / 01 / 2014
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>NC</u>
Calendar Year-To-Date Per Election for Office Sought		1095959.94	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures.....		81.80	
(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]	
Signature		Date 05 / 18 / 2015	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 2343 OF 3250
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on / /					
Full Name of Payee Claud B Murphy JR			Date of Public Distribution/Dissemination / / 11 / 01 / 2014		
Mailing Address PO Box 37			Amount 77.50		
City East Bend		State NC	Zip Code 27018		Transaction ID : 9c047112-20b9-4e9f-a
Purpose of Expenditure Salary		Category/ Type 001		Date of Disbursement or Obligation / / 11 / 01 / 2014	
Name of Federal Candidate Ms. Kay Hagan			☐ Support ☒ Oppose Office Sought: ☐ House ☒ Senate District: <u>00</u> ☐ President State: <u>NC</u>		
Calendar Year-To-Date Per Election for Office Sought 1095959.94			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶ _____		
Full Name of Payee Matt Gleb			Date of Public Distribution/Dissemination / / 11 / 01 / 2014		
Mailing Address 3815 Robin Road			Amount 28.00		
City Ayden		State NC	Zip Code 28513		Transaction ID : 37e28554-f247-493d-8
Purpose of Expenditure Salary		Category/ Type 001		Date of Disbursement or Obligation / / 11 / 01 / 2014	
Name of Federal Candidate Ms. Kay Hagan			☐ Support ☒ Oppose Office Sought: ☐ House ☒ Senate District: <u>00</u> ☐ President State: <u>NC</u>		
Calendar Year-To-Date Per Election for Office Sought 1095959.94			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶ _____		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶					 105.50
(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.					
Signature <i>Ms. Emily Buchanan</i>			Date / / 05 / 18 / 2015		
[Electronically Filed]					

Full Name of Payee Anthony W Stevens			Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 01 / 2014		
Mailing Address 3405 German Shepherd Trail			Amount 28.00		
City Wake Forest	State NC	Zip Code 27587	Transaction ID : 2746c572-d2b9-4135-a Date of Disbursement or Obligation MM / DD / YYYY 11 / 01 / 2014		
Purpose of Expenditure Salary		Category/ Type 001			
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House ☒ Senate ☐ President ☒ Senate		
Calendar Year-To-Date Per Election for Office Sought		1095959.94	District: 00 State: NC Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ►		

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	38.50
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

Ms. Emily Buchanan

[Electronically Filed]

Date 05 / 18 / 2015

Signature

Full Name of Payee Kacie Gleb			Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 01 / 2014		
Mailing Address 3815 Robin Road			Amount 28.00		
City Ayden	State NC	Zip Code 28513	Transaction ID : 4850ef91-cc1c-4c29-8 Date of Disbursement or Obligation MM / DD / YYYY 11 / 01 / 2014		
Purpose of Expenditure Salary		Category/ Type 001			
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: NC		
Calendar Year-To-Date Per Election for Office Sought		1095959.94	Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ►		

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	32.32
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

05 / 18 / 2015

FEC Schedule E (Form 3X) Rev. 09/2013

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 2346 OF 3250
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC		FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on		MM / DD / YYYY	
Full Name of Payee Jennie Butler		Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 01 / 2014	
Mailing Address 1676 Shady Creek Rd		Amount 26.67	
City Ayden	State NC	Zip Code 28513	Transaction ID : 07da6ef9-759c-4707-b
Purpose of Expenditure Salary	Category/ Type	001	Date of Disbursement or Obligation MM / DD / YYYY 11 / 01 / 2014
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: NC
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Jennie Butler		Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 01 / 2014	
Mailing Address 1676 Shady Creek Rd		Amount 6.30	
City Ayden	State NC	Zip Code 28513	Transaction ID : ad023423-4c0d-47b2-b
Purpose of Expenditure Mileage	Category/ Type	002	Date of Disbursement or Obligation MM / DD / YYYY 11 / 01 / 2014
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: NC
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶		32.97	
(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]	
Signature		Date MM / DD / YYYY 05 / 18 / 2015	

Full Name of Payee Daniel M Quackenbush			Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 01 / 2014	
Mailing Address 12062 NC 902 Hwy			Amount 15.00	
City Bear Creek	State NC	Zip Code 27207	Transaction ID : 75acdc17-c16a-4061-a Date of Disbursement or Obligation MM / DD / YYYY 11 / 01 / 2014	
Purpose of Expenditure Mileage		Category/ Type 002		
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: NC	
Calendar Year-To-Date Per Election for Office Sought		1095959.94	Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ►	

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	62.50
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 2348 OF 3250
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC		FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on		MM / DD / YYYY	

Full Name of Payee Jane M Kesinger		Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 01 / 2014	
Mailing Address 209 Hillside Dr		Amount 10.00	
City Baldwin City	State KS	Zip Code 66006	Transaction ID : 8f13b609-bf0a-4406-9
Purpose of Expenditure Salary	Category/ Type	001	Date of Disbursement or Obligation MM / DD / YYYY 11 / 01 / 2014
Name of Federal Candidate Mr. Greg Orman		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>KS</u>
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
		261541.03	

Full Name of Payee Jane M Kesinger		Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 01 / 2014	
Mailing Address 209 Hillside Dr		Amount 1.38	
City Baldwin City	State KS	Zip Code 66006	Transaction ID : b6a1c248-596b-4600-a
Purpose of Expenditure Mileage	Category/ Type	002	Date of Disbursement or Obligation MM / DD / YYYY 11 / 01 / 2014
Name of Federal Candidate Mr. Greg Orman		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>KS</u>
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
		261541.03	

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	11.38
(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]

Signature

Date

MM / DD / YYYY
05 / 18 / 2015

Full Name of Payee Kendyl H Browder		Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 01 / 2014	
Mailing Address 4429 Lagan Circle		Amount 12.60	
City Winterville	State NC	Zip Code 28590	Transaction ID : 54c8891e-28fb-4410-8
Purpose of Expenditure Mileage	Category/ Type	002	Date of Disbursement or Obligation MM / DD / YYYY 11 / 01 / 2014
Name of Federal Candidate Ms. Kay Hagan	☐ Support ☒ Oppose	Office Sought: ☐ President ☒ Senate	District: 00 State: NC
Calendar Year-To-Date Per Election for Office Sought	1095959.94		Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	42.60
(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.

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 2350 OF 3250
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on MM / DD / YYYY				
Full Name of Payee Corey S McKnight			Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 01 / 2014	
Mailing Address 1510 Bailey St			Amount 70.00	
City West Monroe	State LA	Zip Code 71292	Transaction ID : 7b194188-3eb5-4510-9	
Purpose of Expenditure Salary		Category/Type 001	Date of Disbursement or Obligation MM / DD / YYYY 11 / 01 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: LA	
Calendar Year-To-Date Per Election for Office Sought		554635.78	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Diane Smith			Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 01 / 2014	
Mailing Address 4006 Wolkswalk Place			Amount 43.00	
City Raleigh	State NC	Zip Code 27610	Transaction ID : e232beb8-a475-4405-b	
Purpose of Expenditure Salary		Category/Type 001	Date of Disbursement or Obligation MM / DD / YYYY 11 / 01 / 2014	
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: NC	
Calendar Year-To-Date Per Election for Office Sought		1095959.94	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures.....▶			113.00	
(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.				
Signature Ms. Emily Buchanan		[Electronically Filed]		Date MM / DD / YYYY 05 / 18 / 2015

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 2351 OF 3250
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M / D D / Y Y Y Y				
Full Name of Payee Diane Smith			Date of Public Distribution/Dissemination 11 / 01 / 2014	
Mailing Address 4006 Wolkswalk Place			Amount 9.60	
City Raleigh	State NC	Zip Code 27610	Transaction ID : 49ed625a-0013-4b2e-9	
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement or Obligation 11 / 01 / 2014	
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: NC	
Calendar Year-To-Date Per Election for Office Sought		1095959.94	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Stephanie E Hardy			Date of Public Distribution/Dissemination 11 / 01 / 2014	
Mailing Address 3039 Four Way Rd			Amount 20.00	
City Snow Hill	State NC	Zip Code 28580	Transaction ID : 71e597ed-36d9-4380-9	
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation 11 / 01 / 2014	
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: NC	
Calendar Year-To-Date Per Election for Office Sought		1095959.94	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			29.60	
(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 05 / 18 / 2015	
Signature				

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 2352 OF 3250
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC		FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on / /			
Full Name of Payee Camille N Yearry		Date of Public Distribution/Dissemination / / 11 / 01 / 2014	
Mailing Address 2025 NE 67th St		Amount 50.00	
City Gladstone	State MO	Zip Code 64118	Transaction ID : c8588ea5-8b2d-4307-b Date of Disbursement or Obligation / / 11 / 01 / 2014
Purpose of Expenditure Salary		Category/ Type 001	
Name of Federal Candidate Mr. Mark L Pryor		Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>AR</u> ☐ Support ☒ Oppose	
Calendar Year-To-Date Per Election for Office Sought 292370.62		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶ _____	
Full Name of Payee Camille N Yearry		Date of Public Distribution/Dissemination / / 11 / 01 / 2014	
Mailing Address 2025 NE 67th St		Amount 23.16	
City Gladstone	State MO	Zip Code 64118	Transaction ID : 1d8fa5c0-3b39-4d2a-b Date of Disbursement or Obligation / / 11 / 01 / 2014
Purpose of Expenditure Mileage		Category/ Type 002	
Name of Federal Candidate Mr. Mark L Pryor		Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>AR</u> ☐ Support ☒ Oppose	
Calendar Year-To-Date Per Election for Office Sought 292370.62		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶ _____	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶		 73.16	
(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.			
Signature <i>Ms. Emily Buchanan</i>		Date / / 05 / 18 / 2015	
[Electronically Filed]			

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 2353 OF 3250
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M M / D D D / Y Y Y Y Y Y				
Full Name of Payee Linda J Fueling			Date of Public Distribution/Dissemination 11 / 01 / 2014	
Mailing Address 6424 Purple Martin Ct			Amount 23.00	
City Wilmington	State NC	Zip Code 28411	Transaction ID : bba743d9-67e0-4437-8	
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation 11 / 01 / 2014	
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>NC</u>	
Calendar Year-To-Date Per Election for Office Sought		1095959.94	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Linda J Fueling			Date of Public Distribution/Dissemination 11 / 01 / 2014	
Mailing Address 6424 Purple Martin Ct			Amount 8.58	
City Wilmington	State NC	Zip Code 28411	Transaction ID : d6f77601-9d2e-48de-8	
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement or Obligation 11 / 01 / 2014	
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>NC</u>	
Calendar Year-To-Date Per Election for Office Sought		1095959.94	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			31.58	
(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.				
Signature Ms. Emily Buchanan		[Electronically Filed]		Date 05 / 18 / 2015

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 2354 OF 3250
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on MM / DD / YYYY				
Full Name of Payee Heather A Smith			Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 01 / 2014	
Mailing Address 995 Clairborne Rd			Amount 30.00	
City Calhoun	State LA	Zip Code 71225	Transaction ID : 1efb11d3-b58a-42ff-8	
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation MM / DD / YYYY 11 / 01 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>LA</u>	
Calendar Year-To-Date Per Election for Office Sought		554635.78	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Heather A Smith			Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 01 / 2014	
Mailing Address 995 Clairborne Rd			Amount 14.40	
City Calhoun	State LA	Zip Code 71225	Transaction ID : 9ce82762-7304-4872-b	
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement or Obligation MM / DD / YYYY 11 / 01 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>LA</u>	
Calendar Year-To-Date Per Election for Office Sought		554635.78	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			44.40	
(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 MM / DD / YYYY 05 / 18 / 2015	
Signature				

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 2355 OF 3250
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on MM / DD / YYYYYY				
Full Name of Payee Joanna Kindstedt			Date of Public Distribution/Dissemination MM / DD / YYYYYY 11 / 01 / 2014	
Mailing Address 2134 Tobaccoville Rd			Amount 40.80	
City Rural Hall	State NC	Zip Code 27045	Transaction ID : 69b132cc-b40e-4d6a-9	
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation MM / DD / YYYYYY 11 / 01 / 2014	
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>NC</u>	
Calendar Year-To-Date Per Election for Office Sought		1095959.94	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee James Kindstedt			Date of Public Distribution/Dissemination MM / DD / YYYYYY 11 / 01 / 2014	
Mailing Address 5510 Dogwood Dr			Amount 40.80	
City Winston Salem	State NC	Zip Code 27105	Transaction ID : f3077b16-b09b-4842-a	
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation MM / DD / YYYYYY 11 / 01 / 2014	
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>NC</u>	
Calendar Year-To-Date Per Election for Office Sought		1095959.94	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			81.60	
(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 MM / DD / YYYYYY 05 / 18 / 2015	
Signature				

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 2356 OF 3250
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M M / D D D / Y Y Y Y Y Y				
Full Name of Payee James Kindstedt			Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 11 / 01 / 2014	
Mailing Address 5510 Dogwood Dr			Amount 9.66	
City Winston Salem		State NC	Zip Code 27105	
Purpose of Expenditure Mileage		Category/ Type	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 11 / 01 / 2014	
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: NC	
Calendar Year-To-Date Per Election for Office Sought			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Marsha Barnell			Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 11 / 01 / 2014	
Mailing Address 3847 SW Atwood Terrace			Amount 15.00	
City Topeka		State KS	Zip Code 66610	
Purpose of Expenditure Salary		Category/ Type	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 11 / 01 / 2014	
Name of Federal Candidate Mr. Greg Orman		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: KS	
Calendar Year-To-Date Per Election for Office Sought			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			24.66	
(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.				
Signature <u>Ms. Emily Buchanan</u> [Electronically Filed] Date M M M / D D D / Y Y Y Y Y Y 05 / 18 / 2015 				

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 2357 OF 3250
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M M / D D D / Y Y Y Y Y Y					
Full Name of Payee Marsha Barnell			Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 11 / 01 / 2014		
Mailing Address 3847 SW Atwood Terrace			Amount 6.00		
City Topeka		State KS	Zip Code 66610		Transaction ID : 51c04d38-0a4d-4605-b
Purpose of Expenditure Mileage		Category/ Type 002		Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 11 / 01 / 2014	
Name of Federal Candidate Mr. Greg Orman			☐ Support ☒ Oppose		Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: KS
Calendar Year-To-Date Per Election for Office Sought			261541.03 Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
Full Name of Payee Susan K Hamby			Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 11 / 01 / 2014		
Mailing Address 202 Violet St			Amount 50.00		
City West Monroe		State LA	Zip Code 71292		Transaction ID : c665c36b-0dd8-4c0a-b
Purpose of Expenditure Salary		Category/ Type 001		Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 11 / 01 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu			☐ Support ☒ Oppose		Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: LA
Calendar Year-To-Date Per Election for Office Sought			554635.78 Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶					56.00
(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.					
Signature Ms. Emily Buchanan			[Electronically Filed]		Date M M M / D D D / Y Y Y Y Y Y 05 / 18 / 2015

Full Name of Payee Leona Martin		Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 01 / 2014	
Mailing Address 9901 Floyd St		Amount 11.10	
City Overland Park	State KS	Zip Code 66212	Transaction ID : 901f7bb2-00a1-48a7-9 Date of Disbursement or Obligation MM / DD / YYYY 11 / 01 / 2014
Purpose of Expenditure Mileage	Category/ Type	002	
Name of Federal Candidate Mr. Greg Orman	☐ Support ☒ Oppose	Office Sought: ☐ President ☒ Senate	District: 00 State: KS
Calendar Year-To-Date Per Election for Office Sought	261541.03		Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	61.10
(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.

Signature

Full Name of Payee Zachary R McCleese		Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 01 / 2014	
Mailing Address 323 Rolling Pines Dr		Amount 80.00	
City Spring Lake	State NC	Zip Code 28390	Transaction ID : 914ab9cb-c32f-4e96-a Date of Disbursement or Obligation MM / DD / YYYY 11 / 01 / 2014
Purpose of Expenditure Salary	Category/ Type 001		
Name of Federal Candidate Mr. Mark L Pryor	☐ Support ☒ Oppose	Office Sought: ☐ President ☒ Senate ☐ Other (specify) ▶	District: 00 State: AR
Calendar Year-To-Date Per Election for Office Sought	292370.62		Disbursement For: ☐ Primary ☒ General

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	115.00
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

Three digital display units are shown, each with a 7-segment display. The first unit shows '05' with 'M' indicators above. The second unit shows '18' with 'D' indicators above. The third unit shows '2015' with 'Y' indicators above. They are separated by slashes, representing the date MM/DD/YYYY.

FEC Schedule E (Form 3X) Rev. 09/2013

Full Name of Payee Christopher L Brazil		Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 01 / 2014	
Mailing Address 5560 Dogwood Dr		Amount 31.50	
City Winston Salem	State NC	Zip Code 27105	Transaction ID : 111ce467-bf98-4084-b Date of Disbursement or Obligation MM / DD / YYYY 11 / 01 / 2014
Purpose of Expenditure Salary	Category/ Type 001		
Name of Federal Candidate Ms. Kay Hagan	☐ Support ☒ Oppose	Office Sought: ☐ President ☒ Senate	District: 00 State: NC
Calendar Year-To-Date Per Election for Office Sought	1095959.94	Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	62.10
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

Ms. Emily Buchanan

[Electronically Filed]

Date 05 / 18 / 2015

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 2361 OF 3250
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on MM / DD / YYYY					
Full Name of Payee Christopher L Brazil			Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 01 / 2014		
Mailing Address 5560 Dogwood Dr			Amount 3.90		
City Winston Salem	State NC	Zip Code 27105	Transaction ID : eac81295-568f-47b5-9		
Purpose of Expenditure Mileage		Category/Type 002	Date of Disbursement or Obligation MM / DD / YYYY 11 / 01 / 2014		
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>NC</u>		
Calendar Year-To-Date Per Election for Office Sought 1095959.94			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
Full Name of Payee Kirsten E McKinney			Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 01 / 2014		
Mailing Address 1419 S Highbush Ave			Amount 12.50		
City Fayetteville	State AR	Zip Code 72701	Transaction ID : 0ea65dab-391b-4350-b		
Purpose of Expenditure Salary		Category/Type 001	Date of Disbursement or Obligation MM / DD / YYYY 11 / 01 / 2014		
Name of Federal Candidate Mr. Mark L Pryor		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>AR</u>		
Calendar Year-To-Date Per Election for Office Sought 292370.62			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			16.40		
(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.					
Signature Ms. Emily Buchanan		[Electronically Filed]		Date MM / DD / YYYY 05 / 18 / 2015	

Full Name of Payee Carmen Maddrey		Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 01 / 2014	
Mailing Address 2043 Nottingham Ln		Amount 35.00	
City Burlington	State NC	Zip Code 27215	Transaction ID : fc38e57f-025c-4902-8
Purpose of Expenditure Salary	Category/ Type	001	Date of Disbursement or Obligation MM / DD / YYYY 11 / 01 / 2014
Name of Federal Candidate Ms. Kay Hagan	☐ Support ☒ Oppose	Office Sought: ☐ President ☒ Senate	District: 00 State: NC
Calendar Year-To-Date Per Election for Office Sought	1095959.94	Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	39.50
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 2363 OF 3250
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC	FEC IDENTIFICATION NUMBER ▼ C C00530766
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on MM / DD / YYYY	

Full Name of Payee Carmen Maddrey		Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 01 / 2014	
Mailing Address 2043 Nottingham Ln		Amount 2.40	
City Burlington	State NC	Zip Code 27215	Transaction ID : 639e66ab-ac48-46cb-a Date of Disbursement or Obligation MM / DD / YYYY 11 / 01 / 2014
Purpose of Expenditure Mileage	Category/ Type 002		
Name of Federal Candidate Ms. Kay Hagan		Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>NC</u>	
Calendar Year-To-Date Per Election for Office Sought 1095959.94		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	

Full Name of Payee Janet Morris		Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 01 / 2014	
Mailing Address 620 Old Barbome Rd Lot 2		Amount 70.00	
City West Monroe	State LA	Zip Code 71291	Transaction ID : e1339759-8ab7-4230-9 Date of Disbursement or Obligation MM / DD / YYYY 11 / 01 / 2014
Purpose of Expenditure Salary	Category/ Type 001		
Name of Federal Candidate Ms. Kay Hagan		Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>NC</u>	
Calendar Year-To-Date Per Election for Office Sought 1095959.94		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	72.40
(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

MM / DD / YYYY
 05 / 18 / 2015

Signature

Full Name of Payee Elvis Spears		Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 01 / 2014	
Mailing Address 2150 Hope St		Amount 60.00	
City New Orleans	State LA	Zip Code 70119	Transaction ID : 684a499f-27e4-4ad4-a Date of Disbursement or Obligation MM / DD / YYYY 11 / 01 / 2014
Purpose of Expenditure Salary	Category/ Type 001		
Name of Federal Candidate Ms. Mary L Landrieu	☐ Support ☒ Oppose	Office Sought: ☐ President ☒ Senate	District: 00 State: LA
Calendar Year-To-Date Per Election for Office Sought	554635.78	Disbursement For: 2014 ☐ Other (specify) ▶	
		☐ Primary ☒ General	

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	68.40
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

FEC Schedule E (Form 3X) Rev. 09/2013

Full Name of Payee Joseph R Rys		Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 01 / 2014	
Mailing Address 160 #50 Pompano Dr		Amount 75.00	
City New Bern	State NC	Zip Code 28560	Transaction ID : 6c717f1f-6c12-469b-8 Date of Disbursement or Obligation MM / DD / YYYY 11 / 01 / 2014
Purpose of Expenditure Salary	Category/ Type	001	
Name of Federal Candidate Ms. Kay Hagan	☐ Support ☒ Oppose	Office Sought: ☐ House ☐ President ☒ Senate	District: 00 State: NC
Calendar Year-To-Date Per Election for Office Sought	1095959.94		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	85.50
(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.

Date / /

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 2366 OF 3250
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on MM / DD / YYYY					
Full Name of Payee Joseph R Rys			Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 01 / 2014		
Mailing Address 160 #50 Pompano Dr			Amount 12.84		
City New Bern	State NC	Zip Code 28560	Transaction ID : c40f5a90-c6ea-4b55-b Date of Disbursement or Obligation MM / DD / YYYY 11 / 01 / 2014		
Purpose of Expenditure Mileage		Category/ Type 002			
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>NC</u>		
Calendar Year-To-Date Per Election for Office Sought		1095959.94	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
Full Name of Payee Patrice Wolfe			Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 01 / 2014		
Mailing Address 9909 Treasure Hill Rd			Amount 30.00		
City Little Rock	State AR	Zip Code 72205	Transaction ID : d4f345b5-20b4-464c-9 Date of Disbursement or Obligation MM / DD / YYYY 11 / 01 / 2014		
Purpose of Expenditure Salary		Category/ Type 001			
Name of Federal Candidate Mr. Mark L Pryor		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>AR</u>		
Calendar Year-To-Date Per Election for Office Sought		292370.62	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			42.84		
(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.					
Signature Ms. Emily Buchanan		[Electronically Filed]		Date MM / DD / YYYY 05 / 18 / 2015	

Full Name of Payee Edmond D Rea		Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 01 / 2014	
Mailing Address 416 Vine Dr		Amount 15.30	
City Lawrence	State KS	Zip Code 66049	Transaction ID : 28cfea5d-9dfe-48fc-9
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement or Obligation MM / DD / YYYY 11 / 01 / 2014
Name of Federal Candidate Mr. Greg Orman		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: KS
Calendar Year-To-Date Per Election for Office Sought 261541.03		Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ▶	

Full Name of Payee Cecilia A Rebrick		Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 01 / 2014	
Mailing Address 5003 Allison Lane		Amount 40.00	
City Ft. Smith	State AR	Zip Code 72901	Transaction ID : 5175afd8-9ac7-46a1-9
Purpose of Expenditure Salary	Category/ Type	001	Date of Disbursement or Obligation MM / DD / YYYY 11 / 01 / 2014
Name of Federal Candidate Mr. Mark L Pryor		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: AR
Calendar Year-To-Date Per Election for Office Sought		292370.62	Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	55.30
(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.

Date _____

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 2369 OF 3250
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on MM / DD / YYYY				
Full Name of Payee Cecilla A Rebrick			Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 01 / 2014	
Mailing Address 5003 Allison Lane			Amount 1.50	
City Ft. Smith	State AR	Zip Code 72901	Transaction ID : 11dfcf92-75c6-4163-a	
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement or Obligation MM / DD / YYYY 11 / 01 / 2014	
Name of Federal Candidate Mr. Mark L Pryor		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>AR</u>	
Calendar Year-To-Date Per Election for Office Sought		292370.62	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Aleksandra B Padua			Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 01 / 2014	
Mailing Address 110 Bridge gate Dr			Amount 60.00	
City Cary	State NC	Zip Code 27519	Transaction ID : 031200d7-db18-4503-9	
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation MM / DD / YYYY 11 / 01 / 2014	
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>NC</u>	
Calendar Year-To-Date Per Election for Office Sought		1095959.94	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures.....▶			61.50	
(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 MM / DD / YYYY 05 / 18 / 2015	
Signature				

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 2370 OF 3250
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC		FEC IDENTIFICATION NUMBER ▼ C C00530766
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on		MM / DD / YYYY

Full Name of Payee Aleksandra B Padua		Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 01 / 2014
Mailing Address 110 Bridge gate Dr		Amount 10.23
City Cary	State NC	Zip Code 27519
Purpose of Expenditure Mileage	Category/Type 002	Transaction ID : 7cfd64b1-4b14-47e0-9 Date of Disbursement or Obligation MM / DD / YYYY 11 / 01 / 2014
Name of Federal Candidate Ms. Kay Hagan		Office Sought: ☐ House District: 00 ☒ Senate State: NC
Calendar Year-To-Date Per Election for Office Sought 1095959.94		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶

Full Name of Payee Charleen Ecuyer		Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 01 / 2014
Mailing Address 3738 Woodland Ridge Blvd		Amount 82.50
City Baton Rouge	State LA	Zip Code 70816
Purpose of Expenditure Salary	Category/Type 001	Transaction ID : 293e094e-724b-4e93-b Date of Disbursement or Obligation MM / DD / YYYY 11 / 01 / 2014
Name of Federal Candidate Ms. Mary L Landrieu		Office Sought: ☐ House District: 00 ☒ Senate State: LA
Calendar Year-To-Date Per Election for Office Sought 554635.78		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	92.73
(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

MM / DD / YYYY
05 / 18 / 2015

Signature

Full Name of Payee Avery Rodriguez		Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 01 / 2014	
Mailing Address 11 Cooper Lane		Amount 139.00	
City Conway	State AR	Zip Code 72034	Transaction ID : 65b4b562-c7c0-422e-8 Date of Disbursement or Obligation MM / DD / YYYY 11 / 01 / 2014
Purpose of Expenditure Salary	Category/ Type 001		
Name of Federal Candidate Mr. Mark L Pryor	☐ Support ☒ Oppose	Office Sought: ☐ President ☒ Senate ☐ Other (specify) ▶	District: 00 State: AR ☐ Primary ☒ General
Calendar Year-To-Date Per Election for Office Sought	292370.62		

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	157.00
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

05 / 18 / 2015

FEC Schedule E (Form 3X) Rev. 09/2013

Full Name of Payee Chelsey Waite		Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 01 / 2014	
Mailing Address 3738 Woodland Ridge Blvd		Amount 82.50	
City Baton Rouge	State LA	Zip Code 70816	Transaction ID : cb7c20f0-390d-46c7-9 Date of Disbursement or Obligation MM / DD / YYYY 11 / 01 / 2014
Purpose of Expenditure Salary	Category/ Type	001	
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House ☒ Senate ☐ President ☒ Senate
Calendar Year-To-Date Per Election for Office Sought		554635.78	Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ▶

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

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 2373 OF 3250
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC		FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on		M M M / D D D / Y Y Y Y Y Y	
Full Name of Payee Chelsey Waite		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 11 / 01 / 2014	
Mailing Address 3738 Woodland Ridge Blvd		Amount 82.50	
City Baton Rouge	State LA	Zip Code 70816	Transaction ID : 7a2b09cc-da19-446a-9
Purpose of Expenditure Salary	Category/Type 001	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 11 / 01 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose ☐ President ☒ Senate	
Office Sought: ☐ House ☒ Senate		District: 00 State: LA	
Calendar Year-To-Date Per Election for Office Sought 554635.78		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Vanessa E Ecuyer		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 11 / 01 / 2014	
Mailing Address 3738 Woodland Ridge Blvd		Amount 82.50	
City Baton Rouge	State LA	Zip Code 70816	Transaction ID : 4dbd8d1a-2238-403a-a
Purpose of Expenditure Salary	Category/Type 001	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 11 / 01 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose ☐ President ☒ Senate	
Office Sought: ☐ House ☒ Senate		District: 00 State: LA	
Calendar Year-To-Date Per Election for Office Sought 554635.78		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶		165.00	
(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.			
Signature Ms. Emily Buchanan		Date M M M / D D D / Y Y Y Y Y Y 05 / 18 / 2015	
		[Electronically Filed]	

Full Name of Payee Jackson S Tuttle		Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 01 / 2014	
Mailing Address 404 Chancery Park Ct		Amount 10.50	
City Kernersville	State NC	Zip Code 27284	Transaction ID : b07f919d-48d7-4508-8
Purpose of Expenditure Mileage	Category/ Type	002	Date of Disbursement or Obligation MM / DD / YYYY 11 / 01 / 2014
Name of Federal Candidate Ms. Kay Hagan	☐ Support ☒ Oppose	Office Sought: ☐ House ☐ President	District: 00 State: NC ☒ Senate
Calendar Year-To-Date Per Election for Office Sought	1095959.94		Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	75.50
(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.

Date / /

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 2375 OF 3250
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on MM / DD / YYYY					
Full Name of Payee Michael A Stieben			Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 01 / 2014		
Mailing Address 16864 Stillwell			Amount 50.00		
City Bonner Springs	State KS	Zip Code 66012	Transaction ID : 776267a9-53ff-40c8-9		
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation MM / DD / YYYY 11 / 01 / 2014		
Name of Federal Candidate Mr. Greg Orman		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>KS</u>		
Calendar Year-To-Date Per Election for Office Sought		261541.03	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
Full Name of Payee Michael A Stieben			Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 01 / 2014		
Mailing Address 16864 Stillwell			Amount 22.80		
City Bonner Springs	State KS	Zip Code 66012	Transaction ID : 9e934ee9-4ccb-4414-8		
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement or Obligation MM / DD / YYYY 11 / 01 / 2014		
Name of Federal Candidate Mr. Greg Orman		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>KS</u>		
Calendar Year-To-Date Per Election for Office Sought		261541.03	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			72.80		
(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.					
Signature Ms. Emily Buchanan		[Electronically Filed]		Date MM / DD / YYYY 05 / 18 / 2015	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 2376 OF 3250
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on MM / DD / YYYY					
Full Name of Payee Eric J Smith			Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 01 / 2014		
Mailing Address 4967 Dysartville			Amount 70.00		
City Morganton	State NC	Zip Code 28655	Transaction ID : 2acfd44-f62e-4a26-b		
Purpose of Expenditure Salary		Category/Type 001	Date of Disbursement or Obligation MM / DD / YYYY 11 / 01 / 2014		
Name of Federal Candidate Ms. Kay Hagan			Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>NC</u> ☐ Support ☒ Oppose		
Calendar Year-To-Date Per Election for Office Sought 1095959.94			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶ _____		
Full Name of Payee Jennifer E Smith			Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 01 / 2014		
Mailing Address 4967 Dysartville Rd			Amount 70.00		
City Morganton	State NC	Zip Code 28655	Transaction ID : 69766968-bacb-49f2-b		
Purpose of Expenditure Salary		Category/Type 001	Date of Disbursement or Obligation MM / DD / YYYY 11 / 01 / 2014		
Name of Federal Candidate Ms. Kay Hagan			Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>NC</u> ☐ Support ☒ Oppose		
Calendar Year-To-Date Per Election for Office Sought 1095959.94			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶ _____		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			140.00		
(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.					
Signature _____ Ms. Emily Buchanan			Date MM / DD / YYYY 05 / 18 / 2015 [Electronically Filed]		

Full Name of Payee Jeffrey S Hauge		Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 01 / 2014	
Mailing Address 211 N Ashley Park		Amount 25.00	
City Wichita	State KS	Zip Code 67212	Transaction ID : 695317f6-c434-4c14-b
Purpose of Expenditure Salary	Category/ Type	001	Date of Disbursement or Obligation MM / DD / YYYY 11 / 01 / 2014
Name of Federal Candidate Mr. Greg Orman	☐ Support ☒ Oppose	Office Sought: ☐ President ☒ Senate	District: 00 State: KS
Calendar Year-To-Date Per Election for Office Sought	261541.03	Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	34.30
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

FEC Schedule E (Form 3X) Rev. 09/2013

Full Name of Payee Jeanne Tribou		Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 01 / 2014	
Mailing Address 22369 Ponderosa Dr.		Amount 60.00	
City Mandeville	State LA	Zip Code 70471	Transaction ID : dd7defcf-29ef-4086-9
Purpose of Expenditure Salary	Category/ Type	001	Date of Disbursement or Obligation MM / DD / YYYY 11 / 01 / 2014
Name of Federal Candidate Ms. Mary L Landrieu	☐ Support ☒ Oppose	Office Sought: ☐ President ☒ Senate	District: 00 State: LA
Calendar Year-To-Date Per Election for Office Sought	554635.78	Disbursement For: ☐ Primary ☒ General	☐ 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.

Date _____

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 2379 OF 3250
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M M / D D D / Y Y Y Y Y Y					
Full Name of Payee Jeanne Tribou			Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 11 / 01 / 2014		
Mailing Address 22369 Ponderosa Dr.			Amount 14.40		
City Mandeville	State LA	Zip Code 70471	Transaction ID : 787617e1-0304-4735-a		
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 11 / 01 / 2014		
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>LA</u>		
Calendar Year-To-Date Per Election for Office Sought 554635.78			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶ _____		
Full Name of Payee Laura U Logie			Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 11 / 01 / 2014		
Mailing Address 2565 Shire Circle			Amount 50.00		
City Harrisonburg	State VA	Zip Code 22801	Transaction ID : f97b4f45-22c2-40fb-a		
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 11 / 01 / 2014		
Name of Federal Candidate Mr. Greg Orman		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>KS</u>		
Calendar Year-To-Date Per Election for Office Sought 261541.03			Disbursement For: ☐ Primary ☒ 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.					
Signature Ms. Emily Buchanan		[Electronically Filed]		Date M M M / D D D / Y Y Y Y Y Y 05 / 18 / 2015	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 2380 OF 3250
 FOR LINE 24 OF FORM 3X

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

Full Name of Payee Felicia A Jones		Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 01 / 2014	
Mailing Address 4106 Martha St		Amount 80.00	
City State Zip Code Shreveport LA 71109	Transaction ID : 02adf4d0-710b-47af-b Date of Disbursement or Obligation MM / DD / YYYY 11 / 01 / 2014		
Purpose of Expenditure Salary	Category/Type 001		
Name of Federal Candidate Ms. Mary L Landrieu		Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: LA	
Calendar Year-To-Date Per Election for Office Sought 554635.78		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	

Full Name of Payee Felicia A Jones		Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 01 / 2014	
Mailing Address 4106 Martha St		Amount 9.90	
City State Zip Code Shreveport LA 71109	Transaction ID : 3c0f7b35-2c9f-4009-8 Date of Disbursement or Obligation MM / DD / YYYY 11 / 01 / 2014		
Purpose of Expenditure Mileage	Category/Type 002		
Name of Federal Candidate Ms. Mary L Landrieu		Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: LA	
Calendar Year-To-Date Per Election for Office Sought 554635.78		Disbursement For: ☐ Primary ☒ 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

[Electronically Filed]

Date

MM / DD / YYYY
05 / 18 / 2015

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 2381 OF 3250
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M / D D / Y Y Y Y				
Full Name of Payee Lee R Carter			Date of Public Distribution/Dissemination 11 / 01 / 2014	
Mailing Address 3110 Brentwood Rd			Amount 30.00	
City Raleigh	State NC	Zip Code 27604	Transaction ID : 8de2c473-287b-49f9-b	
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation 11 / 01 / 2014	
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>NC</u>	
Calendar Year-To-Date Per Election for Office Sought		1095959.94	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Lee R Carter			Date of Public Distribution/Dissemination 11 / 01 / 2014	
Mailing Address 3110 Brentwood Rd			Amount 6.60	
City Raleigh	State NC	Zip Code 27604	Transaction ID : 55cb3e8b-2ab7-4736-b	
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement or Obligation 11 / 01 / 2014	
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>NC</u>	
Calendar Year-To-Date Per Election for Office Sought		1095959.94	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			36.60	
(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.				
Signature <i>Ms. Emily Buchanan</i>		[Electronically Filed]		Date 05 / 18 / 2015

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 2382 OF 3250
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC		FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on		M M M / D D D / Y Y Y Y Y Y	
Full Name of Payee Gary W Fuhrmann		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 11 / 01 / 2014	
Mailing Address 9425 Jessica Drive		Amount 62.50	
City Shreveport	State LA	Zip Code 71106	Transaction ID : 0328df31-8868-4b9b-9
Purpose of Expenditure Salary	Category/Type 001	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 11 / 01 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose ☐ President ☒ Senate	
Office Sought: ☐ House ☒ Senate		District: 00 State: LA	
Calendar Year-To-Date Per Election for Office Sought 554635.78		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Gary W Fuhrmann		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 11 / 01 / 2014	
Mailing Address 9425 Jessica Drive		Amount 9.30	
City Shreveport	State LA	Zip Code 71106	Transaction ID : d7d039a5-8708-42a9-8
Purpose of Expenditure Mileage	Category/Type 002	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 11 / 01 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose ☐ President ☒ Senate	
Office Sought: ☐ House ☒ Senate		District: 00 State: LA	
Calendar Year-To-Date Per Election for Office Sought 554635.78		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶		71.80	
(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.			
Signature Ms. Emily Buchanan		Date M M M / D D D / Y Y Y Y Y Y 05 / 18 / 2015	
		[Electronically Filed]	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 2383 OF 3250
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M M / D D D / Y Y Y Y Y Y				
Full Name of Payee Alice K Salazar			Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 11 / 01 / 2014	
Mailing Address 605 W Houston St			Amount 100.00	
City Marshall		State TX	Zip Code 75633	
Purpose of Expenditure Salary		Category/ Type	Transaction ID : 66c2aaa8-d67f-4519-b Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 11 / 01 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: LA	
Calendar Year-To-Date Per Election for Office Sought 554635.78			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Alice K Salazar			Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 11 / 01 / 2014	
Mailing Address 605 W Houston St			Amount 67.20	
City Marshall		State TX	Zip Code 75633	
Purpose of Expenditure Mileage		Category/ Type	Transaction ID : 1f46841a-d852-4dd9-9 Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 11 / 01 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: LA	
Calendar Year-To-Date Per Election for Office Sought 554635.78			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			167.20	
(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.				
Signature Ms. Emily Buchanan		[Electronically Filed]		Date M M M / D D D / Y Y Y Y Y Y 05 / 18 / 2015

Full Name of Payee Mattie Harris		Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 01 / 2014	
Mailing Address 3654 Tara St		Amount 5.10	
City springdale	State AR	Zip Code 72762	Transaction ID : 546948a6-63b1-4a94-b Date of Disbursement or Obligation MM / DD / YYYY 11 / 01 / 2014
Purpose of Expenditure Mileage	Category/ Type	002	
Name of Federal Candidate Mr. Mark L Pryor		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: AR
Calendar Year-To-Date Per Election for Office Sought		292370.62	Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ►

(a) SUBTOTAL of Itemized Independent Expenditures.....	65.10
(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.

Date _____

Signature

Full Name of Payee Carol L Walters		Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 01 / 2014	
Mailing Address 1900 Glen West Way		Amount 23.10	
City Fort Smith	State AR	Zip Code 72916	Transaction ID : 6d2a21f7-26cc-4074-8
Purpose of Expenditure Mileage	Category/ Type	002	Date of Disbursement or Obligation MM / DD / YYYY 11 / 01 / 2014
Name of Federal Candidate Mr. Mark L Pryor	☐ Support ☒ Oppose	Office Sought: ☐ President ☒ Senate	District: 00 State: AR
Calendar Year-To-Date Per Election for Office Sought	292370.62		Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶		103.10
(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.

Date _____

Signature

Full Name of Payee Tammy Williams			Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 01 / 2014		
Mailing Address 924 N. Prieur St			Amount 12.00		
City New Orleans	State LA	Zip Code 70116	Transaction ID : bd4492d6-aad1-4f9d-b Date of Disbursement or Obligation MM / DD / YYYY 11 / 01 / 2014		
Purpose of Expenditure Mileage		Category/ Type 002			
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: LA		
Calendar Year-To-Date Per Election for Office Sought		554635.78	Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ►		

(a) SUBTOTAL of Itemized Independent Expenditures.....	72.00
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures.....	

05 / 18 / 2015

FEC Schedule E (Form 3X) Rev. 09/2013

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 2388 OF 3250
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC		FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on		M M M / D D D / Y Y Y Y Y Y	
Full Name of Payee Thomas A Gawdun		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 11 / 01 / 2014	
Mailing Address 2207 SE 64th St		Amount 60.00	
City Topeka	State KS	Zip Code 66605	Transaction ID : 81d1e50a-654e-48ab-b
Purpose of Expenditure Salary	Category/Type 001	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 11 / 01 / 2014	
Name of Federal Candidate Mr. Greg Orman		Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: KS	
Calendar Year-To-Date Per Election for Office Sought 261541.03		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Thomas A Gawdun		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 11 / 01 / 2014	
Mailing Address 2207 SE 64th St		Amount 17.49	
City Topeka	State KS	Zip Code 66605	Transaction ID : d1489214-92c9-457d-a
Purpose of Expenditure Mileage	Category/Type 002	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 11 / 01 / 2014	
Name of Federal Candidate Mr. Greg Orman		Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: KS	
Calendar Year-To-Date Per Election for Office Sought 261541.03		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶		77.49	
(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.			
Signature Ms. Emily Buchanan		Date M M M / D D D / Y Y Y Y Y Y 05 / 18 / 2015	
		[Electronically Filed]	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 2389 OF 3250
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M / D D / Y Y Y Y				
Full Name of Payee Bethlehem R Romm			Date of Public Distribution/Dissemination 11 / 01 / 2014	
Mailing Address 2609 Bluestrem Dr			Amount 63.00	
City Lawrence	State KS	Zip Code 66047	Transaction ID : 60f1506e-36bc-432f-b	
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation 11 / 01 / 2014	
Name of Federal Candidate Mr. Greg Orman		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: KS	
Calendar Year-To-Date Per Election for Office Sought		261541.03	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Bethlehem R Romm			Date of Public Distribution/Dissemination 11 / 01 / 2014	
Mailing Address 2609 Bluestrem Dr			Amount 20.70	
City Lawrence	State KS	Zip Code 66047	Transaction ID : 327987d0-cdf2-4228-8	
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement or Obligation 11 / 01 / 2014	
Name of Federal Candidate Mr. Greg Orman		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: KS	
Calendar Year-To-Date Per Election for Office Sought		261541.03	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures.....▶			83.70	
(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.				
Signature Ms. Emily Buchanan		[Electronically Filed]		Date 05 / 18 / 2015

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 2390 OF 3250
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC		FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on		M M M / D D D / Y Y Y Y Y Y	
Full Name of Payee Kenny Wallis		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 11 / 01 / 2014	
Mailing Address 6412 Osage Dr		Amount 75.00	
City North Little rock	State AR	Zip Code 72116	Transaction ID : 5d8b3f8a-c4c3-4d82-b
Purpose of Expenditure Salary	Category/Type 001	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 11 / 01 / 2014	
Name of Federal Candidate Mr. Mark L Pryor		Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: AR	
Calendar Year-To-Date Per Election for Office Sought 292370.62		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Kenny Wallis		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 11 / 01 / 2014	
Mailing Address 6412 Osage Dr		Amount 15.21	
City North Little rock	State AR	Zip Code 72116	Transaction ID : 3da95bda-8c0f-4a49-9
Purpose of Expenditure Mileage	Category/Type 002	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 11 / 01 / 2014	
Name of Federal Candidate Mr. Mark L Pryor		Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: AR	
Calendar Year-To-Date Per Election for Office Sought 292370.62		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures.....▶		90.21	
(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.			
Signature Ms. Emily Buchanan		Date M M M / D D D / Y Y Y Y Y Y 05 / 18 / 2015	
		[Electronically Filed]	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 2391 OF 3250
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M M / D D D / Y Y Y Y Y Y					
Full Name of Payee Katelyn Stringer			Date of Public Distribution/Dissemination 11 / 01 / 2014		
Mailing Address 2134 Oxford Dr			Amount 50.00		
City Salina	State KS	Zip Code 67401	Transaction ID : bfa8e2fa-44c6-4310-8		
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation 11 / 01 / 2014		
Name of Federal Candidate Mr. Greg Orman		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>KS</u>		
Calendar Year-To-Date Per Election for Office Sought		261541.03	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶ _____		
Full Name of Payee Katelyn Stringer			Date of Public Distribution/Dissemination 11 / 01 / 2014		
Mailing Address 2134 Oxford Dr			Amount 2.25		
City Salina	State KS	Zip Code 67401	Transaction ID : a1acb901-6fd1-4ccf-b		
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement or Obligation 11 / 01 / 2014		
Name of Federal Candidate Mr. Greg Orman		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>KS</u>		
Calendar Year-To-Date Per Election for Office Sought		261541.03	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶ _____		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			52.25		
(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.					
Signature Ms. Emily Buchanan		[Electronically Filed]		Date 05 / 18 / 2015	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 2392 OF 3250
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M M / D D D / Y Y Y Y Y Y				
Full Name of Payee Phillip Williams			Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 11 / 01 / 2014	
Mailing Address 3007 Darden Rd			Amount 50.00	
City Greensboro	State NC	Zip Code 27407	Transaction ID : 3c7ae088-6681-4b6b-9	
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 11 / 01 / 2014	
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>NC</u>	
Calendar Year-To-Date Per Election for Office Sought		1095959.94	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Phillip Williams			Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 11 / 01 / 2014	
Mailing Address 3007 Darden Rd			Amount 18.00	
City Greensboro	State NC	Zip Code 27407	Transaction ID : a3f7bbc3-d6b6-4c0d-8	
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 11 / 01 / 2014	
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>NC</u>	
Calendar Year-To-Date Per Election for Office Sought		1095959.94	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			68.00	
(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.				
Signature Ms. Emily Buchanan		[Electronically Filed]		Date M M M / D D D / Y Y Y Y Y Y 05 / 18 / 2015

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 2393 OF 3250
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M / D D / Y Y Y Y					
Full Name of Payee Beverly Williams			Date of Public Distribution/Dissemination M M / D D / Y Y Y Y 11 / 01 / 2014		
Mailing Address 3007 Darden Rd			Amount 50.00		
City Greensboro	State NC	Zip Code 27407	Transaction ID : f9944b76-6874-40c8-a Date of Disbursement or Obligation M M / D D / Y Y Y Y 11 / 01 / 2014		
Purpose of Expenditure Salary		Category/ Type 001			
Name of Federal Candidate Ms. Kay Hagan			Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: NC ☐ Support ☒ Oppose		
Calendar Year-To-Date Per Election for Office Sought 1095959.94			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
Full Name of Payee Michael Vidrine			Date of Public Distribution/Dissemination M M / D D / Y Y Y Y 11 / 01 / 2014		
Mailing Address 1103 West Wilson Street			Amount 70.00		
City Ville Platte	State LA	Zip Code 70586	Transaction ID : fc3534b6-83e6-4663-b Date of Disbursement or Obligation M M / D D / Y Y Y Y 11 / 01 / 2014		
Purpose of Expenditure Salary		Category/ Type 001			
Name of Federal Candidate Ms. Mary L Landrieu			Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: LA ☐ Support ☒ Oppose		
Calendar Year-To-Date Per Election for Office Sought 554635.78			Disbursement For: ☐ Primary ☒ 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.					
Signature <u>Ms. Emily Buchanan</u> [Electronically Filed]			Date M M / D D / Y Y Y Y 05 / 18 / 2015		

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 2394 OF 3250
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on MM / DD / YYYY				
Full Name of Payee Michael Vidrine			Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 01 / 2014	
Mailing Address 1103 West Wilson Street			Amount 19.50	
City Ville Platte	State LA	Zip Code 70586	Transaction ID : b387a5ab-09c1-4756-9	
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement or Obligation MM / DD / YYYY 11 / 01 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>LA</u>	
Calendar Year-To-Date Per Election for Office Sought		554635.78	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Lilly Green			Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 01 / 2014	
Mailing Address 205 Medallion Circle			Amount 80.00	
City Shreveport	State LA	Zip Code 71119	Transaction ID : 0d4cfbfa-730c-4a4c-b	
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation MM / DD / YYYY 11 / 01 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>LA</u>	
Calendar Year-To-Date Per Election for Office Sought		554635.78	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			99.50	
(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.				
Signature Ms. Emily Buchanan		[Electronically Filed]		Date MM / DD / YYYY 05 / 18 / 2015

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 2395 OF 3250
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M / D D / Y Y Y Y				
Full Name of Payee Lilly Green			Date of Public Distribution/Dissemination 11 / 01 / 2014	
Mailing Address 205 Medallion Circle			Amount 47.10	
City Shreveport	State LA	Zip Code 71119	Transaction ID : 08a5fc5b-c16b-439f-b	
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement or Obligation 11 / 01 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: LA	
Calendar Year-To-Date Per Election for Office Sought		554635.78	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Gregory Green			Date of Public Distribution/Dissemination 11 / 01 / 2014	
Mailing Address 2506 Bolch Street			Amount 80.00	
City Shreveport	State LA	Zip Code 71104	Transaction ID : be325cd2-fa2e-4d93-9	
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation 11 / 01 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: LA	
Calendar Year-To-Date Per Election for Office Sought		554635.78	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			127.10	
(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 05 / 18 / 2015	
Signature				

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 2396 OF 3250
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC		FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M M / D D D / Y Y Y Y Y Y			
Full Name of Payee Gregory Green		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 11 / 01 / 2014	
Mailing Address 2506 Bolch Street		Amount 88.20	
City Shreveport	State LA	Zip Code 71104	Transaction ID : 7f148f1b-c714-4250-b Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 11 / 01 / 2014
Purpose of Expenditure Mileage		Category/ Type 002	
Name of Federal Candidate Ms. Mary L Landrieu		Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: LA ☐ Other (specify) ▶	
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Mary D Meens		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 11 / 01 / 2014	
Mailing Address 5724 SW Arrowhead Ct		Amount 25.00	
City Topeka	State KS	Zip Code 66614	Transaction ID : 06ab4427-b9d2-4b1a-9 Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 11 / 01 / 2014
Purpose of Expenditure Salary		Category/ Type 001	
Name of Federal Candidate Mr. Greg Orman		Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: KS ☐ Other (specify) ▶	
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶		113.20	
(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.			
Signature Ms. Emily Buchanan		Date M M M / D D D / Y Y Y Y Y Y 05 / 18 / 2015	
[Electronically Filed]			

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 2397 OF 3250
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M M / D D D / Y Y Y Y Y Y Y Y					
Full Name of Payee Mary D Meens			Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y Y Y 11 / 01 / 2014		
Mailing Address 5724 SW Arrowhead Ct			Amount 11.40		
City Topeka		State KS	Zip Code 66614		Transaction ID : dcc82378-2f52-48cd-a
Purpose of Expenditure Mileage		Category/ Type 002		Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y Y Y 11 / 01 / 2014	
Name of Federal Candidate Mr. Greg Orman			☐ Support ☒ Oppose		Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: KS
Calendar Year-To-Date Per Election for Office Sought 261541.03			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
Full Name of Payee Ryan Drake			Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y Y Y 11 / 01 / 2014		
Mailing Address 29637 Park St			Amount 32.50		
City Walker		State LA	Zip Code 70785		Transaction ID : 1d33ac0f-9f9e-4f7b-b
Purpose of Expenditure Salary		Category/ Type 001		Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y Y Y 11 / 01 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu			☐ Support ☒ Oppose		Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: LA
Calendar Year-To-Date Per Election for Office Sought 554635.78			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶					43.90
(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.					
Signature Ms. Emily Buchanan			[Electronically Filed]		Date M M M / D D D / Y Y Y Y Y Y Y Y 05 / 18 / 2015

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 2398 OF 3250
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC		FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on		M M M / D D D / Y Y Y Y Y Y	
Full Name of Payee Ryan Drake		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 11 / 01 / 2014	
Mailing Address 29637 Park St		Amount 3.60	
City Walker	State LA	Zip Code 70785	Transaction ID : 6837868f-ce97-4581-8
Purpose of Expenditure Mileage	Category/Type 002	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 11 / 01 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose ☐ President ☒ Senate	
Office Sought: District: 00 State: LA		Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ▶	
Calendar Year-To-Date Per Election for Office Sought 554635.78		2014	
Full Name of Payee Jacob W Joosten		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 11 / 01 / 2014	
Mailing Address 1906 S Pine Apt B		Amount 90.00	
City Pittsburg	State KS	Zip Code 66762	Transaction ID : 8a54cc18-69fd-49fe-a
Purpose of Expenditure Salary	Category/Type 001	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 11 / 01 / 2014	
Name of Federal Candidate Mr. Greg Orman		☐ Support ☒ Oppose ☐ President ☒ Senate	
Office Sought: District: 00 State: KS		Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ▶	
Calendar Year-To-Date Per Election for Office Sought 261541.03		2014	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶		93.60	
(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.			
Signature Ms. Emily Buchanan		Date M M M / D D D / Y Y Y Y Y Y 05 / 18 / 2015	
		[Electronically Filed]	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 2399 OF 3250
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M M / D D D / Y Y Y Y Y Y					
Full Name of Payee Jacob W Joosten			Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 11 / 01 / 2014		
Mailing Address 1906 S Pine Apt B			Amount 48.60		
City Pittsburg	State KS	Zip Code 66762	Transaction ID : e2cc7d3c-1739-42ff-b Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 11 / 01 / 2014		
Purpose of Expenditure Mileage		Category/ Type 002			
Name of Federal Candidate Mr. Greg Orman		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: KS		
Calendar Year-To-Date Per Election for Office Sought		261541.03	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
Full Name of Payee Julie M Gentry			Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 11 / 01 / 2014		
Mailing Address 314 S Main St			Amount 75.00		
City Roxboro	State NC	Zip Code 27573	Transaction ID : e7da4801-e9cc-4d71-a Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 11 / 01 / 2014		
Purpose of Expenditure Salary		Category/ Type 001			
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: NC		
Calendar Year-To-Date Per Election for Office Sought		1095959.94	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			123.60		
(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.					
Signature Ms. Emily Buchanan		[Electronically Filed]		Date M M M / D D D / Y Y Y Y Y Y 05 / 18 / 2015	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 2400 OF 3250
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M / D D / Y Y Y Y					
Full Name of Payee Julie M Gentry			Date of Public Distribution/Dissemination 11 / 01 / 2014		
Mailing Address 314 S Main St			Amount 12.93		
City Roxboro	State NC	Zip Code 27573	Transaction ID : f765da81-df60-4902-9		
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement or Obligation 11 / 01 / 2014		
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>NC</u>		
Calendar Year-To-Date Per Election for Office Sought		1095959.94	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
Full Name of Payee Josh R Arnold			Date of Public Distribution/Dissemination 11 / 01 / 2014		
Mailing Address 1531 N Ridgewood Dr			Amount 105.00		
City Wichita	State KS	Zip Code 67208	Transaction ID : 48c968e8-635f-4691-9		
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation 11 / 01 / 2014		
Name of Federal Candidate Mr. Greg Orman		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>KS</u>		
Calendar Year-To-Date Per Election for Office Sought		261541.03	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			117.93		
(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.					
Signature Ms. Emily Buchanan		[Electronically Filed]		Date 05 / 18 / 2015	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 2401 OF 3250
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M M / D D D / Y Y Y Y Y Y				
Full Name of Payee Josh R Arnold			Date of Public Distribution/Dissemination 11 / 01 / 2014	
Mailing Address 1531 N Ridgewood Dr			Amount 41.34	
City Wichita	State KS	Zip Code 67208	Transaction ID : 7591f5de-c69b-4888-b Date of Disbursement or Obligation 11 / 01 / 2014	
Purpose of Expenditure Mileage		Category/ Type 002		
Name of Federal Candidate Mr. Greg Orman		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: KS	
Calendar Year-To-Date Per Election for Office Sought		261541.03	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee James W Blevins			Date of Public Distribution/Dissemination 11 / 01 / 2014	
Mailing Address 108 East Clinton St PO Box 410			Amount 30.00	
City Salemberg	State NC	Zip Code 28385	Transaction ID : f0bbc7e4-0691-46d0-b Date of Disbursement or Obligation 11 / 01 / 2014	
Purpose of Expenditure Salary		Category/ Type 001		
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: NC	
Calendar Year-To-Date Per Election for Office Sought		1095959.94	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			71.34	
(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.				
Signature Ms. Emily Buchanan		[Electronically Filed]		Date 05 / 18 / 2015

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 2402 OF 3250
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M M / D D D / Y Y Y Y Y Y					
Full Name of Payee James W Blevins			Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 11 / 01 / 2014		
Mailing Address 108 East Clinton St PO Box 410			Amount 8.52		
City Salemberg		State NC	Zip Code 28385		Transaction ID : 895b7093-f713-411d-a
Purpose of Expenditure Mileage		Category/ Type 002		Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 11 / 01 / 2014	
Name of Federal Candidate Ms. Kay Hagan			☐ Support ☒ Oppose		Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: NC
Calendar Year-To-Date Per Election for Office Sought			1095959.94 Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
Full Name of Payee Brenda K Billington			Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 11 / 01 / 2014		
Mailing Address 437 Roberson Creek Rd			Amount 35.00		
City Pittsboro		State NC	Zip Code 27312		Transaction ID : bfc3a449-90e9-4e85-a
Purpose of Expenditure Salary		Category/ Type 001		Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 11 / 01 / 2014	
Name of Federal Candidate Ms. Kay Hagan			☐ Support ☒ Oppose		Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: NC
Calendar Year-To-Date Per Election for Office Sought			1095959.94 Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			43.52		
(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.					
Signature Ms. Emily Buchanan			[Electronically Filed]		Date M M M / D D D / Y Y Y Y Y Y 05 / 18 / 2015

Full Name of Payee Brenda K Billington		Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 01 / 2014	
Mailing Address 437 Roberson Creek Rd		Amount 11.40	
City Pittsboro	State NC	Zip Code 27312	Transaction ID : e07525ab-e6ba-4f3a-b
Purpose of Expenditure Mileage	Category/ Type	002	Date of Disbursement or Obligation MM / DD / YYYY 11 / 01 / 2014
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: NC
Calendar Year-To-Date Per Election for Office Sought		1095959.94	Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ▶

Full Name of Payee Michael D English		Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 01 / 2014	
Mailing Address F4 Benton Ave Apt 4		Amount 70.00	
City	State	Zip Code	Transaction ID : 693f532b-d0c3-4d60-a Date of Disbursement or Obligation MM / DD / YYYY 11 / 01 / 2014
Searcy	AR	72149	
Purpose of Expenditure Salary		Category/ Type	001
Name of Federal Candidate Mr. Mark L Pryor		☐ Support ☒ Oppose	Office Sought: ☐ House ☒ Senate ☐ President ☒ Senate District: 00 State: AR
Calendar Year-To-Date Per Election for Office Sought		292370.62	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	81.40
(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.

Date _____

Signature

MM / DD / YYYY

05 / 18 / 2015

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 2404 OF 3250
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M M / D D D / Y Y Y Y Y Y					
Full Name of Payee Michael D English			Date of Public Distribution/Dissemination 11 / 01 / 2014		
Mailing Address F4 Benton Ave Apt 4			Amount 30.90		
City Searcy	State AR	Zip Code 72149	Transaction ID : d3f50b50-32d1-44bc-9 Date of Disbursement or Obligation 11 / 01 / 2014		
Purpose of Expenditure Mileage		Category/ Type 002			
Name of Federal Candidate Mr. Mark L Pryor		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: AR		
Calendar Year-To-Date Per Election for Office Sought		292370.62	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
Full Name of Payee Sue G Walker			Date of Public Distribution/Dissemination 11 / 01 / 2014		
Mailing Address 3 Girard			Amount 60.00		
City Fort Smith	State AR	Zip Code 72901	Transaction ID : fc8e4379-d2c0-4727-b Date of Disbursement or Obligation 11 / 01 / 2014		
Purpose of Expenditure Salary		Category/ Type 001			
Name of Federal Candidate Mr. Mark L Pryor		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: AR		
Calendar Year-To-Date Per Election for Office Sought		292370.62	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			90.90		
(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.					
Signature Ms. Emily Buchanan		[Electronically Filed]		Date 05 / 18 / 2015	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 2405 OF 3250
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on MM / DD / YYYY				
Full Name of Payee Edward N Walker			Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 01 / 2014	
Mailing Address 3 Girard St			Amount 40.00	
City Ft Smith	State AR	Zip Code 72901	Transaction ID : cb34d3ae-3a37-4177-a	
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation MM / DD / YYYY 11 / 01 / 2014	
Name of Federal Candidate Mr. Mark L Pryor		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>AR</u>	
Calendar Year-To-Date Per Election for Office Sought		292370.62	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Edward N Walker			Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 01 / 2014	
Mailing Address 3 Girard St			Amount 25.20	
City Ft Smith	State AR	Zip Code 72901	Transaction ID : f2dc1e0d-e462-4845-8	
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement or Obligation MM / DD / YYYY 11 / 01 / 2014	
Name of Federal Candidate Mr. Mark L Pryor		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>AR</u>	
Calendar Year-To-Date Per Election for Office Sought		292370.62	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			65.20	
(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.				
Signature <i>Ms. Emily Buchanan</i>		[Electronically Filed]		Date MM / DD / YYYY 05 / 18 / 2015

Full Name of Payee Logan B Piper		Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 01 / 2014	
Mailing Address 3205 Pebble Beach Rd		Amount 26.19	
City Conway	State AR	Zip Code 72034	Transaction ID : 66edeb92-cd61-4d4d-b
Purpose of Expenditure Mileage	Category/ Type	002	Date of Disbursement or Obligation MM / DD / YYYY 11 / 01 / 2014
Name of Federal Candidate Mr. Mark L Pryor	☐ Support ☒ Oppose	Office Sought: ☐ President ☒ Senate	District: 00 State: AR
Calendar Year-To-Date Per Election for Office Sought	292370.62	Disbursement For: ☐ Primary ☒ General	☐ Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶		44.19
(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.

Signature

Full Name of Payee Francis Richardson		Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 01 / 2014	
Mailing Address 220 Doucet Rd		Amount 4.32	
City Lafayette	State LA	Zip Code 70503	Transaction ID : 2f4f432a-a845-4cd4-9 Date of Disbursement or Obligation MM / DD / YYYY 11 / 01 / 2014
Purpose of Expenditure Mileage	Category/ Type 002		
Name of Federal Candidate Ms. Mary L Landrieu	☐ Support ☒ Oppose	Office Sought: ☐ President ☒ Senate	District: 00 State: LA
Calendar Year-To-Date Per Election for Office Sought	554635.78	Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	44.32
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 2408 OF 3250
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M M / D D D / Y Y Y Y Y Y					
Full Name of Payee Melissa D Turner			Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 11 / 01 / 2014		
Mailing Address 9653 Nations Dr			Amount 50.00		
City Springdale		State AR	Zip Code 72762		Transaction ID : 801ad53d-567b-4e5a-8
Purpose of Expenditure Salary		Category/Type 001		Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 11 / 01 / 2014	
Name of Federal Candidate Mr. Mark L Pryor			☐ Support ☒ Oppose Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>AR</u>		
Calendar Year-To-Date Per Election for Office Sought 292370.62			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
Full Name of Payee Luke S Buren			Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 11 / 01 / 2014		
Mailing Address 415 E Carroll			Amount 50.00		
City Macomb		State IL	Zip Code 61455		Transaction ID : ebe27772-aaef-414e-a
Purpose of Expenditure Salary		Category/Type 001		Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 11 / 01 / 2014	
Name of Federal Candidate Mr. Mark L Pryor			☐ Support ☒ Oppose Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>AR</u>		
Calendar Year-To-Date Per Election for Office Sought 292370.62			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			100.00		
(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.					
Signature <u>Ms. Emily Buchanan</u> [Electronically Filed]			Date M M M / D D D / Y Y Y Y Y Y 05 / 18 / 2015		

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 2409 OF 3250
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M / D D / Y Y Y Y Y Y					
Full Name of Payee Nathan D Stevens			Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 11 / 01 / 2014		
Mailing Address 9653 Nations Dr			Amount 50.00		
City Springdale		State AR	Zip Code 72762		Transaction ID : 73bac5ee-827b-4a64-9 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 11 / 01 / 2014
Purpose of Expenditure Salary		Category/ Type 001			
Name of Federal Candidate Mr. Mark L Pryor			☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: AR	
Calendar Year-To-Date Per Election for Office Sought 292370.62			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
Full Name of Payee Nathan D Stevens			Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 11 / 01 / 2014		
Mailing Address 9653 Nations Dr			Amount 38.40		
City Springdale		State AR	Zip Code 72762		Transaction ID : a44c99d9-30a8-4c6f-8 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 11 / 01 / 2014
Purpose of Expenditure Mileage		Category/ Type 002			
Name of Federal Candidate Mr. Mark L Pryor			☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: AR	
Calendar Year-To-Date Per Election for Office Sought 292370.62			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			88.40		
(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.					
Signature Ms. Emily Buchanan			Date M M / D D / Y Y Y Y Y Y 05 / 18 / 2015		
			[Electronically Filed]		

Full Name of Payee Kristen Clapper		Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 01 / 2014	
Mailing Address 924 French Street		Amount 70.00	
City New Orleans	State LA	Zip Code 70124	Transaction ID : c2e70235-d462-4803-8
Purpose of Expenditure Salary	Category/ Type	001	Date of Disbursement or Obligation MM / DD / YYYY 11 / 01 / 2014
Name of Federal Candidate Ms. Mary L Landrieu	☐ Support ☒ Oppose	Office Sought: ☐ President ☒ Senate	District: 00 State: LA
Calendar Year-To-Date Per Election for Office Sought	554635.78		Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ▶

Full Name of Payee Kristen Clapper		Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 01 / 2014	
Mailing Address 924 French Street		Amount 6.00	
City New Orleans	State LA	Zip Code 70124	Transaction ID : 79be83d1-b6a1-42e4-a
Purpose of Expenditure Mileage	Category/ Type	002	Date of Disbursement or Obligation MM / DD / YYYY 11 / 01 / 2014
Name of Federal Candidate Ms. Mary L Landrieu	☐ Support ☒ Oppose	Office Sought: ☐ President ☒ Senate	District: 00 State: LA
Calendar Year-To-Date Per Election for Office Sought	554635.78		Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	76.00
(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.

Date _____

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 2411 OF 3250
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC		FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on		MM / DD / YYYY	
Full Name of Payee John MacDonald		Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 01 / 2014	
Mailing Address 1926 Edgewater Dr		Amount 72.50	
City Charolette	State NC	Zip Code 28210	Transaction ID : f3779c92-7828-4a27-8
Purpose of Expenditure Salary	Category/Type 001	Date of Disbursement or Obligation MM / DD / YYYY 11 / 01 / 2014	
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	
Office Sought: ☐ President ☒ Senate		District: 00 State: NC	
Calendar Year-To-Date Per Election for Office Sought 1095959.94		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee John MacDonald		Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 01 / 2014	
Mailing Address 1926 Edgewater Dr		Amount 15.30	
City Charolette	State NC	Zip Code 28210	Transaction ID : 5695551a-4dfe-45d4-9
Purpose of Expenditure Mileage	Category/Type 002	Date of Disbursement or Obligation MM / DD / YYYY 11 / 01 / 2014	
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	
Office Sought: ☐ President ☒ Senate		District: 00 State: NC	
Calendar Year-To-Date Per Election for Office Sought 1095959.94		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶		87.80	
(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]	
Signature		Date MM / DD / YYYY 05 / 18 / 2015	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

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 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M M / D D D / Y Y Y Y Y Y					
Full Name of Payee Lorri Anderson			Date of Public Distribution/Dissemination 11 / 01 / 2014		
Mailing Address 7214 Duchamp Dr			Amount 50.00		
City Charlotte	State NC	Zip Code 23215	Transaction ID : 584cabfe-f856-4679-9		
Purpose of Expenditure Salary		Category/Type 001	Date of Disbursement or Obligation 11 / 01 / 2014		
Name of Federal Candidate Ms. Kay Hagan			Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>NC</u>		
Calendar Year-To-Date Per Election for Office Sought 1095959.94			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶ _____		
Full Name of Payee Lorri Anderson			Date of Public Distribution/Dissemination 11 / 01 / 2014		
Mailing Address 7214 Duchamp Dr			Amount 6.60		
City Charlotte	State NC	Zip Code 23215	Transaction ID : 3ef0c9e2-c309-460a-9		
Purpose of Expenditure Mileage		Category/Type 002	Date of Disbursement or Obligation 11 / 01 / 2014		
Name of Federal Candidate Ms. Kay Hagan			Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>NC</u>		
Calendar Year-To-Date Per Election for Office Sought 1095959.94			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶ _____		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			56.60		
(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.					
Signature <u>Ms. Emily Buchanan</u> [Electronically Filed]			Date 05 / 18 / 2015		

Full Name of Payee Dustin Swanigan		Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 01 / 2014	
Mailing Address 11345 Country Rd 385		Amount 110.00	
City Holts Summit	State MO	Zip Code 65043	Transaction ID : 6b4f8354-7c31-44a0-9 Date of Disbursement or Obligation MM / DD / YYYY 11 / 01 / 2014
Purpose of Expenditure Salary	Category/ Type 001		
Name of Federal Candidate Mr. Greg Orman	☐ Support ☒ Oppose	Office Sought: ☐ President ☒ Senate	District: 00 State: KS
Calendar Year-To-Date Per Election for Office Sought	261541.03	Disbursement For: 2014 ☐ Primary ☒ General ☐ Other (specify) ▶	

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

05 / 18 / 2015

FEC Schedule E (Form 3X) Rev. 09/2013

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 2414 OF 3250
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC		FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on		MM / DD / YYYY	
Full Name of Payee Kathryn M Wolfe		Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 01 / 2014	
Mailing Address 204 W 9th St		Amount 65.00	
City Pittsburg	State KS	Zip Code 66762	Transaction ID : bc5c56d8-e6fb-4e83-8
Purpose of Expenditure Salary	Category/Type 001	Date of Disbursement or Obligation MM / DD / YYYY 11 / 01 / 2014	
Name of Federal Candidate Mr. Greg Orman		Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: KS	
Calendar Year-To-Date Per Election for Office Sought 261541.03		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Kathryn M Wolfe		Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 01 / 2014	
Mailing Address 204 W 9th St		Amount 31.50	
City Pittsburg	State KS	Zip Code 66762	Transaction ID : 0f42e9c5-a4cc-4665-a
Purpose of Expenditure Mileage	Category/Type 002	Date of Disbursement or Obligation MM / DD / YYYY 11 / 01 / 2014	
Name of Federal Candidate Mr. Greg Orman		Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: KS	
Calendar Year-To-Date Per Election for Office Sought 261541.03		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶		96.50	
(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.			
Signature Ms. Emily Buchanan		Date MM / DD / YYYY 05 / 18 / 2015	
		[Electronically Filed]	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

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 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M M / D D D / Y Y Y Y Y Y					
Full Name of Payee Adam K Plunkett			Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 11 / 01 / 2014		
Mailing Address 9760 N Pomona Ave			Amount 110.00		
City Kansas City		State MO	Zip Code 64153		
Purpose of Expenditure Salary		Category/Type 001		Transaction ID : 0cec7c5e-bdb5-4087-b Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 11 / 01 / 2014	
Name of Federal Candidate Mr. Greg Orman			☐ Support ☒ Oppose Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>KS</u>		
Calendar Year-To-Date Per Election for Office Sought 261541.03			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
Full Name of Payee Adam K Plunkett			Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 11 / 01 / 2014		
Mailing Address 9760 N Pomona Ave			Amount 110.70		
City Kansas City		State MO	Zip Code 64153		
Purpose of Expenditure Mileage		Category/Type 002		Transaction ID : 16f6cfcc-f58f-4a4f-8 Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 11 / 01 / 2014	
Name of Federal Candidate Mr. Greg Orman			☐ Support ☒ Oppose Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>KS</u>		
Calendar Year-To-Date Per Election for Office Sought 261541.03			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			220.70		
(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.					
Signature <u>Ms. Emily Buchanan</u> [Electronically Filed]			Date M M M / D D D / Y Y Y Y Y Y 05 / 18 / 2015		

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 2416 OF 3250
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC		FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on		M M M / D D D / Y Y Y Y Y Y	
Full Name of Payee Brandon Wheeler		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 11 / 01 / 2014	
Mailing Address 10112 Piney Creek Ct		Amount 60.00	
City Charolette	State NC	Zip Code 28215	Transaction ID : d123bdcf-d5bb-4ba6-a
Purpose of Expenditure Salary	Category/ Type	001	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 11 / 01 / 2014
Name of Federal Candidate Mr. Mark L Pryor		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>AR</u>
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Brandon Wheeler		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 11 / 01 / 2014	
Mailing Address 10112 Piney Creek Ct		Amount 25.20	
City Charolette	State NC	Zip Code 28215	Transaction ID : 12ea24ab-e0f3-4459-b
Purpose of Expenditure Mileage	Category/ Type	002	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 11 / 01 / 2014
Name of Federal Candidate Mr. Mark L Pryor		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>AR</u>
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures.....▶		85.20	
(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]	
Signature		Date M M M / D D D / Y Y Y Y Y Y 05 / 18 / 2015	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 2417 OF 3250
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on MM / DD / YYYY				
Full Name of Payee ERIC TABARY			Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 01 / 2014	
Mailing Address 6101 NORA ST			Amount 90.00	
City METAIRIE	State LA	Zip Code 70003	Transaction ID : 5348777c-c079-4d37-b	
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation MM / DD / YYYY 11 / 01 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>LA</u>	
Calendar Year-To-Date Per Election for Office Sought		554635.78	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee ERIC TABARY			Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 01 / 2014	
Mailing Address 6101 NORA ST			Amount 2.40	
City METAIRIE	State LA	Zip Code 70003	Transaction ID : 4812117e-8531-4280-9	
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement or Obligation MM / DD / YYYY 11 / 01 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>LA</u>	
Calendar Year-To-Date Per Election for Office Sought		554635.78	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures.....▶			92.40	
(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.				
Signature Ms. Emily Buchanan		[Electronically Filed]		Date MM / DD / YYYY 05 / 18 / 2015

Full Name of Payee Rhonda Moback		Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 01 / 2014	
Mailing Address 2704 E Glen Oaks Dr		Amount 50.00	
City Wichita	State KS	Zip Code 67216	Transaction ID : 2131a575-d252-41bb-9
Purpose of Expenditure Salary	Category/ Type	001	Date of Disbursement or Obligation MM / DD / YYYY 11 / 01 / 2014
Name of Federal Candidate Mr. Greg Orman		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: KS
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ▶	

Full Name of Payee Rhonda Moback		Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 01 / 2014	
Mailing Address 2704 E Glen Oaks Dr		Amount 13.20	
City Wichita	State KS	Zip Code 67216	Transaction ID : d13cb01b-76a5-4d09-a Date of Disbursement or Obligation MM / DD / YYYY 11 / 01 / 2014
Purpose of Expenditure Mileage	Category/ Type	002	
Name of Federal Candidate Mr. Greg Orman		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: KS
Calendar Year-To-Date Per Election for Office Sought 261541.03		Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	63.20
(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.

Date _____

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 2419 OF 3250
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M / D D / Y Y Y Y Y Y				
Full Name of Payee Christopher Marquess			Date of Public Distribution/Dissemination 11 / 01 / 2014	
Mailing Address 110 W Pecan St			Amount 50.00	
City Ville Platte	State LA	Zip Code 70586	Transaction ID : 51f72f2e-7564-4270-8	
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation 11 / 01 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: LA	
Calendar Year-To-Date Per Election for Office Sought		554635.78	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Christopher Marquess			Date of Public Distribution/Dissemination 11 / 01 / 2014	
Mailing Address 110 W Pecan St			Amount 35.10	
City Ville Platte	State LA	Zip Code 70586	Transaction ID : 88a12fcb-d72a-4805-a	
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement or Obligation 11 / 01 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: LA	
Calendar Year-To-Date Per Election for Office Sought		554635.78	Disbursement For: ☐ Primary ☒ 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 05 / 18 / 2015	
Signature				

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 2420 OF 3250
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M M / D D D / Y Y Y Y Y Y					
Full Name of Payee Robert B Johnson			Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 11 / 01 / 2014		
Mailing Address 804 Worthington Way			Amount 50.00		
City Wilmington		State NC	Zip Code 28411		Transaction ID : aa2259ad-9bd5-4fce-9
Purpose of Expenditure Salary		Category/ Type 001		Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 11 / 01 / 2014	
Name of Federal Candidate Ms. Kay Hagan			☐ Support ☒ Oppose		Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: NC
Calendar Year-To-Date Per Election for Office Sought			1095959.94 Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
Full Name of Payee Christopher L Gilbert			Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 11 / 01 / 2014		
Mailing Address 55 Lovell Johnson Rd			Amount 80.00		
City Picayune		State MS	Zip Code 39466		Transaction ID : 1060c1e6-a352-45f5-b
Purpose of Expenditure Salary		Category/ Type 001		Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 11 / 01 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu			☐ Support ☒ Oppose		Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: LA
Calendar Year-To-Date Per Election for Office Sought			554635.78 Disbursement For: ☐ Primary ☒ 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.					
Signature Ms. Emily Buchanan			[Electronically Filed]		Date M M M / D D D / Y Y Y Y Y Y 05 / 18 / 2015

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 2421 OF 3250
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M M / D D D / Y Y Y Y Y Y					
Full Name of Payee Christopher L Gilbert			Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 11 / 01 / 2014		
Mailing Address 55 Lovell Johnson Rd			Amount 45.60		
City Picayune		State MS	Zip Code 39466		Transaction ID : 1f4751d3-5883-48e2-8
Purpose of Expenditure Mileage		Category/ Type 002		Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 11 / 01 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu			Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: LA		
Calendar Year-To-Date Per Election for Office Sought			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
Full Name of Payee Michael Chinchar			Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 10 / 28 / 2014		
Mailing Address 2730 Dave Ward Dr			Amount 60.00		
City Conway		State AR	Zip Code 72034		Transaction ID : 8521b607-973a-4d8c-a
Purpose of Expenditure Salary		Category/ Type 001		Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 10 / 28 / 2014	
Name of Federal Candidate Mr. Mark L Pryor			Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: AR		
Calendar Year-To-Date Per Election for Office Sought			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			105.60		
(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.					
Signature Ms. Emily Buchanan			Date M M M / D D D / Y Y Y Y Y Y 05 / 18 / 2015		
[Electronically Filed]					

Full Name of Payee Cynthia J Christmas		Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 01 / 2014	
Mailing Address 1731 Frenchmen St		Amount 70.00	
City New Orleans	State LA	Zip Code 70116	Transaction ID : 2981afdd-dd04-4251-8
Purpose of Expenditure Salary	Category/ Type	001	Date of Disbursement or Obligation MM / DD / YYYY 11 / 01 / 2014
Name of Federal Candidate Ms. Mary L Landrieu	☐ Support ☒ Oppose	Office Sought: ☐ President ☒ Senate	District: 00 State: LA
Calendar Year-To-Date Per Election for Office Sought	554635.78	Disbursement For: 2014 ☐ Other (specify) ▶	☐ Primary ☒ General

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	94.00
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

05 / 18 / 2015

FEC Schedule E (Form 3X) Rev. 09/2013

Full Name of Payee Sheri J Peace		Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 01 / 2014	
Mailing Address 9685 Paula St		Amount 100.00	
City Keithville	State LA	Zip Code 71047	Transaction ID : 0385a9a5-3c75-4fa0-b Date of Disbursement or Obligation MM / DD / YYYY 11 / 01 / 2014
Purpose of Expenditure Salary	Category/ Type 001		
Name of Federal Candidate Ms. Mary L Landrieu	☐ Support ☒ Oppose	Office Sought: ☐ President ☒ Senate	District: 00 State: LA
Calendar Year-To-Date Per Election for Office Sought	554635.78	Disbursement For: 2014 ☐ Other (specify) ▶	
		☐ Primary ☒ General	

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	111.10
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 2424 OF 3250
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M M / D D D / Y Y Y Y Y Y					
Full Name of Payee Sheri J Peace			Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 11 / 01 / 2014		
Mailing Address 9685 Paula St			Amount 47.40		
City Keithville		State LA	Zip Code 71047		Transaction ID : 9f65e64a-a50b-44bc-b
Purpose of Expenditure Mileage		Category/ Type 002		Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 11 / 01 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu			Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: LA		
Calendar Year-To-Date Per Election for Office Sought			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
Full Name of Payee Lisa Booth			Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 11 / 01 / 2014		
Mailing Address 1434 South Avenue			Amount 100.00		
City Eden		State NC	Zip Code 27288		Transaction ID : 02896ef4-3000-4bbb-8
Purpose of Expenditure Salary		Category/ Type 001		Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 11 / 01 / 2014	
Name of Federal Candidate Ms. Kay Hagan			Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: NC		
Calendar Year-To-Date Per Election for Office Sought			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			147.40		
(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.					
Signature Ms. Emily Buchanan			Date M M M / D D D / Y Y Y Y Y Y 05 / 18 / 2015		
[Electronically Filed]					

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 2425 OF 3250
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M / D D / Y Y Y Y				
Full Name of Payee Lisa Booth			Date of Public Distribution/Dissemination 11 / 01 / 2014	
Mailing Address 1434 South Avenue			Amount 23.40	
City Eden	State NC	Zip Code 27288	Transaction ID : 8fb208b3-f21f-4a8e-a Date of Disbursement or Obligation 11 / 01 / 2014	
Purpose of Expenditure Mileage		Category/ Type 002		
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: NC	
Calendar Year-To-Date Per Election for Office Sought		1095959.94	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Hannah K Smith			Date of Public Distribution/Dissemination 10 / 30 / 2014	
Mailing Address 633 Scott Dr			Amount 20.00	
City Gibsonville	State NC	Zip Code 27249	Transaction ID : 5fd959b2-e9e5-4fc9-9 Date of Disbursement or Obligation 10 / 30 / 2014	
Purpose of Expenditure Salary		Category/ Type 001		
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: NC	
Calendar Year-To-Date Per Election for Office Sought		1095959.94	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			43.40	
(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.				
Signature Ms. Emily Buchanan		[Electronically Filed]		Date 05 / 18 / 2015

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 2426 OF 3250
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC		FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M M / D D D / Y Y Y Y Y Y			
Full Name of Payee Hannah K Smith		Date of Public Distribution/Dissemination 10 / 30 / 2014	
Mailing Address 633 Scott Dr		Amount 6.30	
City Gibsonville	State NC	Zip Code 27249	Transaction ID : 23ea8cfa-5dd9-40a8-a Date of Disbursement or Obligation 10 / 30 / 2014
Purpose of Expenditure Mileage		Category/ Type 002	
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: NC
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Kaylan N Swanson		Date of Public Distribution/Dissemination 10 / 30 / 2014	
Mailing Address 633 Scott Dr		Amount 20.00	
City Gibsonville	State NC	Zip Code 27249	Transaction ID : 31a09218-6b00-453e-a Date of Disbursement or Obligation 10 / 30 / 2014
Purpose of Expenditure Salary		Category/ Type 001	
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: NC
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: ☐ Primary ☒ 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.			
Signature Ms. Emily Buchanan		Date 05 / 18 / 2015	
[Electronically Filed]			

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 2427 OF 3250
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M / D D / Y Y Y Y				
Full Name of Payee Eleanor McCoy			Date of Public Distribution/Dissemination 10 / 30 / 2014	
Mailing Address 4902 Catawba Dr			Amount 10.00	
City Greensboro	State NC	Zip Code 27407	Transaction ID : 6dd53e0e-89a4-44df-a Date of Disbursement or Obligation 10 / 30 / 2014	
Purpose of Expenditure Salary		Category/ Type 001		
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>NC</u>	
Calendar Year-To-Date Per Election for Office Sought		1095959.94	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Eleanor McCoy			Date of Public Distribution/Dissemination 10 / 30 / 2014	
Mailing Address 4902 Catawba Dr			Amount 12.30	
City Greensboro	State NC	Zip Code 27407	Transaction ID : 1ef9d094-0196-48c2-8 Date of Disbursement or Obligation 10 / 30 / 2014	
Purpose of Expenditure Mileage		Category/ Type 002		
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>NC</u>	
Calendar Year-To-Date Per Election for Office Sought		1095959.94	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			22.30	
(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 05 / 18 / 2015	
Signature				

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 2428 OF 3250
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC		FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on		M M M / D D D / Y Y Y Y Y Y	
Full Name of Payee Kevin L Battle		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 11 / 01 / 2014	
Mailing Address 3300 Asher Ave		Amount 80.00	
City Little Rock	State AR	Zip Code 72204	Transaction ID : 00013bb3-5c34-4ceb-a
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 11 / 01 / 2014
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: NC
Calendar Year-To-Date Per Election for Office Sought 1095959.94		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Kevin L Battle		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 11 / 01 / 2014	
Mailing Address 3300 Asher Ave		Amount 36.00	
City Little Rock	State AR	Zip Code 72204	Transaction ID : 5d66d938-c240-47a7-a
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 11 / 01 / 2014
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: NC
Calendar Year-To-Date Per Election for Office Sought 1095959.94		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶		116.00	
(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]	
Signature		Date M M M / D D D / Y Y Y Y Y Y 05 / 18 / 2015	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 2429 OF 3250
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on MM / DD / YYYY				
Full Name of Payee LaVonna A Brown			Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 01 / 2014	
Mailing Address 1211 Treaty Rd			Amount 65.00	
City Delphos	State KS	Zip Code 67436	Transaction ID : 749725e9-cbfa-413d-b	
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation MM / DD / YYYY 11 / 01 / 2014	
Name of Federal Candidate Mr. Greg Orman		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>KS</u>	
Calendar Year-To-Date Per Election for Office Sought 261541.03		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶ _____		
Full Name of Payee LaVonna A Brown			Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 01 / 2014	
Mailing Address 1211 Treaty Rd			Amount 26.10	
City Delphos	State KS	Zip Code 67436	Transaction ID : 023f219a-a705-4026-9	
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement or Obligation MM / DD / YYYY 11 / 01 / 2014	
Name of Federal Candidate Mr. Greg Orman		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>KS</u>	
Calendar Year-To-Date Per Election for Office Sought 261541.03		Disbursement For: ☐ Primary ☒ 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.				
Signature <i>Ms. Emily Buchanan</i>		[Electronically Filed]		Date MM / DD / YYYY 05 / 18 / 2015

Full Name of Payee Aaron L Watson		Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 01 / 2014	
Mailing Address 30217 Crook Rd		Amount 60.00	
City Cleveland	State MO	Zip Code 64734	Transaction ID : 2635deb6-e8f0-462e-a
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation MM / DD / YYYY 11 / 01 / 2014
Name of Federal Candidate Mr. Greg Orman		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: KS
Calendar Year-To-Date Per Election for Office Sought 261541.03		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	

Full Name of Payee Aaron L Watson		Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 01 / 2014	
Mailing Address 30217 Crook Rd		Amount 25.50	
City Cleveland	State MO	Zip Code 64734	Transaction ID : db66c369-1b15-4dd3-b Date of Disbursement or Obligation MM / DD / YYYY 11 / 01 / 2014
Purpose of Expenditure Mileage	Category/ Type 002		
Name of Federal Candidate Mr. Greg Orman	☐ Support ☒ Oppose	Office Sought: ☐ President ☒ Senate ☐ Other (specify) ►	District: 00 State: KS ☐ Primary ☒ General
Calendar Year-To-Date Per Election for Office Sought	261541.03		

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	85.50
(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.

Date _____

Signature

Full Name of Payee Heather Ainsworth			Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 01 / 2014		
Mailing Address 9685 Paula St			Amount 43.50		
City Keithville	State LA	Zip Code 71047	Transaction ID : a4e12253-944d-4d79-b Date of Disbursement or Obligation MM / DD / YYYY 11 / 01 / 2014		
Purpose of Expenditure Mileage		Category/ Type 002			
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: LA		
Calendar Year-To-Date Per Election for Office Sought		554635.78	Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ►		

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	143.50
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

Ms. Emily Buchanan

[Electronically Filed]

Date 05 / 18 / 2015

Signature

Full Name of Payee Greg Meens		Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 01 / 2014	
Mailing Address 5724 SW Arrowhead Ct		Amount Amount 15.00	
City Topeka	State KS	Zip Code 66614	Transaction ID : 0e355ac0-3b73-4c26-b Date of Disbursement or Obligation MM / DD / YYYY 11 / 01 / 2014
Purpose of Expenditure Salary		Category/ Type 001	
Name of Federal Candidate Mr. Greg Orman		☐ Support ☒ Oppose	Office Sought: ☐ House ☒ Senate ☐ President ☒ Other (specify) _____
Calendar Year-To-Date Per Election for Office Sought		Amount 261541.03	Disbursement For: ☐ Primary ☒ General ☐ Other (specify) _____

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	65.00
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

FEC Schedule E (Form 3X) Rev. 09/2013

Full Name of Payee April A Watson		Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 01 / 2014	
Mailing Address 30217 Crook Rd		Amount 30.90	
City Cleveland	State MO	Zip Code 64734	Transaction ID : a8bf8306-66e9-448c-9 Date of Disbursement or Obligation MM / DD / YYYY 11 / 01 / 2014
Purpose of Expenditure Mileage		Category/ Type 002	
Name of Federal Candidate Mr. Greg Orman		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: KS
Calendar Year-To-Date Per Election for Office Sought 261541.03		Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ►	

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	80.90
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

Ms. Emily Buchanan

[Electronically Filed]

Date 05 / 18 / 2015

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 2434 OF 3250
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC		FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M M / D D D / Y Y Y Y Y Y			
Full Name of Payee Tywan Scott-Kwofie		Date of Public Distribution/Dissemination 11 / 01 / 2014	
Mailing Address 117 East Maple St		Amount 55.00	
City Bucklin	State KS	Zip Code 67834	Transaction ID : d49b71f9-ba3d-4429-8
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation 11 / 01 / 2014
Name of Federal Candidate Mr. Greg Orman		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>KS</u>
Calendar Year-To-Date Per Election for Office Sought 261541.03		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶ _____	
Full Name of Payee Tywan Scott-Kwofie		Date of Public Distribution/Dissemination 11 / 01 / 2014	
Mailing Address 117 East Maple St		Amount 7.32	
City Bucklin	State KS	Zip Code 67834	Transaction ID : be0bb31f-541c-49ef-b
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement or Obligation 11 / 01 / 2014
Name of Federal Candidate Mr. Greg Orman		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>KS</u>
Calendar Year-To-Date Per Election for Office Sought 261541.03		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶ _____	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶		62.32	
(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.			
Signature <i>Ms. Emily Buchanan</i>		Date 05 / 18 / 2015	
		[Electronically Filed]	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

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 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC	FEC IDENTIFICATION NUMBER ▼ C C00530766
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M / D D / Y Y Y Y	

Full Name of Payee Laurel Littler			Date of Public Distribution/Dissemination 10 / 30 / 2014		
Mailing Address 145 Bradford Circle			Amount 45.00		
City Clayton	State NC	Zip Code 27527	Transaction ID : 9ca310e3-f746-4d96-8 Date of Disbursement or Obligation 10 / 30 / 2014		
Purpose of Expenditure Salary		Category/ Type 001			
Name of Federal Candidate Ms. Kay Hagan			☐ Support ☒ Oppose		
Calendar Year-To-Date Per Election for Office Sought 1095959.94			Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>NC</u>		
			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶ _____		

Full Name of Payee Laurel Littler			Date of Public Distribution/Dissemination 10 / 30 / 2014		
Mailing Address 145 Bradford Circle			Amount 12.00		
City Clayton	State NC	Zip Code 27527	Transaction ID : 1ece284e-2270-4fbb-9 Date of Disbursement or Obligation 10 / 30 / 2014		
Purpose of Expenditure Mileage		Category/ Type 002			
Name of Federal Candidate Ms. Kay Hagan			☐ Support ☒ Oppose		
Calendar Year-To-Date Per Election for Office Sought 1095959.94			Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>NC</u>		
			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶ _____		

(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

05 / 18 / 2015

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 2436 OF 3250
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC		FEC IDENTIFICATION NUMBER ▼ C C00530766
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on		MM / DD / YYYY

Full Name of Payee Theresa a Youngblood		Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 01 / 2014
Mailing Address 102 S Main Street Apt A2		Amount 110.00
City Berryville	State VA	Zip Code 22611
Purpose of Expenditure Salary	Category/Type 001	Transaction ID : 424f1dcd-3536-415c-b Date of Disbursement or Obligation MM / DD / YYYY 11 / 01 / 2014
Name of Federal Candidate Mr. Greg Orman		Office Sought: ☐ House District: 00 ☒ Senate State: KS
Calendar Year-To-Date Per Election for Office Sought 261541.03		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶

Full Name of Payee Mattie Harris		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 30 / 2014
Mailing Address 3654 Tara St		Amount 60.00
City springdale	State AR	Zip Code 72762
Purpose of Expenditure Salary	Category/Type 001	Transaction ID : a1739e28-d882-48fb-8 Date of Disbursement or Obligation MM / DD / YYYY 10 / 30 / 2014
Name of Federal Candidate Mr. Mark L Pryor		Office Sought: ☐ House District: 00 ☒ Senate State: AR
Calendar Year-To-Date Per Election for Office Sought 292370.62		Disbursement For: ☐ Primary ☒ 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]

Signature

Date

MM / DD / YYYY
05 / 18 / 2015

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 2437 OF 3250
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC		FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on		MM / DD / YYYY	
Full Name of Payee Mattie Harris		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 30 / 2014	
Mailing Address 3654 Tara St		Amount 12.00	
City springdale	State AR	Zip Code 72762	Transaction ID : 50a4b6d8-d066-41ec-8
Purpose of Expenditure Mileage	Category/Type 002	Date of Disbursement or Obligation MM / DD / YYYY 10 / 30 / 2014	
Name of Federal Candidate Mr. Mark L Pryor		☐ Support ☒ Oppose	
Office Sought: ☐ President ☒ Senate		District: 00 State: AR	
Calendar Year-To-Date Per Election for Office Sought 292370.62		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Jacob W Joosten		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 30 / 2014	
Mailing Address 1906 S Pine Apt B		Amount 40.00	
City Pittsburg	State KS	Zip Code 66762	Transaction ID : 4950c62c-e85e-41f2-8
Purpose of Expenditure Salary	Category/Type 001	Date of Disbursement or Obligation MM / DD / YYYY 10 / 30 / 2014	
Name of Federal Candidate Mr. Greg Orman		☐ Support ☒ Oppose	
Office Sought: ☐ President ☒ Senate		District: 00 State: KS	
Calendar Year-To-Date Per Election for Office Sought 261541.03		Disbursement For: ☐ Primary ☒ 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.			
Signature Ms. Emily Buchanan		Date MM / DD / YYYY 05 / 18 / 2015	
		[Electronically Filed]	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 2438 OF 3250
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on MM / DD / YYYYYY					
Full Name of Payee Jacob W Joosten			Date of Public Distribution/Dissemination MM / DD / YYYYYY 10 / 30 / 2014		
Mailing Address 1906 S Pine Apt B			Amount 999999.99 32.70		
City Pittsburg	State KS	Zip Code 66762	Transaction ID : dd39880e-c068-4b9f-8		
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement or Obligation MM / DD / YYYYYY 10 / 30 / 2014		
Name of Federal Candidate Mr. Greg Orman		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>KS</u>		
Calendar Year-To-Date Per Election for Office Sought		99999999.99 261541.03	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶ _____		
Full Name of Payee Ashley n Thompson			Date of Public Distribution/Dissemination MM / DD / YYYYYY 11 / 01 / 2014		
Mailing Address 272 Westgate Ct Apt 6			Amount 999999.99 65.00		
City Lexington	State NC	Zip Code 27295	Transaction ID : 11fb338f-7c68-4a74-a		
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation MM / DD / YYYYYY 11 / 01 / 2014		
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>NC</u>		
Calendar Year-To-Date Per Election for Office Sought		99999999.99 1095959.94	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶ _____		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			99999999.99 97.70		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶			99999999.99		
(c) TOTAL Independent Expenditures..... ▶			99999999.99		
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.					
Signature <i>Ms. Emily Buchanan</i>		[Electronically Filed]		Date MM / DD / YYYYYY 05 / 18 / 2015	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 2439 OF 3250
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC		FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on		M M M / D D D / Y Y Y Y Y Y	
Full Name of Payee Ashley n Thompson		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 11 / 01 / 2014	
Mailing Address 272 Westgate Ct Apt 6		Amount 22.50	
City Lexington	State NC	Zip Code 27295	Transaction ID : a1e2691e-4d3d-41ad-b
Purpose of Expenditure Mileage	Category/Type 002	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 11 / 01 / 2014	
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	
Office Sought: ☐ President ☒ Senate		District: 00 State: NC	
Calendar Year-To-Date Per Election for Office Sought 1095959.94		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Jessica R Resendiz		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 11 / 01 / 2014	
Mailing Address 9685 Paula St		Amount 105.00	
City Keithville	State LA	Zip Code 71047	Transaction ID : 4c13f622-06ba-4fc3-9
Purpose of Expenditure Salary	Category/Type 001	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 11 / 01 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	
Office Sought: ☐ President ☒ Senate		District: 00 State: LA	
Calendar Year-To-Date Per Election for Office Sought 554635.78		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶		127.50	
(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.			
Signature Ms. Emily Buchanan		Date M M M / D D D / Y Y Y Y Y Y 05 / 18 / 2015	
		[Electronically Filed]	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 2440 OF 3250
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M M / D D D / Y Y Y Y Y Y					
Full Name of Payee Jessica R Resendiz			Date of Public Distribution/Dissemination 11 / 01 / 2014		
Mailing Address 9685 Paula St			Amount 59.40		
City Keithville		State LA	Zip Code 71047		Transaction ID : d3787227-5749-4550-8
Purpose of Expenditure Mileage		Category/ Type 002		Date of Disbursement or Obligation 11 / 01 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu			☐ Support ☒ Oppose		Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: LA
Calendar Year-To-Date Per Election for Office Sought			554635.78 Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
Full Name of Payee Joseph R English			Date of Public Distribution/Dissemination 10 / 30 / 2014		
Mailing Address 915 East Market Ave Apt 4			Amount 80.00		
City Searcy		State AR	Zip Code 72143		Transaction ID : 06d9a0f8-1bdf-4965-9
Purpose of Expenditure Salary		Category/ Type 001		Date of Disbursement or Obligation 10 / 30 / 2014	
Name of Federal Candidate Mr. Mark L Pryor			☐ Support ☒ Oppose		Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: AR
Calendar Year-To-Date Per Election for Office Sought			292370.62 Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶					139.40
(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.					
Signature Ms. Emily Buchanan			[Electronically Filed]		Date 05 / 18 / 2015

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 2441 OF 3250
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC		FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on		M M M / D D D / Y Y Y Y Y Y	
Full Name of Payee Joseph R English		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 10 / 30 / 2014	
Mailing Address 915 East Market Ave Apt 4		Amount 52.80	
City Searcy	State AR	Zip Code 72143	Transaction ID : 9bff9169-a190-46cd-8
Purpose of Expenditure Mileage		Category/Type 002	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 10 / 30 / 2014
Name of Federal Candidate Mr. Mark L Pryor		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: AR
Calendar Year-To-Date Per Election for Office Sought 292370.62		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Randy G Lookabill		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 11 / 01 / 2014	
Mailing Address 200 Carawood Lane		Amount 65.00	
City Lexington	State NC	Zip Code 27295	Transaction ID : be552cd9-6922-440f-9
Purpose of Expenditure Salary		Category/Type 001	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 11 / 01 / 2014
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: NC
Calendar Year-To-Date Per Election for Office Sought 1095959.94		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures.....▶		117.80	
(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.			
Signature Ms. Emily Buchanan		Date M M M / D D D / Y Y Y Y Y Y 05 / 18 / 2015	
		[Electronically Filed]	

Full Name of Payee Randy G Lookabill		Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 01 / 2014	
Mailing Address 200 Carawood Lane		Amount 15.00	
City Lexington	State NC	Zip Code 27295	Transaction ID : f05059ed-f007-483a-9 Date of Disbursement or Obligation MM / DD / YYYY 11 / 01 / 2014
Purpose of Expenditure Mileage	Category/ Type	002	
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House ☒ Senate ☐ President District: 00 State: NC
Calendar Year-To-Date Per Election for Office Sought		1095959.94	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶

Full Name of Payee Joneisha Stewart		Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 01 / 2014	
Mailing Address 2329 Runnymede Dr		Amount 50.00	
City Marrero	State LA	Zip Code 70072	Transaction ID : 4e335c6a-7d83-4beb-8 Date of Disbursement or Obligation MM / DD / YYYY 11 / 01 / 2014
Purpose of Expenditure Salary		Category/ Type 001	
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: LA
Calendar Year-To-Date Per Election for Office Sought		554635.78	Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ►

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	65.00
(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.

Date _____

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 2443 OF 3250
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M M / D D D / Y Y Y Y Y Y					
Full Name of Payee Joneisha Stewart			Date of Public Distribution/Dissemination 11 / 01 / 2014		
Mailing Address 2329 Runnymede Dr			Amount 3.90		
City Marrero	State LA	Zip Code 70072	Transaction ID : 5812d840-a091-4d54-a Date of Disbursement or Obligation 11 / 01 / 2014		
Purpose of Expenditure Mileage		Category/ Type 002			
Name of Federal Candidate Ms. Mary L Landrieu			Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>LA</u>		
Calendar Year-To-Date Per Election for Office Sought 554635.78			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶ _____		
Full Name of Payee Krystal A Wilson			Date of Public Distribution/Dissemination 10 / 30 / 2014		
Mailing Address 448 Judson Dr			Amount 40.00		
City Wake Forest	State NC	Zip Code 27587	Transaction ID : 01664264-f093-486e-a Date of Disbursement or Obligation 10 / 30 / 2014		
Purpose of Expenditure Salary		Category/ Type 001			
Name of Federal Candidate Ms. Kay Hagan			Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>NC</u>		
Calendar Year-To-Date Per Election for Office Sought 1095959.94			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶ _____		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			43.90		
(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.					
Signature <u>Ms. Emily Buchanan</u> [Electronically Filed]			Date 05 / 18 / 2015		

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 2444 OF 3250
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on MM / DD / YYYY					
Full Name of Payee Krystal A Wilson			Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 30 / 2014		
Mailing Address 448 Judson Dr			Amount 1.50		
City Wake Forest	State NC	Zip Code 27587	Transaction ID : 47015127-acd2-44d2-9		
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement or Obligation MM / DD / YYYY 10 / 30 / 2014		
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: NC		
Calendar Year-To-Date Per Election for Office Sought 1095959.94		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶			
Full Name of Payee Timothy Foley			Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 01 / 2014		
Mailing Address 20679 Glenbrook Terrace			Amount 80.00		
City Sterling	State VA	Zip Code 20165	Transaction ID : 3fe1ff80-938e-4e2f-8		
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation MM / DD / YYYY 11 / 01 / 2014		
Name of Federal Candidate Mr. Greg Orman		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: KS		
Calendar Year-To-Date Per Election for Office Sought 261541.03		Disbursement For: ☐ Primary ☒ 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.					
Signature <i>Ms. Emily Buchanan</i>		[Electronically Filed]		Date MM / DD / YYYY 05 / 18 / 2015	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 2445 OF 3250
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M / D D / Y Y Y Y					
Full Name of Payee Jonathan M Harris			Date of Public Distribution/Dissemination 11 / 01 / 2014		
Mailing Address 3654 Tara St			Amount 55.00		
City Springdale	State AR	Zip Code 72762	Transaction ID : dec12004-b6b6-4960-8		
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation 11 / 01 / 2014		
Name of Federal Candidate Mr. Mark L Pryor		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>AR</u>		
Calendar Year-To-Date Per Election for Office Sought		292370.62	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
Full Name of Payee Jonathan M Harris			Date of Public Distribution/Dissemination 11 / 01 / 2014		
Mailing Address 3654 Tara St			Amount 8.70		
City Springdale	State AR	Zip Code 72762	Transaction ID : f0e201c5-7a2c-4648-8		
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement or Obligation 11 / 01 / 2014		
Name of Federal Candidate Mr. Mark L Pryor		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>AR</u>		
Calendar Year-To-Date Per Election for Office Sought		292370.62	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			63.70		
(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.					
Signature Ms. Emily Buchanan		[Electronically Filed]		Date 05 / 18 / 2015	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 2446 OF 3250
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC		FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on		M M M / D D D / Y Y Y Y Y Y	
Full Name of Payee Talia J DeGisi		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 11 / 01 / 2014	
Mailing Address 9513 Beverly Dr		Amount 60.00	
City Overland Park	State KS	Zip Code 66207	Transaction ID : 3ca41f52-26bc-4458-9
Purpose of Expenditure Salary	Category/Type 001	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 11 / 01 / 2014	
Name of Federal Candidate Mr. Greg Orman		Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: KS	
Calendar Year-To-Date Per Election for Office Sought 261541.03		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Talia J DeGisi		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 11 / 01 / 2014	
Mailing Address 9513 Beverly Dr		Amount 7.50	
City Overland Park	State KS	Zip Code 66207	Transaction ID : 3255ab19-f4b8-40ac-9
Purpose of Expenditure Mileage	Category/Type 002	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 11 / 01 / 2014	
Name of Federal Candidate Mr. Greg Orman		Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: KS	
Calendar Year-To-Date Per Election for Office Sought 261541.03		Disbursement For: ☐ Primary ☒ 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 Signature		[Electronically Filed] Date M M M / D D D / Y Y Y Y Y Y 05 / 18 / 2015	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 2447 OF 3250
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on MM / DD / YYYY					
Full Name of Payee Lydia H DeGisi			Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 01 / 2014		
Mailing Address 9513 Beverly Dr			Amount 67.50		
City Overland Park	State KS	Zip Code 66207	Transaction ID : 5e4417dc-d3fa-4c79-9		
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation MM / DD / YYYY 11 / 01 / 2014		
Name of Federal Candidate Mr. Greg Orman		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>KS</u>		
Calendar Year-To-Date Per Election for Office Sought		261541.03	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶ _____		
Full Name of Payee Lydia H DeGisi			Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 01 / 2014		
Mailing Address 9513 Beverly Dr			Amount 10.50		
City Overland Park	State KS	Zip Code 66207	Transaction ID : c69fbd50-ecb3-4095-a		
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement or Obligation MM / DD / YYYY 11 / 01 / 2014		
Name of Federal Candidate Mr. Greg Orman		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>KS</u>		
Calendar Year-To-Date Per Election for Office Sought		261541.03	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶ _____		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			78.00		
(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.					
Signature <i>Ms. Emily Buchanan</i>		[Electronically Filed]		Date MM / DD / YYYY 05 / 18 / 2015	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 2448 OF 3250
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M M / D D D / Y Y Y Y Y Y					
Full Name of Payee Joe Dockers			Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 11 / 01 / 2014		
Mailing Address 419 W Ford St Apt C			Amount 70.00		
City Pittsburg		State KS	Zip Code 66762		Transaction ID : c2562ab1-93b7-4f92-a
Purpose of Expenditure Salary		Category/Type 001		Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 11 / 01 / 2014	
Name of Federal Candidate Mr. Greg Orman			☐ Support ☒ Oppose Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>KS</u>		
Calendar Year-To-Date Per Election for Office Sought 261541.03			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
Full Name of Payee John P Hilkert			Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 11 / 01 / 2014		
Mailing Address 7 Bards Lane			Amount 85.00		
City Fletcher		State NC	Zip Code 28732		Transaction ID : 3d964c79-a1f9-4ccc-a
Purpose of Expenditure Salary		Category/Type 001		Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 11 / 01 / 2014	
Name of Federal Candidate Ms. Kay Hagan			☐ Support ☒ Oppose Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>NC</u>		
Calendar Year-To-Date Per Election for Office Sought 1095959.94			Disbursement For: ☐ Primary ☒ 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.					
Signature <u>Ms. Emily Buchanan</u>			Date M M M / D D D / Y Y Y Y Y Y 05 / 18 / 2015		

[Electronically Filed]

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 2449 OF 3250
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC		FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on / /			
Full Name of Payee John P Hilkert		Date of Public Distribution/Dissemination / / 11 / 01 / 2014	
Mailing Address 7 Bards Lane		Amount 14.70	
City Fletcher	State NC	Zip Code 28732	Transaction ID : 5eaa615a-a171-43ef-9 Date of Disbursement or Obligation / / 11 / 01 / 2014
Purpose of Expenditure Mileage		Category/ Type 002	
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>NC</u>
Calendar Year-To-Date Per Election for Office Sought 1095959.94		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶ _____	
Full Name of Payee Andrew Stricklin		Date of Public Distribution/Dissemination / / 11 / 01 / 2014	
Mailing Address 2026 West Nettleton Avenue Apt 2		Amount 25.00	
City Jonesboro	State AR	Zip Code 72401	Transaction ID : a1746e88-8bed-4989-b Date of Disbursement or Obligation / / 11 / 01 / 2014
Purpose of Expenditure Salary		Category/ Type 001	
Name of Federal Candidate Mr. Mark L Pryor		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>AR</u>
Calendar Year-To-Date Per Election for Office Sought 292370.62		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶ _____	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶		 39.70	
(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.			
Signature <i>Ms. Emily Buchanan</i>		Date / / 05 / 18 / 2015	
[Electronically Filed]			

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 2450 OF 3250
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC		FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on		M M M / D D D / Y Y Y Y Y Y	
Full Name of Payee Andrew Stricklin		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 11 / 01 / 2014	
Mailing Address 2026 West Nettleton Avenue Apt 2		Amount 39.54	
City Jonesboro	State AR	Zip Code 72401	Transaction ID : 80fb9e08-5760-40ce-9
Purpose of Expenditure Mileage	Category/ Type	002	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 11 / 01 / 2014
Name of Federal Candidate Mr. Mark L Pryor		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: AR
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Ashlee G Anderson		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 11 / 01 / 2014	
Mailing Address 2226 Enloe St		Amount 11.50	
City Fayetteville	State NC	Zip Code 28306	Transaction ID : ba238442-afe7-4939-b
Purpose of Expenditure Salary	Category/ Type	001	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 11 / 01 / 2014
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: NC
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶		51.04	
(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]	
Signature		Date M M M / D D D / Y Y Y Y Y Y 05 / 18 / 2015	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 2451 OF 3250
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on MM / DD / YYYY				
Full Name of Payee Ashlee G Anderson			Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 01 / 2014	
Mailing Address 2226 Enloe St			Amount 11 / 01 / 2014 3.60	
City Fayetteville	State NC	Zip Code 28306	Transaction ID : 3307bdc2-0626-4801-a	
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement or Obligation MM / DD / YYYY 11 / 01 / 2014	
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>NC</u>	
Calendar Year-To-Date Per Election for Office Sought		1095959.94	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Leslie D Moore			Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 01 / 2014	
Mailing Address 1903 Swan Dr			Amount 11 / 01 / 2014 100.00	
City Lenoir	State NC	Zip Code 28645	Transaction ID : b0d735de-d4a6-4c6c-8	
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation MM / DD / YYYY 11 / 01 / 2014	
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>NC</u>	
Calendar Year-To-Date Per Election for Office Sought		1095959.94	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			103.60	
(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.				
Signature <i>Ms. Emily Buchanan</i>		[Electronically Filed]		Date MM / DD / YYYY 05 / 18 / 2015

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

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 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M M / D D D / Y Y Y Y Y Y					
Full Name of Payee Leslie D Moore			Date of Public Distribution/Dissemination 11 / 01 / 2014		
Mailing Address 1903 Swan Dr			Amount 12.30		
City Lenoir	State NC	Zip Code 28645	Transaction ID : c735cc17-f15d-483d-9 Date of Disbursement or Obligation 11 / 01 / 2014		
Purpose of Expenditure Mileage		Category/ Type 002			
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: NC		
Calendar Year-To-Date Per Election for Office Sought		1095959.94	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
Full Name of Payee Karen R Myers			Date of Public Distribution/Dissemination 11 / 01 / 2014		
Mailing Address 14566 NW 110th St			Amount 110.00		
City Whitewater	State KS	Zip Code 67154	Transaction ID : a624c6e2-4ec4-4799-9 Date of Disbursement or Obligation 11 / 01 / 2014		
Purpose of Expenditure Salary		Category/ Type 001			
Name of Federal Candidate Mr. Greg Orman		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: KS		
Calendar Year-To-Date Per Election for Office Sought		261541.03	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			122.30		
(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.					
Signature Ms. Emily Buchanan		[Electronically Filed]		Date 05 / 18 / 2015	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

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 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M M / D D D / Y Y Y Y Y Y					
Full Name of Payee Karen R Myers			Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 11 / 01 / 2014		
Mailing Address 14566 NW 110th St			Amount 24.00		
City Whitewater	State KS	Zip Code 67154	Transaction ID : 413336fd-d849-4eb4-9 Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 11 / 01 / 2014		
Purpose of Expenditure Mileage		Category/ Type 002			
Name of Federal Candidate Mr. Greg Orman			Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>KS</u> ☐ Support ☒ Oppose		
Calendar Year-To-Date Per Election for Office Sought 261541.03			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
Full Name of Payee Todd Ellis			Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 11 / 01 / 2014		
Mailing Address P.O. Box 712			Amount 125.00		
City Alexander	State AR	Zip Code 72002	Transaction ID : f2e72fb1-1e32-40ef-8 Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 11 / 01 / 2014		
Purpose of Expenditure Salary		Category/ Type 001			
Name of Federal Candidate Mr. Mark L Pryor			Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>AR</u> ☐ Support ☒ Oppose		
Calendar Year-To-Date Per Election for Office Sought 292370.62			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			149.00		
(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.					
Signature Ms. Emily Buchanan			Date M M M / D D D / Y Y Y Y Y Y 05 / 18 / 2015 [Electronically Filed]		

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

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 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC	FEC IDENTIFICATION NUMBER ▼ C C00530766
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M M / D D D / Y Y Y Y Y Y	

Full Name of Payee Todd Ellis		Date of Public Distribution/Dissemination 11 / 01 / 2014	
Mailing Address P.O. Box 712		Amount 52.20	
City Alexander	State AR	Zip Code 72002	Transaction ID : 7c679bcb-841b-41bc-a Date of Disbursement or Obligation 11 / 01 / 2014
Purpose of Expenditure Mileage		Category/Type 002	
Name of Federal Candidate Mr. Mark L Pryor		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>AR</u>
Calendar Year-To-Date Per Election for Office Sought 292370.62		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	

Full Name of Payee Irene R Hoyer		Date of Public Distribution/Dissemination 11 / 01 / 2014	
Mailing Address 4310 N Mission Rd		Amount 51.00	
City Bel Aire	State KS	Zip Code 67226	Transaction ID : 55aea92c-57ce-40a0-9 Date of Disbursement or Obligation 11 / 01 / 2014
Purpose of Expenditure Salary		Category/Type 001	
Name of Federal Candidate Mr. Greg Orman		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>KS</u>
Calendar Year-To-Date Per Election for Office Sought 261541.03		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	103.20
(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

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Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 2455 OF 3250
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC		FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on		M M M / D D D / Y Y Y Y Y Y	
Full Name of Payee Irene R Hoyer		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 11 / 01 / 2014	
Mailing Address 4310 N Mission Rd		Amount 7.65	
City Bel Aire	State KS	Zip Code 67226	Transaction ID : 7d45d8a1-09e4-4cec-b
Purpose of Expenditure Mileage	Category/ Type 002	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 11 / 01 / 2014	
Name of Federal Candidate Mr. Greg Orman		☐ Support ☒ Oppose	
Office Sought: ☐ President ☒ Senate		District: 00 State: KS	
Calendar Year-To-Date Per Election for Office Sought 261541.03		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Julia Perry		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 11 / 01 / 2014	
Mailing Address 2046 Perrin St Apt C		Amount 100.00	
City Shreveport	State LA	Zip Code 71101	Transaction ID : 6981129c-5a56-4149-8
Purpose of Expenditure Salary	Category/ Type 001	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 11 / 01 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	
Office Sought: ☐ President ☒ Senate		District: 00 State: LA	
Calendar Year-To-Date Per Election for Office Sought 554635.78		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶		107.65	
(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.			
Signature Ms. Emily Buchanan		Date M M M / D D D / Y Y Y Y Y Y 05 / 18 / 2015	
[Electronically Filed]			

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 2456 OF 3250
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC		FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on MM / DD / YYYY			
Full Name of Payee Kaleigh J Wagner		Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 01 / 2014	
Mailing Address 18065 Wayne Rd		Amount 150.00	
City Odessa	State FL	Zip Code 33556	Transaction ID : d0a28b0a-6bb6-459a-8
Purpose of Expenditure Salary	Category/Type 001	Date of Disbursement or Obligation MM / DD / YYYY 11 / 01 / 2014	
Name of Federal Candidate Mr. Mark L Pryor		Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>AR</u>	
Calendar Year-To-Date Per Election for Office Sought 292370.62		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Randy M Gold		Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 01 / 2014	
Mailing Address 1436 Haigs Creek Dr		Amount 150.00	
City Elgin	State SC	Zip Code 29045	Transaction ID : 7cf6c4b5-2e30-4805-a
Purpose of Expenditure Salary	Category/Type 001	Date of Disbursement or Obligation MM / DD / YYYY 11 / 01 / 2014	
Name of Federal Candidate Mr. Mark L Pryor		Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>AR</u>	
Calendar Year-To-Date Per Election for Office Sought 292370.62		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶		300.00	
(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.			
Signature <i>Ms. Emily Buchanan</i>		Date MM / DD / YYYY 05 / 18 / 2015	
		[Electronically Filed]	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 2457 OF 3250
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC		FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on		M M M / D D D / Y Y Y Y Y Y	
Full Name of Payee Randy M Gold		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 11 / 01 / 2014	
Mailing Address 1436 Haigs Creek Dr		Amount 88.92	
City Elgin	State SC	Zip Code 29045	Transaction ID : 10082de2-f8ae-4062-9
Purpose of Expenditure Mileage	Category/Type 002	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 11 / 01 / 2014	
Name of Federal Candidate Mr. Mark L Pryor		☐ Support ☒ Oppose	
Office Sought: ☐ President ☒ Senate		District: 00 State: AR	
Calendar Year-To-Date Per Election for Office Sought 292370.62		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Christine Stevens		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 11 / 01 / 2014	
Mailing Address 100 Asbury Ct		Amount 90.00	
City Winchester	State VA	Zip Code 22602	Transaction ID : 325d5709-7896-45ae-9
Purpose of Expenditure Salary	Category/Type 001	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 11 / 01 / 2014	
Name of Federal Candidate Mr. Greg Orman		☐ Support ☒ Oppose	
Office Sought: ☐ President ☒ Senate		District: 00 State: KS	
Calendar Year-To-Date Per Election for Office Sought 261541.03		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶		178.92	
(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.			
Signature Ms. Emily Buchanan		Date M M M / D D D / Y Y Y Y Y Y 05 / 18 / 2015	
[Electronically Filed]			

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 2458 OF 3250
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on MM / DD / YYYY					
Full Name of Payee Kristina M Jinkens			Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 01 / 2014		
Mailing Address 2138 N 1000 Rd			Amount 10.00		
City Eudora	State KS	Zip Code 66025	Transaction ID : 2ae4e0d2-8a1b-4ca9-a		
Purpose of Expenditure Salary		Category/Type 001	Date of Disbursement or Obligation MM / DD / YYYY 11 / 01 / 2014		
Name of Federal Candidate Mr. Greg Orman		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: KS		
Calendar Year-To-Date Per Election for Office Sought		261541.03	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
Full Name of Payee Jazmine d Conner			Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 01 / 2014		
Mailing Address 100 ASBURY CT			Amount 90.00		
City WINCHESTER	State VA	Zip Code 22602	Transaction ID : b106a687-7542-415b-9		
Purpose of Expenditure Salary		Category/Type 001	Date of Disbursement or Obligation MM / DD / YYYY 11 / 01 / 2014		
Name of Federal Candidate Mr. Greg Orman		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: KS		
Calendar Year-To-Date Per Election for Office Sought		261541.03	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			100.00		
(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.					
Signature <i>Ms. Emily Buchanan</i>		[Electronically Filed]		Date MM / DD / YYYY 05 / 18 / 2015	

Full Name of Payee Jon E Conner		Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 01 / 2014	
Mailing Address 100 Asbury Ct		Amount 90.00	
City Winchester	State VA	Zip Code 22602	Transaction ID : e0e3ebe0-100f-46a4-9 Date of Disbursement or Obligation MM / DD / YYYY 11 / 01 / 2014
Purpose of Expenditure Salary		Category/ Type 001	
Name of Federal Candidate Mr. Greg Orman		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: KS
Calendar Year-To-Date Per Election for Office Sought 261541.03		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	

Full Name of Payee Rodney O Culbreath		Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 01 / 2014	
Mailing Address 100 Asbury Ct		Amount 90.00	
City Winchester	State VA	Zip Code 22602	Transaction ID : 172e8763-1532-4e75-8 Date of Disbursement or Obligation MM / DD / YYYY 11 / 01 / 2014
Purpose of Expenditure Salary	Category/ Type 001		
Name of Federal Candidate Mr. Greg Orman	☐ Support ☒ Oppose	Office Sought: ☐ President ☒ Senate ☐ Other (specify) ▶	District: 00 State: KS ☐ Primary ☒ General
Calendar Year-To-Date Per Election for Office Sought	261541.03		

(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.

Date _____

Signature

05 / 18 / 2015

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 2460 OF 3250
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M M / D D D / Y Y Y Y Y Y					
Full Name of Payee Rodney D Culbreth			Date of Public Distribution/Dissemination 11 / 01 / 2014		
Mailing Address 100 Asbury CT 3200 Dam Neck Rd			Amount 90.00		
City Winchester		State VA	Zip Code 22602		Transaction ID : 7655dec1-1a3a-4ccd-8
Purpose of Expenditure Salary		Category/Type 001		Date of Disbursement or Obligation 11 / 01 / 2014	
Name of Federal Candidate Mr. Greg Orman			☐ Support ☒ Oppose Office Sought: ☐ House ☒ Senate District: <u>00</u> ☐ President State: <u>KS</u>		
Calendar Year-To-Date Per Election for Office Sought 261541.03			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶ _____		
Full Name of Payee Rze Culbreath			Date of Public Distribution/Dissemination 11 / 01 / 2014		
Mailing Address 100 Asbury Ct			Amount 90.00		
City Winchester		State VA	Zip Code 22602		Transaction ID : 13881b43-1270-48dd-9
Purpose of Expenditure Salary		Category/Type 001		Date of Disbursement or Obligation 11 / 01 / 2014	
Name of Federal Candidate Mr. Greg Orman			☐ Support ☒ Oppose Office Sought: ☐ House ☒ Senate District: <u>00</u> ☐ President State: <u>KS</u>		
Calendar Year-To-Date Per Election for Office Sought 261541.03			Disbursement For: ☐ Primary ☒ 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.					
Signature <u>Ms. Emily Buchanan</u> [Electronically Filed]			Date 05 / 18 / 2015		

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 2461 OF 3250
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on			M M M / D D D / Y Y Y Y Y Y	
Full Name of Payee Carl Brent		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 11 / 01 / 2014		
Mailing Address 6718 Lake Willow Dr		Amount 80.00		
City New Orleans	State LA	Zip Code 70126	Transaction ID : 9cc19421-4d05-4f87-8	
Purpose of Expenditure Salary		Category/Type 001	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 11 / 01 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: LA	
Calendar Year-To-Date Per Election for Office Sought		554635.78	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Carl Brent		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 11 / 01 / 2014		
Mailing Address 6718 Lake Willow Dr		Amount 20.40		
City New Orleans	State LA	Zip Code 70126	Transaction ID : e2bbae1a-813f-4502-b	
Purpose of Expenditure Mileage		Category/Type 002	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 11 / 01 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: LA	
Calendar Year-To-Date Per Election for Office Sought		554635.78	Disbursement For: ☐ Primary ☒ 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.				
Signature Ms. Emily Buchanan		[Electronically Filed]		Date M M M / D D D / Y Y Y Y Y Y 05 / 18 / 2015

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 2462 OF 3250
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC		FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on / /			
Full Name of Payee Brian A Sherwood		Date of Public Distribution/Dissemination / / 11 / 01 / 2014	
Mailing Address 1003 W 5th St		Amount 20.00	
City Coffeyville	State KS	Zip Code 67337	Transaction ID : cf3f7afc-b1d3-4426-b Date of Disbursement or Obligation / / 11 / 01 / 2014
Purpose of Expenditure Salary		Category/ Type 001	
Name of Federal Candidate Mr. Greg Orman		Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>KS</u> ☐ Support ☒ Oppose	
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶ _____ 261541.03	
Full Name of Payee Brieshauna M Stevens		Date of Public Distribution/Dissemination / / 11 / 01 / 2014	
Mailing Address 1703 Torrey Pines Ct		Amount 50.00	
City Reston	State VA	Zip Code 20190	Transaction ID : 990e3e4f-1560-47f1-a Date of Disbursement or Obligation / / 11 / 01 / 2014
Purpose of Expenditure Salary		Category/ Type 001	
Name of Federal Candidate Mr. Greg Orman		Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>KS</u> ☐ Support ☒ Oppose	
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶ _____ 261541.03	
(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.			
Signature <i>Ms. Emily Buchanan</i>		Date / / 05 / 18 / 2015 [Electronically Filed]	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 2463 OF 3250
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC		FEC IDENTIFICATION NUMBER ▼ C C00530766
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on		MM / DD / YYYY

Full Name of Payee Chris McCoy		Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 01 / 2014	
Mailing Address 1025 Cayley Ct		Amount 105.00	
City High Point	State NC	Zip Code 27260	Transaction ID : c315d683-23b6-486a-a
Purpose of Expenditure Salary	Category/ Type	MM / DD / YYYY 11 / 01 / 2014	Date of Disbursement or Obligation
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: NC
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	

Full Name of Payee Chris McCoy		Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 01 / 2014	
Mailing Address 1025 Cayley Ct		Amount 26.10	
City High Point	State NC	Zip Code 27260	Transaction ID : 6ca17910-10b6-44a8-a
Purpose of Expenditure Mileage	Category/ Type	MM / DD / YYYY 11 / 01 / 2014	Date of Disbursement or Obligation
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: NC
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	131.10
(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

MM / DD / YYYY
05 / 18 / 2015

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 2464 OF 3250
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC		FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on		MM / DD / YYYY / / MM / DD / YYYY / /	

Full Name of Payee Danielle McCoy		Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 01 / 2014	
Mailing Address 1025 Cayley Ct		Amount 102.50	
City High Point	State NC	Zip Code 27260	Transaction ID : 3608471f-c628-43be-b
Purpose of Expenditure Salary	Category/ Type 001	Date of Disbursement or Obligation MM / DD / YYYY 11 / 01 / 2014	
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: NC
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	

Full Name of Payee Danielle McCoy		Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 01 / 2014	
Mailing Address 1025 Cayley Ct		Amount 25.50	
City High Point	State NC	Zip Code 27260	Transaction ID : 89a3ed58-2234-4677-a
Purpose of Expenditure Mileage	Category/ Type 002	Date of Disbursement or Obligation MM / DD / YYYY 11 / 01 / 2014	
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: NC
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	128.00
(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

 MM / DD / YYYY
 05 / 18 / 2015

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 2465 OF 3250
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M M / D D D / Y Y Y Y Y Y				
Full Name of Payee Eleanor McCoy			Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 11 / 01 / 2014	
Mailing Address 4902 Catawba Dr			Amount 105.00	
City Greensboro	State NC	Zip Code 27407	Transaction ID : d72d3715-3db8-4303-8	
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 11 / 01 / 2014	
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>NC</u>	
Calendar Year-To-Date Per Election for Office Sought		1095959.94	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Eleanor McCoy			Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 11 / 01 / 2014	
Mailing Address 4902 Catawba Dr			Amount 27.60	
City Greensboro	State NC	Zip Code 27407	Transaction ID : 9868dcbe-1f6c-499f-9	
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 11 / 01 / 2014	
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>NC</u>	
Calendar Year-To-Date Per Election for Office Sought		1095959.94	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			132.60	
(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 M M M / D D D / Y Y Y Y Y Y 05 / 18 / 2015	
Signature				

Full Name of Payee Mry S Everly			Date of Public Distribution/Dissemination M M / D D / Y Y Y Y 11 / 01 / 2014		
Mailing Address 787 N 1851 Diagonal Rd			Amount 12.00		
City Lecompton	State KS	Zip Code 66050	Transaction ID : 4b8f2c22-fcbb-4ac5-a Date of Disbursement or Obligation M M / D D / Y Y Y Y 11 / 01 / 2014		
Purpose of Expenditure Mileage		Category/ Type 002			
Name of Federal Candidate Mr. Greg Orman		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: KS		
Calendar Year-To-Date Per Election for Office Sought		261541.03	Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ►		

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	27.00
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

FEC Schedule E (Form 3X) Rev. 09/2013

Full Name of Payee Colton R Overcash		Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 01 / 2014	
Mailing Address 121 Ohara Dr		Amount 95.00	
City Salisbury	State NC	Zip Code 28147	Transaction ID : 23384240-064d-4550-b Date of Disbursement or Obligation MM / DD / YYYY 11 / 01 / 2014
Purpose of Expenditure Salary		Category/ Type 001	
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House ☒ Senate ☐ President ☒ Senate
Calendar Year-To-Date Per Election for Office Sought 1095959.94		District: 00 State: NC Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	185.00
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

Ms. Emily Buchanan

[Electronically Filed]

Date 05 / 18 / 2015

Signature _____

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 2468 OF 3250
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC		FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on / /			
Full Name of Payee Colton R Overcash		Date of Public Distribution/Dissemination / / 11 / 01 / 2014	
Mailing Address 121 Ohara Dr		Amount 161.10	
City Salisbury	State NC	Zip Code 28147	Transaction ID : 7ae53b1c-506f-4d1b-9 Date of Disbursement or Obligation / / 11 / 01 / 2014
Purpose of Expenditure Mileage		Category/ Type 002	
Name of Federal Candidate Ms. Kay Hagan		Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>NC</u>	
Calendar Year-To-Date Per Election for Office Sought 1095959.94		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶ _____	
Full Name of Payee Joseph R English		Date of Public Distribution/Dissemination / / 11 / 01 / 2014	
Mailing Address 915 East Market Ave Apt 4		Amount 70.00	
City Searcy	State AR	Zip Code 72143	Transaction ID : 399d6a2a-7f84-46ea-a Date of Disbursement or Obligation / / 11 / 01 / 2014
Purpose of Expenditure Salary		Category/ Type 001	
Name of Federal Candidate Mr. Mark L Pryor		Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>AR</u>	
Calendar Year-To-Date Per Election for Office Sought 292370.62		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶ _____	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶		 231.10	
(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.			
Signature <i>Ms. Emily Buchanan</i>		Date / / 05 / 18 / 2015	
[Electronically Filed]			

Full Name of Payee Joseph R English		Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 01 / 2014	
Mailing Address 915 East Market Ave Apt 4		Amount 31.50	
City	State	Zip Code	Transaction ID : cf548d57-f3b5-40a4-a Date of Disbursement or Obligation MM / DD / YYYY 11 / 01 / 2014
Searcy	AR	72143	
Purpose of Expenditure Mileage		Category/ Type	002
Name of Federal Candidate Mr. Mark L Pryor		☐ Support ☒ Oppose	Office Sought: ☐ House ☒ Senate ☐ President District: 00 State: AR
Calendar Year-To-Date Per Election for Office Sought		292370.62	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶

Full Name of Payee Kaitlyn B Allen		Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 01 / 2014	
Mailing Address 2121 Daniel Dr		Amount 90.00	
City	State	Zip Code	Transaction ID : 77299666-1316-4fa4-8 Date of Disbursement or Obligation MM / DD / YYYY 11 / 01 / 2014
Searcy	AR	72143	
Purpose of Expenditure Salary		Category/ Type	001
Name of Federal Candidate Mr. Mark L Pryor		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: AR
Calendar Year-To-Date Per Election for Office Sought		292370.62	Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	121.50
(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.

Date _____

Signature

Full Name of Payee Hannah K Smith		Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 01 / 2014	
Mailing Address 633 Scott Dr		Amount 80.00	
City Gibsonville	State NC	Zip Code 27249	Transaction ID : 557bb6bc-98cd-43f3-9
Purpose of Expenditure Salary	Category/ Type	001	Date of Disbursement or Obligation MM / DD / YYYY 11 / 01 / 2014
Name of Federal Candidate Ms. Kay Hagan	☐ Support ☒ Oppose	Office Sought: ☐ House ☒ Senate ☐ President	District: 00 State: NC
Calendar Year-To-Date Per Election for Office Sought	1095959.94		Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	102.20
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

Ms. Emily Buchanan

[Electronically Filed]

Date 05 / 18 / 2015

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 2471 OF 3250
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC		FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on		M M M / D D D / Y Y Y Y Y Y	
Full Name of Payee Hannah K Smith		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 11 / 01 / 2014	
Mailing Address 633 Scott Dr		Amount 19.20	
City Gibsonville	State NC	Zip Code 27249	Transaction ID : 78cc7248-09ea-4949-a
Purpose of Expenditure Mileage	Category/ Type	002	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 11 / 01 / 2014
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>NC</u>
Calendar Year-To-Date Per Election for Office Sought		1095959.94	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶
Full Name of Payee Kaylan N Swanson		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 11 / 01 / 2014	
Mailing Address 633 Scott Dr		Amount 80.00	
City Gibsonville	State NC	Zip Code 27249	Transaction ID : 7df89618-de97-49ca-9
Purpose of Expenditure Salary	Category/ Type	001	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 11 / 01 / 2014
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>NC</u>
Calendar Year-To-Date Per Election for Office Sought		1095959.94	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶		99.20	
(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]	
Signature		Date 05 / 18 / 2015	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 2472 OF 3250
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC		FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on		M M M / D D D / Y Y Y Y Y Y	
Full Name of Payee Kelly Dolan		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 11 / 01 / 2014	
Mailing Address 543 S 2nd St		Amount 80.00	
City Bellaire	State NC	Zip Code 77401	Transaction ID : 0ac5e924-27f1-423f-9
Purpose of Expenditure Salary	Category/Type 001	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 11 / 01 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu		Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: LA	
Calendar Year-To-Date Per Election for Office Sought 554635.78		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Kelly Dolan		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 11 / 01 / 2014	
Mailing Address 543 S 2nd St		Amount 8.40	
City Bellaire	State NC	Zip Code 77401	Transaction ID : 389460e5-2446-43bc-8
Purpose of Expenditure Mileage	Category/Type 002	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 11 / 01 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu		Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: LA	
Calendar Year-To-Date Per Election for Office Sought 554635.78		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶		88.40	
(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.			
Signature Ms. Emily Buchanan		Date M M M / D D D / Y Y Y Y Y Y 05 / 18 / 2015	
		[Electronically Filed]	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 2473 OF 3250
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M / D D / Y Y Y Y				
Full Name of Payee Caleb Craig			Date of Public Distribution/Dissemination 11 / 01 / 2014	
Mailing Address 1410 Bushville drive			Amount 100.00	
City Lenoir	State NC	Zip Code 28645	Transaction ID : 0969dc99-d667-4ed1-b	
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation 11 / 01 / 2014	
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: NC	
Calendar Year-To-Date Per Election for Office Sought		1095959.94	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Shelby J Davis			Date of Public Distribution/Dissemination 11 / 01 / 2014	
Mailing Address 6414 The Divide Pkwy Apt 204			Amount 25.00	
City Little Rock	State AR	Zip Code 72223	Transaction ID : 00970311-8357-4b3e-9	
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation 11 / 01 / 2014	
Name of Federal Candidate Mr. Mark L Pryor		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: AR	
Calendar Year-To-Date Per Election for Office Sought		292370.62	Disbursement For: ☐ Primary ☒ 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.				
Signature Ms. Emily Buchanan		[Electronically Filed]		Date 05 / 18 / 2015

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 2474 OF 3250
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on MM / DD / YYYY				
Full Name of Payee Landon R Boyles			Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 01 / 2014	
Mailing Address 211 Hidden Meadows Dr			Amount 25.00	
City Benton	State AR	Zip Code 72015	Transaction ID : e370f6df-3be1-4333-b Date of Disbursement or Obligation MM / DD / YYYY 11 / 01 / 2014	
Purpose of Expenditure Salary		Category/ Type 001		
Name of Federal Candidate Mr. Mark L Pryor		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: AR	
Calendar Year-To-Date Per Election for Office Sought		292370.62	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Landon R Boyles			Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 01 / 2014	
Mailing Address 211 Hidden Meadows Dr			Amount 6.30	
City Benton	State AR	Zip Code 72015	Transaction ID : ce49c443-7768-4bb8-b Date of Disbursement or Obligation MM / DD / YYYY 11 / 01 / 2014	
Purpose of Expenditure Mileage		Category/ Type 002		
Name of Federal Candidate Mr. Mark L Pryor		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: AR	
Calendar Year-To-Date Per Election for Office Sought		292370.62	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			31.30	
(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 MM / DD / YYYY 05 / 18 / 2015	
Signature				

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

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 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M M / D D D / Y Y Y Y Y Y					
Full Name of Payee Heidi R Robinson			Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 11 / 01 / 2014		
Mailing Address 3722 SE Evans Dr			Amount 30.00		
City Topeka	State KS	Zip Code 66609	Transaction ID : 58daa990-8991-494e-b		
Purpose of Expenditure Salary		Category/Type 001	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 11 / 01 / 2014		
Name of Federal Candidate Mr. Greg Orman			Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>KS</u>		
Calendar Year-To-Date Per Election for Office Sought 261541.03			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶ _____		
Full Name of Payee Heidi R Robinson			Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 11 / 01 / 2014		
Mailing Address 3722 SE Evans Dr			Amount 5.70		
City Topeka	State KS	Zip Code 66609	Transaction ID : 7bd3a84a-cb19-46eb-8		
Purpose of Expenditure Mileage		Category/Type 002	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 11 / 01 / 2014		
Name of Federal Candidate Mr. Greg Orman			Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>KS</u>		
Calendar Year-To-Date Per Election for Office Sought 261541.03			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶ _____		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			35.70		
(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.					
Signature <u>Ms. Emily Buchanan</u> [Electronically Filed]			Date M M M / D D D / Y Y Y Y Y Y 05 / 18 / 2015		

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 2476 OF 3250
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M M / D D D / Y Y Y Y Y Y					
Full Name of Payee Zachary R McCleese			Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 11 / 02 / 2014		
Mailing Address 323 Rolling Pines Dr			Amount 60.00		
City Spring Lake	State NC	Zip Code 28390	Transaction ID : c7dca952-2552-468c-9		
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 11 / 02 / 2014		
Name of Federal Candidate Mr. Mark L Pryor		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>AR</u>		
Calendar Year-To-Date Per Election for Office Sought		292370.62	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
Full Name of Payee Zachary R McCleese			Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 11 / 02 / 2014		
Mailing Address 323 Rolling Pines Dr			Amount 24.30		
City Spring Lake	State NC	Zip Code 28390	Transaction ID : 129781fd-6d50-47d7-8		
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 11 / 02 / 2014		
Name of Federal Candidate Mr. Mark L Pryor		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>AR</u>		
Calendar Year-To-Date Per Election for Office Sought		292370.62	Disbursement For: ☐ Primary ☒ 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.					
Signature Ms. Emily Buchanan		[Electronically Filed]		Date M M M / D D D / Y Y Y Y Y Y 05 / 18 / 2015	

Full Name of Payee US Airways		Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 01 / 2014	
Mailing Address 4000 E Sky Harbor Blvd		Amount 2661.00	
City Phoenix	State AZ	Zip Code 85034	Transaction ID : 32bf8dab-a762-4b4a-b Date of Disbursement or Obligation MM / DD / YYYY 11 / 01 / 2014
Purpose of Expenditure Airfare		Category/ Type 004	
Name of Federal Candidate Mr. Mark L Pryor		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: AR
Calendar Year-To-Date Per Election for Office Sought		292370.62	Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	2701.00
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

FEC Schedule E (Form 3X) Rev. 09/2013

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 2478 OF 3250
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M M / D D D / Y Y Y Y Y Y					
Full Name of Payee Orbitz			Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 11 / 01 / 2014		
Mailing Address 500 W Madison 1000			Amount 1712.07		
City Chicago		State IL	Zip Code 60661		Transaction ID : ae95ce65-524a-45fb-a
Purpose of Expenditure Airfare		Category/ Type 004		Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 11 / 01 / 2014	
Name of Federal Candidate Mr. Greg Orman			☐ Support ☒ Oppose		Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: KS
Calendar Year-To-Date Per Election for Office Sought			261541.03 Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
Full Name of Payee Orbitz			Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 11 / 01 / 2014		
Mailing Address 500 W Madison 1000			Amount 554.69		
City Chicago		State IL	Zip Code 60661		Transaction ID : 3e5a4294-a813-47d1-9
Purpose of Expenditure Airfare		Category/ Type 004		Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 11 / 01 / 2014	
Name of Federal Candidate Mr. Mark L Pryor			☐ Support ☒ Oppose		Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: AR
Calendar Year-To-Date Per Election for Office Sought			292370.62 Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			2266.76		
(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.					
Signature Ms. Emily Buchanan			[Electronically Filed]		Date M M M / D D D / Y Y Y Y Y Y 05 / 18 / 2015

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 2479 OF 3250
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M / D D / Y Y Y Y Y Y					
Full Name of Payee United Airlines			Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 11 / 01 / 2014		
Mailing Address PO Box 66100			Amount 684.40		
City Chicago	State IL	Zip Code 60666	Transaction ID : 6ae93143-9ba4-424e-a		
Purpose of Expenditure Airfare		Category/ Type 004	Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 11 / 01 / 2014		
Name of Federal Candidate Mr. Greg Orman		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>KS</u>		
Calendar Year-To-Date Per Election for Office Sought		261541.03	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
Full Name of Payee United Airlines			Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 11 / 01 / 2014		
Mailing Address PO Box 66100			Amount 708.40		
City Chicago	State IL	Zip Code 60666	Transaction ID : 03f82dc0-b424-4a01-8		
Purpose of Expenditure Airfare		Category/ Type 004	Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 11 / 01 / 2014		
Name of Federal Candidate Mr. Greg Orman		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>KS</u>		
Calendar Year-To-Date Per Election for Office Sought		261541.03	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			1392.80		
(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.					
Signature Ms. Emily Buchanan		[Electronically Filed]		Date M M / D D / Y Y Y Y Y Y 05 / 18 / 2015	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 2480 OF 3250
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M M / D D D / Y Y Y Y Y Y				
Full Name of Payee Camille N Yearry			Date of Public Distribution/Dissemination 11 / 02 / 2014	
Mailing Address 2025 NE 67th St			Amount 50.00	
City Gladstone	State MO	Zip Code 64118	Transaction ID : eff58576-21cb-43ee-a	
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation 11 / 02 / 2014	
Name of Federal Candidate Mr. Mark L Pryor		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>AR</u>	
Calendar Year-To-Date Per Election for Office Sought		292370.62	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶ _____	
Full Name of Payee Camille N Yearry			Date of Public Distribution/Dissemination 11 / 02 / 2014	
Mailing Address 2025 NE 67th St			Amount 18.18	
City Gladstone	State MO	Zip Code 64118	Transaction ID : b7df43ec-786d-4b97-9	
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement or Obligation 11 / 02 / 2014	
Name of Federal Candidate Mr. Mark L Pryor		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>AR</u>	
Calendar Year-To-Date Per Election for Office Sought		292370.62	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶ _____	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			68.18	
(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.				
Signature Ms. Emily Buchanan		[Electronically Filed]		Date 05 / 18 / 2015

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 2481 OF 3250
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M M / D D D / Y Y Y Y Y Y				
Full Name of Payee Kristina M Jinkens			Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 11 / 02 / 2014	
Mailing Address 2138 N 1000 Rd			Amount 20.00	
City Eudora	State KS	Zip Code 66025	Transaction ID : 93221f1c-fcec-4541-8	
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 11 / 02 / 2014	
Name of Federal Candidate Mr. Greg Orman		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>KS</u>	
Calendar Year-To-Date Per Election for Office Sought		261541.03	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee American Airlines			Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 11 / 01 / 2014	
Mailing Address PO Box 619616 MD 5675			Amount 488.40	
City DFW Airport	State TX	Zip Code 75261	Transaction ID : 50bb63da-5f85-4c43-9	
Purpose of Expenditure Airfare		Category/ Type 004	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 11 / 01 / 2014	
Name of Federal Candidate Mr. Greg Orman		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>KS</u>	
Calendar Year-To-Date Per Election for Office Sought		261541.03	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures.....▶			508.40	
(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.				
Signature Ms. Emily Buchanan		[Electronically Filed]		Date M M M / D D D / Y Y Y Y Y Y 05 / 18 / 2015

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 2482 OF 3250
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC		FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on		M M M / D D D / Y Y Y Y Y Y	
Full Name of Payee American Airlines		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 11 / 01 / 2014	
Mailing Address PO Box 619616 MD 5675		Amount 488.40	
City DFW Airport	State TX	Zip Code 75261	Transaction ID : 909bcc35-1180-44bd-9
Purpose of Expenditure Airfare	Category/ Type	004	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 11 / 01 / 2014
Name of Federal Candidate Mr. Greg Orman		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: KS
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee United Airlines		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 11 / 01 / 2014	
Mailing Address PO Box 66100		Amount 565.70	
City Chicago	State IL	Zip Code 60666	Transaction ID : ae0eded2-a0e3-431e-a
Purpose of Expenditure Airfare	Category/ Type	004	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 11 / 01 / 2014
Name of Federal Candidate Mr. Greg Orman		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: KS
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶		1054.10	
(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.			
Signature Ms. Emily Buchanan		Date M M M / D D D / Y Y Y Y Y Y 05 / 18 / 2015	
[Electronically Filed]			

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 2483 OF 3250
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC		FEC IDENTIFICATION NUMBER ▼ C C00530766																								
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on <table border="1" style="display:inline-table; margin-left:10px"> <tr><td>M</td><td>M</td><td></td></tr> <tr><td></td><td></td><td></td></tr> </table> / <table border="1" style="display:inline-table; margin-left:10px"> <tr><td>D</td><td>D</td><td></td></tr> <tr><td></td><td></td><td></td></tr> </table> / <table border="1" style="display:inline-table; margin-left:10px"> <tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr> <tr><td></td><td></td><td></td><td></td><td></td><td></td></tr> </table>			M	M					D	D					Y	Y	Y	Y	Y	Y						
M	M																									
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Y	Y	Y	Y	Y	Y																					

Full Name of Payee Lisa Booth		Date of Public Distribution/Dissemination <table border="1" style="display:inline-table"> <tr><td>M</td><td>M</td><td></td></tr> <tr><td>11</td><td>02</td><td></td></tr> </table> / <table border="1" style="display:inline-table"> <tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr> <tr><td></td><td></td><td></td><td></td><td></td><td></td></tr> </table> 2014		M	M		11	02		Y	Y	Y	Y	Y	Y						
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Mailing Address 1434 South Avenue		Amount <table border="1" style="display:inline-table"> <tr><td></td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td><td></td><td></td><td>100.00</td></tr> </table>													100.00						
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City Eden	State NC	Zip Code 27288	Transaction ID : 49575430-5ca3-41f2-b																		
Purpose of Expenditure Salary		Category/Type 001	Date of Disbursement or Obligation <table border="1" style="display:inline-table"> <tr><td>M</td><td>M</td><td></td></tr> <tr><td>11</td><td>02</td><td></td></tr> </table> / <table border="1" style="display:inline-table"> <tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr> <tr><td></td><td></td><td></td><td></td><td></td><td></td></tr> </table> 2014	M	M		11	02		Y	Y	Y	Y	Y	Y						
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Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: NC																		
Calendar Year-To-Date Per Election for Office Sought		<table border="1" style="display:inline-table"> <tr><td></td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td><td></td><td></td><td>1095959.94</td></tr> </table> Disbursement For: 2014 ☐ Primary ☒ General ☐ Other (specify) ▶													1095959.94						
					1095959.94																

Full Name of Payee Lisa Booth		Date of Public Distribution/Dissemination <table border="1" style="display:inline-table"> <tr><td>M</td><td>M</td><td></td></tr> <tr><td>11</td><td>02</td><td></td></tr> </table> / <table border="1" style="display:inline-table"> <tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr> <tr><td></td><td></td><td></td><td></td><td></td><td></td></tr> </table> 2014		M	M		11	02		Y	Y	Y	Y	Y	Y						
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City Eden	State NC	Zip Code 27288	Transaction ID : 2114b2f5-9622-42e3-9																		
Purpose of Expenditure Mileage		Category/Type 002	Date of Disbursement or Obligation <table border="1" style="display:inline-table"> <tr><td>M</td><td>M</td><td></td></tr> <tr><td>11</td><td>02</td><td></td></tr> </table> / <table border="1" style="display:inline-table"> <tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr> <tr><td></td><td></td><td></td><td></td><td></td><td></td></tr> </table> 2014	M	M		11	02		Y	Y	Y	Y	Y	Y						
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11	02																				
Y	Y	Y	Y	Y	Y																
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: NC																		
Calendar Year-To-Date Per Election for Office Sought		<table border="1" style="display:inline-table"> <tr><td></td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td><td></td><td></td><td>1095959.94</td></tr> </table> Disbursement For: 2014 ☐ Primary ☒ General ☐ Other (specify) ▶													1095959.94						
					1095959.94																

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	<table border="1" style="display:inline-table"> <tr><td></td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td><td></td><td></td><td>115.60</td></tr> </table>												115.60
					115.60								
(b) SUBTOTAL of Unitemized Independent Expenditures▶	<table border="1" style="display:inline-table"> <tr><td></td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td><td></td><td></td><td></td></tr> </table>												
(c) TOTAL Independent Expenditures.....▶	<table border="1" style="display:inline-table"> <tr><td></td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td><td></td><td></td><td></td></tr> </table>												

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Ms. Emily Buchanan

[Electronically Filed]

Date

M	M	
05	18	

 /

Y	Y	Y	Y	Y	Y

 2015

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 2484 OF 3250
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M M / D D D / Y Y Y Y Y Y					
Full Name of Payee American Airlines			Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 11 / 01 / 2014		
Mailing Address PO Box 619616 MD 5675			Amount 244.20		
City DFW Airport		State TX	Zip Code 75261		Transaction ID : f049670a-8d4c-4014-8
Purpose of Expenditure Airfare		Category/ Type 004		Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 11 / 01 / 2014	
Name of Federal Candidate Mr. Greg Orman			☐ Support ☒ Oppose		Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>KS</u>
Calendar Year-To-Date Per Election for Office Sought 261541.03			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶ _____		
Full Name of Payee United Airlines			Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 11 / 01 / 2014		
Mailing Address PO Box 66100			Amount 557.20		
City Chicago		State IL	Zip Code 60666		Transaction ID : e8444d2b-54f0-4b0a-9
Purpose of Expenditure Airfare		Category/ Type 004		Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 11 / 01 / 2014	
Name of Federal Candidate Mr. Greg Orman			☐ Support ☒ Oppose		Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>KS</u>
Calendar Year-To-Date Per Election for Office Sought 261541.03			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶ _____		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			801.40		
(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.					
Signature <i>Ms. Emily Buchanan</i>			Date M M M / D D D / Y Y Y Y Y Y 05 / 18 / 2015		
[Electronically Filed]					

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 2485 OF 3250
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M / D D / Y Y Y Y				
Full Name of Payee American Airlines			Date of Public Distribution/Dissemination 11 / 01 / 2014	
Mailing Address PO Box 619616 MD 5675			Amount 1089.40	
City DFW Airport	State TX	Zip Code 75261	Transaction ID : cdb002f0-5032-4f33-a	
Purpose of Expenditure Airfare		Category/ Type 004	Date of Disbursement or Obligation 11 / 01 / 2014	
Name of Federal Candidate Mr. Greg Orman		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: KS	
Calendar Year-To-Date Per Election for Office Sought		261541.03	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee US Airways			Date of Public Distribution/Dissemination 11 / 01 / 2014	
Mailing Address 4000 E Sky Harbor Blvd			Amount 1590.60	
City Phoenix	State AZ	Zip Code 85034	Transaction ID : 579c6cec-939f-4a0f-a	
Purpose of Expenditure Airfare		Category/ Type 004	Date of Disbursement or Obligation 11 / 01 / 2014	
Name of Federal Candidate Mr. Greg Orman		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: KS	
Calendar Year-To-Date Per Election for Office Sought		261541.03	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			2680.00	
(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.				
Signature Ms. Emily Buchanan		[Electronically Filed]		Date 05 / 18 / 2015

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 2486 OF 3250
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M M / D D D / Y Y Y Y Y Y					
Full Name of Payee Delta			Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 11 / 01 / 2014		
Mailing Address PO Box 20706			Amount 524.20		
City Atlanta		State GA	Zip Code 30320		Transaction ID : 66152369-bb2e-4c14-a
Purpose of Expenditure Airfare		Category/ Type 004		Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 11 / 01 / 2014	
Name of Federal Candidate Mr. Greg Orman			☐ Support ☒ Oppose		Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>KS</u>
Calendar Year-To-Date Per Election for Office Sought 261541.03			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶ _____		
Full Name of Payee Delta			Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 11 / 01 / 2014		
Mailing Address PO Box 20706			Amount 526.20		
City Atlanta		State GA	Zip Code 30320		Transaction ID : 314b9d1f-cf67-445e-9
Purpose of Expenditure Airfare		Category/ Type 004		Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 11 / 01 / 2014	
Name of Federal Candidate Ms. Kay Hagan			☐ Support ☒ Oppose		Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>NC</u>
Calendar Year-To-Date Per Election for Office Sought 1095959.94			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶ _____		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			1050.40		
(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.					
Signature Ms. Emily Buchanan			[Electronically Filed]		Date M M M / D D D / Y Y Y Y Y Y 05 / 18 / 2015

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 2487 OF 3250
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on MM / DD / YYYY					
Full Name of Payee Orbitz			Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 01 / 2014		
Mailing Address 500 W Madison 1000			Amount 467.19		
City Chicago	State IL	Zip Code 60661	Transaction ID : e908b983-e525-48a8-8		
Purpose of Expenditure Airfare		Category/ Type 004	Date of Disbursement or Obligation MM / DD / YYYY 11 / 01 / 2014		
Name of Federal Candidate Mr. Greg Orman		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>KS</u>		
Calendar Year-To-Date Per Election for Office Sought		261541.03	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
Full Name of Payee United Airlines			Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 01 / 2014		
Mailing Address PO Box 66100			Amount 526.20		
City Chicago	State IL	Zip Code 60666	Transaction ID : 945beb6d-a1d9-4257-b		
Purpose of Expenditure Airfare		Category/ Type 004	Date of Disbursement or Obligation MM / DD / YYYY 11 / 01 / 2014		
Name of Federal Candidate Mr. Greg Orman		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>KS</u>		
Calendar Year-To-Date Per Election for Office Sought		261541.03	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			993.39		
(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.					
Signature Ms. Emily Buchanan		[Electronically Filed]		Date MM / DD / YYYY 05 / 18 / 2015	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 2488 OF 3250
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC		FEC IDENTIFICATION NUMBER ▼ C C00530766
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on		MM / DD / YYYY

Full Name of Payee Alice K Salazar		Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 02 / 2014
Mailing Address 605 W Houston St		Amount 80.00
City Marshall	State TX	Zip Code 75633
Purpose of Expenditure Salary	Category/Type 001	Transaction ID : 4ce9fd74-ea63-428c-b Date of Disbursement or Obligation MM / DD / YYYY 11 / 02 / 2014
Name of Federal Candidate Ms. Mary L Landrieu		Office Sought: ☐ House District: 00 ☒ Senate State: LA
Calendar Year-To-Date Per Election for Office Sought 554635.78		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶

Full Name of Payee Alice K Salazar		Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 02 / 2014
Mailing Address 605 W Houston St		Amount 48.90
City Marshall	State TX	Zip Code 75633
Purpose of Expenditure Mileage	Category/Type 002	Transaction ID : 43b6be6d-b528-4df2-b Date of Disbursement or Obligation MM / DD / YYYY 11 / 02 / 2014
Name of Federal Candidate Ms. Mary L Landrieu		Office Sought: ☐ House District: 00 ☒ Senate State: LA
Calendar Year-To-Date Per Election for Office Sought 554635.78		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	128.90
(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]

Signature

Date

MM / DD / YYYY
05 / 18 / 2015

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 2489 OF 3250
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on MM / DD / YYYY					
Full Name of Payee United Airlines			Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 01 / 2014		
Mailing Address PO Box 66100			Amount 509.30		
City Chicago	State IL	Zip Code 60666	Transaction ID : e3b45472-3287-4db7-9		
Purpose of Expenditure Airfare		Category/Type 004	Date of Disbursement or Obligation MM / DD / YYYY 11 / 01 / 2014		
Name of Federal Candidate Mr. Greg Orman		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>KS</u>		
Calendar Year-To-Date Per Election for Office Sought		261541.03	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
Full Name of Payee US Airways			Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 01 / 2014		
Mailing Address 4000 E Sky Harbor Blvd			Amount 155.10		
City Phoenix	State AZ	Zip Code 85034	Transaction ID : cfee8d7d-8845-4c08-8		
Purpose of Expenditure Airfare		Category/Type 004	Date of Disbursement or Obligation MM / DD / YYYY 11 / 01 / 2014		
Name of Federal Candidate Mr. Greg Orman		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>KS</u>		
Calendar Year-To-Date Per Election for Office Sought		261541.03	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			509.30		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶					
(c) TOTAL Independent Expenditures..... ▶					
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Signature <i>Ms. Emily Buchanan</i>		[Electronically Filed]		Date MM / DD / YYYY 05 / 18 / 2015	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 2490 OF 3250
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on MM / DD / YYYY				
Full Name of Payee American Airlines			Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 01 / 2014	
Mailing Address PO Box 619616 MD 5675			Amount 646.40	
City DFW Airport	State TX	Zip Code 75261	Transaction ID : 4e627d75-11c8-4e9d-8	
Purpose of Expenditure Airfare		Category/ Type 004	Date of Disbursement or Obligation MM / DD / YYYY 11 / 01 / 2014	
Name of Federal Candidate Mr. Greg Orman		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>KS</u>	
Calendar Year-To-Date Per Election for Office Sought		261541.03	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee US Airways			Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 01 / 2014	
Mailing Address 4000 E Sky Harbor Blvd			Amount 2723.50	
City Phoenix	State AZ	Zip Code 85034	Transaction ID : 6f8c2866-5da5-4f27-8	
Purpose of Expenditure Airfare		Category/ Type 004	Date of Disbursement or Obligation MM / DD / YYYY 11 / 01 / 2014	
Name of Federal Candidate Mr. Greg Orman		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>KS</u>	
Calendar Year-To-Date Per Election for Office Sought		261541.03	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			3369.90	
(b) SUBTOTAL of Unitemized Independent Expenditures ▶				
(c) TOTAL Independent Expenditures..... ▶				
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Signature Ms. Emily Buchanan		[Electronically Filed]		Date MM / DD / YYYY 05 / 18 / 2015

Full Name of Payee Delta		Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 01 / 2014	
Mailing Address PO Box 20706		Amount 403.20	
City Atlanta	State GA	Zip Code 30320	Transaction ID : c59e9a51-07ed-4fac-9 Date of Disbursement or Obligation MM / DD / YYYY 11 / 01 / 2014
Purpose of Expenditure Airfare		Category/ Type 004	
Name of Federal Candidate Mr. Greg Orman		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>KS</u>
Calendar Year-To-Date Per Election for Office Sought		261541.03	Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ► _____

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	1993.80
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

05 / 18 / 2015

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 2492 OF 3250
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC		FEC IDENTIFICATION NUMBER ▼ C C00530766
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on		MM / DD / YYYY

Full Name of Payee Delta		Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 01 / 2014
Mailing Address PO Box 20706		Amount 526.20
City Atlanta	State GA	Zip Code 30320
Purpose of Expenditure Airfare	Category/ Type 004	Transaction ID : b268be21-4ce2-4dd9-8 Date of Disbursement or Obligation MM / DD / YYYY 11 / 01 / 2014
Name of Federal Candidate Mr. Greg Orman		Office Sought: ☐ House District: 00 ☒ Senate State: KS
Calendar Year-To-Date Per Election for Office Sought 261541.03		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶

Full Name of Payee Delta		Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 01 / 2014
Mailing Address PO Box 20706		Amount 554.20
City Atlanta	State GA	Zip Code 30320
Purpose of Expenditure Airfare	Category/ Type 004	Transaction ID : 55c1d6b2-c5a3-4990-a Date of Disbursement or Obligation MM / DD / YYYY 11 / 01 / 2014
Name of Federal Candidate Mr. Greg Orman		Office Sought: ☐ House District: 00 ☒ Senate State: KS
Calendar Year-To-Date Per Election for Office Sought 261541.03		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	1080.40
(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

MM / DD / YYYY
05 / 18 / 2015

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 2493 OF 3250
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on MM / DD / YYYY				
Full Name of Payee Paulette M Carrieri			Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 02 / 2014	
Mailing Address 4805 TuPenny Lane			Amount 30.00	
City Raleigh	State NC	Zip Code 27606	Transaction ID : 164e9598-8836-4088-8	
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation MM / DD / YYYY 11 / 02 / 2014	
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>NC</u>	
Calendar Year-To-Date Per Election for Office Sought		1095959.94	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Paulette M Carrieri			Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 02 / 2014	
Mailing Address 4805 TuPenny Lane			Amount 6.00	
City Raleigh	State NC	Zip Code 27606	Transaction ID : 82bd8c1c-d78d-4ddb-8	
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement or Obligation MM / DD / YYYY 11 / 02 / 2014	
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>NC</u>	
Calendar Year-To-Date Per Election for Office Sought		1095959.94	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			36.00	
(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 MM / DD / YYYY 05 / 18 / 2015	
Signature				

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 2494 OF 3250
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC		FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on		M M M / D D D / Y Y Y Y Y Y	
Full Name of Payee Chain Bridge Bank Previously Reported as \$7,200. Difference was refund		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 11 / 01 / 2014	
Mailing Address 1445 Laughin Ave		Amount 6070.01	
City McLean	State VA	Zip Code 22101	Transaction ID : d50edb84-35aa-4a83-8
Purpose of Expenditure Meals		Category/Type 004	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 11 / 01 / 2014
Name of Federal Candidate Mr. Greg Orman		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: KS
Calendar Year-To-Date Per Election for Office Sought 261541.03		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Logan B Piper		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 11 / 02 / 2014	
Mailing Address 3205 Pebble Beach Rd		Amount 69.00	
City Conway	State AR	Zip Code 72034	Transaction ID : 2173e0c3-fd50-4d9c-b
Purpose of Expenditure Salary		Category/Type 001	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 11 / 02 / 2014
Name of Federal Candidate Mr. Mark L Pryor		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: AR
Calendar Year-To-Date Per Election for Office Sought 292370.62		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶		6139.01	
(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.			
Signature Ms. Emily Buchanan		Date M M M / D D D / Y Y Y Y Y Y 05 / 18 / 2015	
		[Electronically Filed]	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 2495 OF 3250
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M / D D / Y Y Y Y					
Full Name of Payee Logan B Piper			Date of Public Distribution/Dissemination 11 / 02 / 2014		
Mailing Address 3205 Pebble Beach Rd			Amount 26.49		
City Conway		State AR	Zip Code 72034		Transaction ID : 74eababd-3363-492e-a
Purpose of Expenditure Mileage		Category/Type 002		Date of Disbursement or Obligation 11 / 02 / 2014	
Name of Federal Candidate Mr. Mark L Pryor			☐ Support ☒ Oppose Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: AR		
Calendar Year-To-Date Per Election for Office Sought 292370.62			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
Full Name of Payee Carol L Walters			Date of Public Distribution/Dissemination 11 / 02 / 2014		
Mailing Address 1900 Glen West Way			Amount 50.00		
City Fort Smith		State AR	Zip Code 72916		Transaction ID : 6437f542-4353-4293-9
Purpose of Expenditure Salary		Category/Type 001		Date of Disbursement or Obligation 11 / 02 / 2014	
Name of Federal Candidate Mr. Mark L Pryor			☐ Support ☒ Oppose Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: AR		
Calendar Year-To-Date Per Election for Office Sought 292370.62			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			76.49		
(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.					
Signature <u>Ms. Emily Buchanan</u> [Electronically Filed]			Date 05 / 18 / 2015		

Full Name of Payee Chain Bridge Bank		Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 01 / 2014	
Mailing Address 1445 Laughin Ave		Amount 2400.00	
City McLean	State VA	Zip Code 22101	Transaction ID : ea10523b-637f-4d66-8
Purpose of Expenditure Travel	Category/ Type	004	Date of Disbursement or Obligation MM / DD / YYYY 11 / 01 / 2014
Name of Federal Candidate Mr. Greg Orman	☐ Support ☒ Oppose	Office Sought: ☐ President ☒ Senate	District: 00 State: KS
Calendar Year-To-Date Per Election for Office Sought	261541.03	Disbursement For: 2014 ☐ Other (specify) ▶	☐ Primary ☒ General

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	2423.10
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 2497 OF 3250
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC		FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on / /			
Full Name of Payee Chain Bridge Bank Previously Reported as \$7,200. Difference was refund		Date of Public Distribution/Dissemination / / 11 01 2014	
Mailing Address 1445 Laughin Ave		Amount 6070.01	
City McLean	State VA	Zip Code 22101	Transaction ID : 64182ed1-4b3f-4397-b Date of Disbursement or Obligation / / 11 01 2014
Purpose of Expenditure Travel		Category/ Type	004
Name of Federal Candidate Mr. Mark L Pryor		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: AR
Calendar Year-To-Date Per Election for Office Sought		292370.62	
Disbursement For: 2014		☐ Primary ☒ General ☐ Other (specify) ▶	
Full Name of Payee Chain Bridge Bank		Date of Public Distribution/Dissemination / / 11 01 2014	
Mailing Address 1445 Laughin Ave		Amount 2400.00	
City McLean	State VA	Zip Code 22101	Transaction ID : 301b8071-e5d7-4788-8 Date of Disbursement or Obligation / / 11 01 2014
Purpose of Expenditure Travel		Category/ Type	004
Name of Federal Candidate Mr. Mark L Pryor		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: AR
Calendar Year-To-Date Per Election for Office Sought		292370.62	
Disbursement For: 2014		☐ Primary ☒ General ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶		8470.01	
(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.			
Signature Ms. Emily Buchanan		Date / / 05 18 2015	
[Electronically Filed]			

Full Name of Payee Little Rock Tours		Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 01 / 2014	
Mailing Address 3100 Interstate 30		Amount 7200.00	
City Little Rock	State AR	Zip Code 72206	Transaction ID : dbd358d5-a118-4449-b Date of Disbursement or Obligation MM / DD / YYYY 11 / 01 / 2014
Purpose of Expenditure Travel		Category/ Type 004	
Name of Federal Candidate Mr. Mark L Pryor		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: AR
Calendar Year-To-Date Per Election for Office Sought		292370.62	Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ►

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	14400.00
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 2499 OF 3250
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on MM / DD / YYYY					
Full Name of Payee Comfort Inn & Suites			Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 01 / 2014		
Mailing Address 7200 West 107th St			Amount 10290.00		
City Overland Park		State KS	Zip Code 66212		Transaction ID : 9e451df8-4d0e-4f86-9
Purpose of Expenditure Travel		Category/ Type 004		Date of Disbursement or Obligation MM / DD / YYYY 11 / 01 / 2014	
Name of Federal Candidate Mr. Mark L Pryor			Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: AR		
Calendar Year-To-Date Per Election for Office Sought 292370.62			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
Full Name of Payee Holiday Inn Presidential			Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 01 / 2014		
Mailing Address 600 Interstate 30			Amount 18565.00		
City Little Rock		State AR	Zip Code 72202		Transaction ID : 444be390-a7aa-4633-8
Purpose of Expenditure Travel		Category/ Type 004		Date of Disbursement or Obligation MM / DD / YYYY 11 / 01 / 2014	
Name of Federal Candidate Mr. Mark L Pryor			Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: AR		
Calendar Year-To-Date Per Election for Office Sought 292370.62			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			28855.00		
(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.					
Signature Ms. Emily Buchanan			Date MM / DD / YYYY 05 / 18 / 2015		
			[Electronically Filed]		

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 2500 OF 3250
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC		FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on		M M M / D D D / Y Y Y Y Y Y	
Full Name of Payee Bailey R Blair		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 11 / 02 / 2014	
Mailing Address 402A N 10th St		Amount 25.00	
City Manhattan	State KS	Zip Code 66502	Transaction ID : 8ed4e4bf-ac8e-430a-9
Purpose of Expenditure Salary		Category/Type 001	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 11 / 02 / 2014
Name of Federal Candidate Mr. Greg Orman		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: KS
Calendar Year-To-Date Per Election for Office Sought 261541.03		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Caelan J Blair		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 11 / 02 / 2014	
Mailing Address 510 Haymaker Hall		Amount 45.00	
City Manhattan	State KS	Zip Code 66506	Transaction ID : b49cca6c-8b2a-493d-9
Purpose of Expenditure Salary		Category/Type 001	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 11 / 02 / 2014
Name of Federal Candidate Mr. Greg Orman		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: KS
Calendar Year-To-Date Per Election for Office Sought 261541.03		Disbursement For: ☐ Primary ☒ 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.			
Signature Ms. Emily Buchanan		Date M M M / D D D / Y Y Y Y Y Y 05 / 18 / 2015	
		[Electronically Filed]	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 2501 OF 3250
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M M / D D D / Y Y Y Y Y Y					
Full Name of Payee Reaghan Waites			Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 11 / 02 / 2014		
Mailing Address 9805 St Stephens Ct			Amount 30.00		
City Raleigh	State NC	Zip Code 27615	Transaction ID : 7d57f4b6-585e-4f77-8		
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 11 / 02 / 2014		
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>NC</u>		
Calendar Year-To-Date Per Election for Office Sought		1095959.94	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
Full Name of Payee Reaghan Waites			Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 11 / 02 / 2014		
Mailing Address 9805 St Stephens Ct			Amount 3.60		
City Raleigh	State NC	Zip Code 27615	Transaction ID : 55ccc9b0-2cb6-44a6-a		
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 11 / 02 / 2014		
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>NC</u>		
Calendar Year-To-Date Per Election for Office Sought		1095959.94	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			33.60		
(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.					
Signature Ms. Emily Buchanan		[Electronically Filed]		Date M M M / D D D / Y Y Y Y Y Y 05 / 18 / 2015	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 2502 OF 3250
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on MM / DD / YYYY					
Full Name of Payee Jonathan M Harris			Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 02 / 2014		
Mailing Address 3654 Tara St			Amount 60.00		
City Springdale	State AR	Zip Code 72762	Transaction ID : b453d380-daaf-4ee0-9		
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation MM / DD / YYYY 11 / 02 / 2014		
Name of Federal Candidate Mr. Mark L Pryor		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>AR</u>		
Calendar Year-To-Date Per Election for Office Sought		292370.62	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶ _____		
Full Name of Payee Jonathan M Harris			Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 02 / 2014		
Mailing Address 3654 Tara St			Amount 5.10		
City Springdale	State AR	Zip Code 72762	Transaction ID : e56dff3b-836f-433e-b		
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement or Obligation MM / DD / YYYY 11 / 02 / 2014		
Name of Federal Candidate Mr. Mark L Pryor		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>AR</u>		
Calendar Year-To-Date Per Election for Office Sought		292370.62	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶ _____		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			65.10		
(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.					
Signature Ms. Emily Buchanan		[Electronically Filed]		Date MM / DD / YYYY 05 / 18 / 2015	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 2503 OF 3250
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on MM / DD / YYYY					
Full Name of Payee Corban L Barnett			Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 01 / 2014		
Mailing Address 1001 N Prospect			Amount 60.00		
City Liberal	State KS	Zip Code 67901	Transaction ID : 1329e5f5-e6c7-4b99-a		
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation MM / DD / YYYY 11 / 01 / 2014		
Name of Federal Candidate Mr. Greg Orman		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>KS</u>		
Calendar Year-To-Date Per Election for Office Sought		261541.03	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶ _____		
Full Name of Payee Corban L Barnett			Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 01 / 2014		
Mailing Address 1001 N Prospect			Amount 1.20		
City Liberal	State KS	Zip Code 67901	Transaction ID : 63e8ef75-1592-4992-b		
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement or Obligation MM / DD / YYYY 11 / 01 / 2014		
Name of Federal Candidate Mr. Greg Orman		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>KS</u>		
Calendar Year-To-Date Per Election for Office Sought		261541.03	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶ _____		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			61.20		
(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.					
Signature Ms. Emily Buchanan		[Electronically Filed]		Date MM / DD / YYYY 05 / 18 / 2015	

Full Name of Payee Chance B Ross		Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 01 / 2014	
Mailing Address 920 W Gracewood Apt 106		Amount 13.20	
City Fayetteville	State AR	Zip Code 72701	Transaction ID : 0f88c567-23e3-48d9-a
Purpose of Expenditure Mileage	Category/ Type	002	Date of Disbursement or Obligation MM / DD / YYYY 11 / 01 / 2014
Name of Federal Candidate Mr. Mark L Pryor		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: AR
Calendar Year-To-Date Per Election for Office Sought		292370.62	Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....		33.20
(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.

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 2505 OF 3250
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on MM / DD / YYYYYY				
Full Name of Payee Marilyn Galliardt			Date of Public Distribution/Dissemination MM / DD / YYYYYY 11 / 01 / 2014	
Mailing Address 410 Wedgewood Ct			Amount 95.00	
City Hesston	State KS	Zip Code 67062	Transaction ID : 74069acf-cc57-4453-a Date of Disbursement or Obligation MM / DD / YYYYYY 11 / 01 / 2014	
Purpose of Expenditure Salary		Category/ Type 001		
Name of Federal Candidate Mr. Greg Orman		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>KS</u>	
Calendar Year-To-Date Per Election for Office Sought 261541.03		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶ _____		
Full Name of Payee Marilyn Galliardt			Date of Public Distribution/Dissemination MM / DD / YYYYYY 11 / 01 / 2014	
Mailing Address 410 Wedgewood Ct			Amount 48.00	
City Hesston	State KS	Zip Code 67062	Transaction ID : 40deacdc-7302-4544-8 Date of Disbursement or Obligation MM / DD / YYYYYY 11 / 01 / 2014	
Purpose of Expenditure Mileage		Category/ Type 002		
Name of Federal Candidate Mr. Greg Orman		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>KS</u>	
Calendar Year-To-Date Per Election for Office Sought 261541.03		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶ _____		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			143.00	
(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.				
Signature <i>Ms. Emily Buchanan</i>		[Electronically Filed]		Date MM / DD / YYYYYY 05 / 18 / 2015

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 2506 OF 3250
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on			MM / DD / YYYY		
Full Name of Payee Edmond D Rea			Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 02 / 2014		
Mailing Address 416 Vine Dr			Amount 45.00		
City Lawrence		State KS	Zip Code 66049		Transaction ID : f0195a8d-5fe7-47f7-8
Purpose of Expenditure Salary		Category/ Type	Date of Disbursement or Obligation MM / DD / YYYY 11 / 02 / 2014		
Name of Federal Candidate Mr. Greg Orman		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: KS		
Calendar Year-To-Date Per Election for Office Sought		261541.03		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Edmond D Rea			Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 02 / 2014		
Mailing Address 416 Vine Dr			Amount 9.30		
City Lawrence		State KS	Zip Code 66049		Transaction ID : ed088b82-f417-4567-b
Purpose of Expenditure Mileage		Category/ Type	Date of Disbursement or Obligation MM / DD / YYYY 11 / 02 / 2014		
Name of Federal Candidate Mr. Greg Orman		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: KS		
Calendar Year-To-Date Per Election for Office Sought		261541.03		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			54.30		
(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.					
Signature Ms. Emily Buchanan		[Electronically Filed]		Date MM / DD / YYYY 05 / 18 / 2015	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

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 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M M / D D D / Y Y Y Y Y Y					
Full Name of Payee Lorri Anderson			Date of Public Distribution/Dissemination 11 / 02 / 2014		
Mailing Address 7214 Duchamp Dr			Amount 50.00		
City Charlotte	State NC	Zip Code 23215	Transaction ID : 9c775769-d5dc-4371-9 Date of Disbursement or Obligation 11 / 02 / 2014		
Purpose of Expenditure Salary		Category/ Type 001			
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: NC		
Calendar Year-To-Date Per Election for Office Sought 1095959.94			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
Full Name of Payee Lorri Anderson			Date of Public Distribution/Dissemination 11 / 02 / 2014		
Mailing Address 7214 Duchamp Dr			Amount 4.80		
City Charlotte	State NC	Zip Code 23215	Transaction ID : 43a3e8c6-3fd0-415d-a Date of Disbursement or Obligation 11 / 02 / 2014		
Purpose of Expenditure Mileage		Category/ Type 002			
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: NC		
Calendar Year-To-Date Per Election for Office Sought 1095959.94			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			54.80		
(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.					
Signature Ms. Emily Buchanan		[Electronically Filed]		Date 05 / 18 / 2015	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 2508 OF 3250
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M M / D D D / Y Y Y Y Y Y					
Full Name of Payee Gary W Fuhrmann			Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 11 / 02 / 2014		
Mailing Address 9425 Jessica Drive			Amount 67.50		
City Shreveport	State LA	Zip Code 71106	Transaction ID : b7e74bec-1f0a-4288-8 Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 11 / 02 / 2014		
Purpose of Expenditure Salary		Category/ Type 001	Name of Federal Candidate Ms. Mary L Landrieu ☐ Support ☒ Oppose		
Calendar Year-To-Date Per Election for Office Sought		554635.78	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>LA</u>		
			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶ _____		
Full Name of Payee Gary W Fuhrmann			Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 11 / 02 / 2014		
Mailing Address 9425 Jessica Drive			Amount 8.70		
City Shreveport	State LA	Zip Code 71106	Transaction ID : 5290f78f-320a-4814-8 Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 11 / 02 / 2014		
Purpose of Expenditure Mileage		Category/ Type 002	Name of Federal Candidate Ms. Mary L Landrieu ☐ Support ☒ Oppose		
Calendar Year-To-Date Per Election for Office Sought		554635.78	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>LA</u>		
			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶ _____		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			76.20		
(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.					
Signature Ms. Emily Buchanan		[Electronically Filed]		Date M M M / D D D / Y Y Y Y Y Y 05 / 18 / 2015	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 2509 OF 3250
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on MM / DD / YYYY				
Full Name of Payee Kyler A Jost			Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 02 / 2014	
Mailing Address 1830 College Height Rd			Amount 45.00	
City Manhattan	State KS	Zip Code 66502	Transaction ID : bd4cfa93-92dc-41e7-b	
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation MM / DD / YYYY 11 / 02 / 2014	
Name of Federal Candidate Mr. Greg Orman		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>KS</u>	
Calendar Year-To-Date Per Election for Office Sought		261541.03	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶ _____	
Full Name of Payee Kyler A Jost			Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 02 / 2014	
Mailing Address 1830 College Height Rd			Amount 22.50	
City Manhattan	State KS	Zip Code 66502	Transaction ID : daa809c7-95c0-47a5-9	
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement or Obligation MM / DD / YYYY 11 / 02 / 2014	
Name of Federal Candidate Mr. Greg Orman		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>KS</u>	
Calendar Year-To-Date Per Election for Office Sought		261541.03	Disbursement For: ☐ Primary ☒ 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.				
Signature Ms. Emily Buchanan		[Electronically Filed]		Date MM / DD / YYYY 05 / 18 / 2015

Full Name of Payee Joseph R Rys		Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 02 / 2014	
Mailing Address 160 #50 Pompano Dr		Amount 12.00	
City New Bern	State NC	Zip Code 28560	Transaction ID : 888bad0b-7463-4736-9 Date of Disbursement or Obligation MM / DD / YYYY 11 / 02 / 2014
Purpose of Expenditure Mileage		Category/ Type 002	
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: NC
Calendar Year-To-Date Per Election for Office Sought		1095959.94	Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....	67.00
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures.....	

05 / 18 / 2015

FEC Schedule E (Form 3X) Rev. 09/2013

Full Name of Payee Kelly Dolan			Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 02 / 2014		
Mailing Address 543 S 2nd St			Amount 3.90		
City Bellaire	State NC	Zip Code 77401	Transaction ID : 68c65715-6e7c-4b2f-9 Date of Disbursement or Obligation MM / DD / YYYY 11 / 02 / 2014		
Purpose of Expenditure Mileage		Category/ Type 002			
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: LA		
Calendar Year-To-Date Per Election for Office Sought		554635.78	Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ►		

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	63.90
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

Ms. Emily Buchanan

[Electronically Filed]

Date 05 / 18 / 2015

Signature _____

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 2512 OF 3250
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC		FEC IDENTIFICATION NUMBER ▼ C C00530766
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on		MM / DD / YYYY

Full Name of Payee Rhonda Moback		Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 02 / 2014
Mailing Address 2704 E Glen Oaks Dr		Amount 32.50
City Wichita	State KS	Zip Code 67216
Purpose of Expenditure Salary	Category/Type 001	Transaction ID : a59962d0-18b1-4779-9 Date of Disbursement or Obligation MM / DD / YYYY 11 / 02 / 2014
Name of Federal Candidate Mr. Greg Orman		Office Sought: ☐ House District: 00 ☒ Senate State: KS ☐ President
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶
		261541.03

Full Name of Payee Barbara A Williams		Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 02 / 2014
Mailing Address 3002 Darden Rd Apt A		Amount 33.00
City Greensboro	State NC	Zip Code 27407
Purpose of Expenditure Salary	Category/Type 001	Transaction ID : 1ed01ff7-57ce-4e13-a Date of Disbursement or Obligation MM / DD / YYYY 11 / 02 / 2014
Name of Federal Candidate Ms. Kay Hagan		Office Sought: ☐ House District: 00 ☒ Senate State: NC ☐ President
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶
		1095959.94

(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

MM / DD / YYYY
05 / 18 / 2015

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 2513 OF 3250
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC		FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M M / D D D / Y Y Y Y Y Y			
Full Name of Payee Jon Lynch		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 11 / 02 / 2014	
Mailing Address 6108 Harkins Ave		Amount 100.00	
City Little Rock	State AR	Zip Code 72210	Transaction ID : f292a906-3b5a-4f74-b Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 11 / 02 / 2014
Purpose of Expenditure Salary		Category/ Type 001	
Name of Federal Candidate Mr. Mark L Pryor		Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: AR ☐ Oppose	
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Jon Lynch		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 11 / 02 / 2014	
Mailing Address 6108 Harkins Ave		Amount 40.20	
City Little Rock	State AR	Zip Code 72210	Transaction ID : 29eac314-0f9b-40cd-a Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 11 / 02 / 2014
Purpose of Expenditure Mileage		Category/ Type 002	
Name of Federal Candidate Mr. Mark L Pryor		Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: AR ☐ Oppose	
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶		140.20	
(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.			
Signature Ms. Emily Buchanan		Date M M M / D D D / Y Y Y Y Y Y 05 / 18 / 2015 [Electronically Filed]	

Full Name of Payee Alexa S Dudley		Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 02 / 2014	
Mailing Address 4367 Splitlog Rd		Amount 36.00	
City Goodman	State MO	Zip Code 64843	Transaction ID : 9b8993f7-2a70-4e0e-a Date of Disbursement or Obligation MM / DD / YYYY 11 / 02 / 2014
Purpose of Expenditure Mileage	Category/ Type 002		
Name of Federal Candidate Mr. Mark L Pryor	☐ Support ☒ Oppose	Office Sought: ☐ President ☒ Senate	District: 00 State: AR
Calendar Year-To-Date Per Election for Office Sought	292370.62	Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	136.00
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

FEC Schedule E (Form 3X) Rev. 09/2013

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 2515 OF 3250
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC		FEC IDENTIFICATION NUMBER ▼ C C00530766
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on		MM / DD / YYYY

Full Name of Payee Tristan Hightower		Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 02 / 2014
Mailing Address 2490 W Cornerstone Pl		Amount 20.00
City Fayetteville	State AR	Zip Code 72703
Purpose of Expenditure Salary	Category/ Type 001	Transaction ID : 040e8702-a288-49cb-a Date of Disbursement or Obligation MM / DD / YYYY 11 / 02 / 2014
Name of Federal Candidate Mr. Mark L Pryor		Office Sought: ☐ House District: 00 ☒ Senate State: AR
Calendar Year-To-Date Per Election for Office Sought 292370.62		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶

Full Name of Payee Tristan Hightower		Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 02 / 2014
Mailing Address 2490 W Cornerstone Pl		Amount 4.50
City Fayetteville	State AR	Zip Code 72703
Purpose of Expenditure Mileage	Category/ Type 002	Transaction ID : da2b59fb-4051-4399-b Date of Disbursement or Obligation MM / DD / YYYY 11 / 02 / 2014
Name of Federal Candidate Mr. Mark L Pryor		Office Sought: ☐ House District: 00 ☒ Senate State: AR
Calendar Year-To-Date Per Election for Office Sought 292370.62		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	24.50
(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

MM / DD / YYYY
05 / 18 / 2015

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 2516 OF 3250
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC		FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on		M M M / D D D / Y Y Y Y Y Y	
Full Name of Payee Elvis Spears		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 11 / 02 / 2014	
Mailing Address 2150 Hope St		Amount 80.00	
City New Orleans	State LA	Zip Code 70119	Transaction ID : d7d1d54a-63d4-4204-8
Purpose of Expenditure Salary	Category/ Type	001	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 11 / 02 / 2014
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>LA</u>
Calendar Year-To-Date Per Election for Office Sought		554635.78	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶
Full Name of Payee Elvis Spears		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 11 / 02 / 2014	
Mailing Address 2150 Hope St		Amount 11.10	
City New Orleans	State LA	Zip Code 70119	Transaction ID : 50ee3b92-ff08-4b8c-b
Purpose of Expenditure Mileage	Category/ Type	002	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 11 / 02 / 2014
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>LA</u>
Calendar Year-To-Date Per Election for Office Sought		554635.78	Disbursement For: ☐ Primary ☒ 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]	
Signature		Date 05 / 18 / 2015	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 2517 OF 3250
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC		FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M M / D D D / Y Y Y Y Y Y			
Full Name of Payee Kevin L Battle		Date of Public Distribution/Dissemination 11 / 02 / 2014	
Mailing Address 3300 Asher Ave		Amount 90.00	
City Little Rock	State AR	Zip Code 72204	Transaction ID : e1de76ec-691c-45ca-b Date of Disbursement or Obligation 11 / 02 / 2014
Purpose of Expenditure Salary		Category/ Type 001	
Name of Federal Candidate Mr. Mark L Pryor		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: AR
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Kevin L Battle		Date of Public Distribution/Dissemination 11 / 02 / 2014	
Mailing Address 3300 Asher Ave		Amount 73.50	
City Little Rock	State AR	Zip Code 72204	Transaction ID : b63f5286-03ac-4bb1-8 Date of Disbursement or Obligation 11 / 02 / 2014
Purpose of Expenditure Mileage		Category/ Type 002	
Name of Federal Candidate Mr. Mark L Pryor		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: AR
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶		163.50	
(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.			
Signature Ms. Emily Buchanan		Date 05 / 18 / 2015	
[Electronically Filed]			

Full Name of Payee Mary Catherine Toburen			Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 02 / 2014		
Mailing Address 1222 SE 44 St			Amount 10.50		
City Topeka	State KS	Zip Code 66609	Transaction ID : 11642a63-e266-409b-9 Date of Disbursement or Obligation MM / DD / YYYY 11 / 02 / 2014		
Purpose of Expenditure Mileage		Category/ Type 002			
Name of Federal Candidate Mr. Greg Orman		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: KS		
Calendar Year-To-Date Per Election for Office Sought		261541.03	Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ►		

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	45.50
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

05 / 18 / 2015

FEC Schedule E (Form 3X) Rev. 09/2013

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 2519 OF 3250
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC		FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on		M M M / D D D / Y Y Y Y Y Y	
Full Name of Payee Francis Richardson		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 11 / 02 / 2014	
Mailing Address 220 Doucet Rd		Amount 15.00	
City Lafayette	State LA	Zip Code 70503	Transaction ID : 71f1d125-0406-43b2-9
Purpose of Expenditure Salary	Category/ Type	001	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 11 / 02 / 2014
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>LA</u>
Calendar Year-To-Date Per Election for Office Sought		554635.78	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶
Full Name of Payee Francis Richardson		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 11 / 02 / 2014	
Mailing Address 220 Doucet Rd		Amount 1.29	
City Lafayette	State LA	Zip Code 70503	Transaction ID : 7ec4e98d-c739-423e-b
Purpose of Expenditure Mileage	Category/ Type	002	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 11 / 02 / 2014
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>LA</u>
Calendar Year-To-Date Per Election for Office Sought		554635.78	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures.....		16.29	
(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]	
Signature		Date M M M / D D D / Y Y Y Y Y Y 05 / 18 / 2015	

Full Name of Payee Amy J McMillion			Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 02 / 2014		
Mailing Address 1325 S Collegiate Dr Apt 202G			Amount 3.00		
City Wilkesboro	State NC	Zip Code 28697	Transaction ID : 0213d032-5cfa-4fab-8 Date of Disbursement or Obligation MM / DD / YYYY 11 / 02 / 2014		
Purpose of Expenditure Mileage		Category/ Type 002			
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House ☒ Senate ☐ President District: 00 State: NC		
Calendar Year-To-Date Per Election for Office Sought		1095959.94	Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ▶		

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	21.30
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 2521 OF 3250
 FOR LINE 24 OF FORM 3X

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

Full Name of Payee Irene R Hoyer			Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 02 / 2014		
Mailing Address 4310 N Mission Rd			Amount 43.00		
City Bel Aire	State KS	Zip Code 67226	Transaction ID : f41a58f1-112b-4c7b-8 Date of Disbursement or Obligation MM / DD / YYYY 11 / 02 / 2014		
Purpose of Expenditure Salary		Category/ Type 001	Name of Federal Candidate ☐ Support ☒ Oppose Mr. Greg Orman		
Calendar Year-To-Date Per Election for Office Sought 261541.03			Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: KS Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		

Full Name of Payee Irene R Hoyer			Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 02 / 2014		
Mailing Address 4310 N Mission Rd			Amount 16.44		
City Bel Aire	State KS	Zip Code 67226	Transaction ID : 9895650e-052f-4305-9 Date of Disbursement or Obligation MM / DD / YYYY 11 / 02 / 2014		
Purpose of Expenditure Mileage		Category/ Type 002	Name of Federal Candidate ☐ Support ☒ Oppose Mr. Greg Orman		
Calendar Year-To-Date Per Election for Office Sought 261541.03			Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: KS Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	59.44
(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

MM / DD / YYYY
05 / 18 / 2015

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 2522 OF 3250
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC		FEC IDENTIFICATION NUMBER ▼ C C00530766
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on		MM / DD / YYYY

Full Name of Payee Kinsey E Beck		Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 02 / 2014
Mailing Address 103 Glenhaven Ct		Amount 60.00
City Harvest	State AL	Zip Code 35749
Purpose of Expenditure Salary	Category/Type 001	Transaction ID : e12dd7c7-3035-4514-a Date of Disbursement or Obligation MM / DD / YYYY 11 / 02 / 2014
Name of Federal Candidate Mr. Mark L Pryor		Office Sought: ☐ House District: 00 ☒ Senate State: AR
Calendar Year-To-Date Per Election for Office Sought 292370.62		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶

Full Name of Payee Kinsey E Beck		Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 02 / 2014
Mailing Address 103 Glenhaven Ct		Amount 26.10
City Harvest	State AL	Zip Code 35749
Purpose of Expenditure Mileage	Category/Type 002	Transaction ID : cb9cbfb0-0114-48d5-a Date of Disbursement or Obligation MM / DD / YYYY 11 / 02 / 2014
Name of Federal Candidate Mr. Mark L Pryor		Office Sought: ☐ House District: 00 ☒ Senate State: AR
Calendar Year-To-Date Per Election for Office Sought 292370.62		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	86.10
(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]

Signature

Date

MM / DD / YYYY
05 / 18 / 2015

Full Name of Payee Heather N Montgomery		Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 02 / 2014	
Mailing Address 106 Wyncrest Ct		Amount 18.60	
City Hendersonville	State TN	Zip Code 37075	Transaction ID : 7384daa2-536d-4bb1-b Date of Disbursement or Obligation MM / DD / YYYY 11 / 02 / 2014
Purpose of Expenditure Mileage	Category/ Type 002		
Name of Federal Candidate Mr. Mark L Pryor	☐ Support ☒ Oppose	Office Sought: ☐ President ☒ Senate ☐ Other (specify) ▶	District: 00 State: AR ☐ Primary ☒ General
Calendar Year-To-Date Per Election for Office Sought	292370.62		

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	68.60
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 2524 OF 3250
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC		FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M M / D D D / Y Y Y Y Y Y			
Full Name of Payee Colton R Overcash		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 11 / 02 / 2014	
Mailing Address 121 Ohara Dr		Amount 95.00	
City Salisbury	State NC	Zip Code 28147	Transaction ID : 4d3d42e0-5ac2-4a35-9
Purpose of Expenditure Salary	Category/ Type	001	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 11 / 02 / 2014
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>NC</u>
Calendar Year-To-Date Per Election for Office Sought		1095959.94	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶
Full Name of Payee Colton R Overcash		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 11 / 02 / 2014	
Mailing Address 121 Ohara Dr		Amount 155.70	
City Salisbury	State NC	Zip Code 28147	Transaction ID : 7134b271-8e74-422b-8
Purpose of Expenditure Mileage	Category/ Type	002	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 11 / 02 / 2014
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>NC</u>
Calendar Year-To-Date Per Election for Office Sought		1095959.94	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures.....		250.70	
(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]	
Signature		Date M M M / D D D / Y Y Y Y Y Y 05 / 18 / 2015	

Full Name of Payee Andrew Stricklin		Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 02 / 2014	
Mailing Address 2026 West Nettleton Avenue Apt 2		Amount 20.00	
City Jonesboro	State AR	Zip Code 72401	Transaction ID : a0480943-1a2f-4cb0-8 Date of Disbursement or Obligation MM / DD / YYYY 11 / 02 / 2014
Purpose of Expenditure Salary		Category/ Type 001	
Name of Federal Candidate Mr. Mark L Pryor		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: AR
Calendar Year-To-Date Per Election for Office Sought 292370.62		Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ▶	

Full Name of Payee Andrew Stricklin		Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 02 / 2014	
Mailing Address 2026 West Nettleton Avenue Apt 2		Amount 46.26	
City Jonesboro	State AR	Zip Code 72401	Transaction ID : f1e8684c-543c-499d-a Date of Disbursement or Obligation MM / DD / YYYY 11 / 02 / 2014
Purpose of Expenditure Mileage		Category/ Type 002	
Name of Federal Candidate Mr. Mark L Pryor		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: AR
Calendar Year-To-Date Per Election for Office Sought 292370.62		Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	66.26
(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.

Date _____

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 2526 OF 3250
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on MM / DD / YYYY				
Full Name of Payee Felicia A Jones			Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 02 / 2014	
Mailing Address 4106 Martha St			Amount 80.00	
City Shreveport	State LA	Zip Code 71109	Transaction ID : 7daec74f-a543-4583-a Date of Disbursement or Obligation MM / DD / YYYY 11 / 02 / 2014	
Purpose of Expenditure Salary		Category/ Type 001		
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>LA</u>	
Calendar Year-To-Date Per Election for Office Sought		554635.78	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Felicia A Jones			Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 02 / 2014	
Mailing Address 4106 Martha St			Amount 9.90	
City Shreveport	State LA	Zip Code 71109	Transaction ID : e8397e08-7588-4bdd-8 Date of Disbursement or Obligation MM / DD / YYYY 11 / 02 / 2014	
Purpose of Expenditure Mileage		Category/ Type 002		
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>LA</u>	
Calendar Year-To-Date Per Election for Office Sought		554635.78	Disbursement For: ☐ Primary ☒ 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		[Electronically Filed]	Date MM / DD / YYYY 05 / 18 / 2015	
Signature				

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 2527 OF 3250
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M M / D D D / Y Y Y Y Y Y					
Full Name of Payee Kolbe J Peloquin			Date of Public Distribution/Dissemination 11 / 02 / 2014		
Mailing Address 623 Union Park Circle			Amount 35.00		
City Colwich	State KS	Zip Code 67030	Transaction ID : cfe0ab9a-c2d7-43fc-9		
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation 11 / 02 / 2014		
Name of Federal Candidate Mr. Greg Orman		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>KS</u>		
Calendar Year-To-Date Per Election for Office Sought		261541.03	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
Full Name of Payee Kolbe J Peloquin			Date of Public Distribution/Dissemination 11 / 02 / 2014		
Mailing Address 623 Union Park Circle			Amount 18.00		
City Colwich	State KS	Zip Code 67030	Transaction ID : 4fd874b-1a85-4037-9		
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement or Obligation 11 / 02 / 2014		
Name of Federal Candidate Mr. Greg Orman		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>KS</u>		
Calendar Year-To-Date Per Election for Office Sought		261541.03	Disbursement For: ☐ Primary ☒ 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.					
Signature Ms. Emily Buchanan		[Electronically Filed]		Date 05 / 18 / 2015	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 2528 OF 3250
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC		FEC IDENTIFICATION NUMBER ▼ C C00530766
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on		MM / DD / YYYY

Full Name of Payee Patricia F Arnold		Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 02 / 2014
Mailing Address 1117 Clipper Dr		Amount 28.00
City Slidell	State LA	Zip Code 70458
Purpose of Expenditure Salary	Category/Type 001	Transaction ID : b53b8ebb-3037-43d4-a Date of Disbursement or Obligation MM / DD / YYYY 11 / 02 / 2014
Name of Federal Candidate Ms. Mary L Landrieu		Office Sought: ☐ House District: 00 ☒ Senate State: LA
Calendar Year-To-Date Per Election for Office Sought 554635.78		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶

Full Name of Payee Patricia F Arnold		Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 02 / 2014
Mailing Address 1117 Clipper Dr		Amount 3.60
City Slidell	State LA	Zip Code 70458
Purpose of Expenditure Mileage	Category/Type 002	Transaction ID : a8d09411-3c34-4a77-a Date of Disbursement or Obligation MM / DD / YYYY 11 / 02 / 2014
Name of Federal Candidate Ms. Mary L Landrieu		Office Sought: ☐ House District: 00 ☒ Senate State: LA
Calendar Year-To-Date Per Election for Office Sought 554635.78		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	31.60
(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

MM / DD / YYYY
05 / 18 / 2015

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 2529 OF 3250
 FOR LINE 24 OF FORM 3X

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

Full Name of Payee Gloria L Moyer		Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 02 / 2014	
Mailing Address 1505 Dills Creek Lane		Amount 15.00	
City Morehead	State NC	Zip Code 28557	Transaction ID : 07af2284-d561-4d11-9 Date of Disbursement or Obligation MM / DD / YYYY 11 / 02 / 2014
Purpose of Expenditure Salary		Category/Type 001	
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: NC
Calendar Year-To-Date Per Election for Office Sought		1095959.94	
		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	

Full Name of Payee Gloria L Moyer		Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 02 / 2014	
Mailing Address 1505 Dills Creek Lane		Amount 2.70	
City Morehead	State NC	Zip Code 28557	Transaction ID : 2cc7ae32-1865-442f-8 Date of Disbursement or Obligation MM / DD / YYYY 11 / 02 / 2014
Purpose of Expenditure Mileage		Category/Type 002	
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: NC
Calendar Year-To-Date Per Election for Office Sought		1095959.94	
		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	17.70
(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

MM / DD / YYYY
05 / 18 / 2015

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 2530 OF 3250
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M M / D D D / Y Y Y Y Y Y				
Full Name of Payee Joshua D Syrotchen			Date of Public Distribution/Dissemination 11 / 02 / 2014	
Mailing Address 915 East Market Ave			Amount 80.00	
City Searcy	State AR	Zip Code 72149	Transaction ID : 0b028648-300b-4611-8	
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation 11 / 02 / 2014	
Name of Federal Candidate Mr. Mark L Pryor		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>AR</u>	
Calendar Year-To-Date Per Election for Office Sought		292370.62	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶ _____	
Full Name of Payee Joshua D Syrotchen			Date of Public Distribution/Dissemination 11 / 02 / 2014	
Mailing Address 915 East Market Ave			Amount 74.10	
City Searcy	State AR	Zip Code 72149	Transaction ID : d408d3d0-832f-435b-b	
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement or Obligation 11 / 02 / 2014	
Name of Federal Candidate Mr. Mark L Pryor		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>AR</u>	
Calendar Year-To-Date Per Election for Office Sought		292370.62	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶ _____	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			154.10	
(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.				
Signature <i>Ms. Emily Buchanan</i>		[Electronically Filed]		Date 05 / 18 / 2015

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 2531 OF 3250
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on			M M M / D D D / Y Y Y Y Y Y	
Full Name of Payee Brogan A Benoit		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 11 / 02 / 2014		
Mailing Address 7144 South River Rd		Amount 120.00		
City Addis	State LA	Zip Code 70710	Transaction ID : 21920868-a9e0-44d8-8	
Purpose of Expenditure Salary		Category/ Type	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 11 / 02 / 2014	
		001		
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: LA	
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
		554635.78		
Full Name of Payee Brogan A Benoit		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 11 / 02 / 2014		
Mailing Address 7144 South River Rd		Amount 27.60		
City Addis	State LA	Zip Code 70710	Transaction ID : 4ef1eb4c-1367-4856-b	
Purpose of Expenditure Mileage		Category/ Type	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 11 / 02 / 2014	
		002		
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: LA	
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
		554635.78		
(a) SUBTOTAL of Itemized Independent Expenditures.....		147.60		
(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
Signature		M M M / D D D / Y Y Y Y Y Y 05 / 18 / 2015		

Full Name of Payee Robert B Johnson		Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 02 / 2014	
Mailing Address 804 Worthington Way		Amount 40.00	
City Wilmington	State NC	Zip Code 28411	Transaction ID : d2d3c488-3501-45ef-9 Date of Disbursement or Obligation MM / DD / YYYY 11 / 02 / 2014
Purpose of Expenditure Salary	Category/ Type	001	
Name of Federal Candidate Ms. Kay Hagan	☐ Support ☒ Oppose	Office Sought: ☐ President ☒ Senate	House District: 00 State: NC
Calendar Year-To-Date Per Election for Office Sought	1095959.94	Disbursement For: 2014 ☐ Other (specify) ▶	☐ Primary ☒ General

(a) SUBTOTAL of Itemized Independent Expenditures.....	60.00
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures.....	

FEC Schedule E (Form 3X) Rev. 09/2013

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 2533 OF 3250
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on MM / DD / YYYY				
Full Name of Payee Lisa A Hackett			Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 02 / 2014	
Mailing Address 137 S Palm ST			Amount 20.00	
City Winnabow	State NC	Zip Code 28479	Transaction ID : 0b8572fd-ca74-45c2-b	
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation MM / DD / YYYY 11 / 02 / 2014	
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>NC</u>	
Calendar Year-To-Date Per Election for Office Sought		1095959.94	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Lisa A Hackett			Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 02 / 2014	
Mailing Address 137 S Palm ST			Amount 1.29	
City Winnabow	State NC	Zip Code 28479	Transaction ID : 18f6da27-d2c3-4dac-9	
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement or Obligation MM / DD / YYYY 11 / 02 / 2014	
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>NC</u>	
Calendar Year-To-Date Per Election for Office Sought		1095959.94	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			21.29	
(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.				
Signature <i>Ms. Emily Buchanan</i>		[Electronically Filed]		Date MM / DD / YYYY 05 / 18 / 2015

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 2534 OF 3250
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M M / D D D / Y Y Y Y Y Y Y Y					
Full Name of Payee John MacDonald			Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y Y Y 11 / 02 / 2014		
Mailing Address 1926 Edgewater Dr			Amount 37.50		
City Charolette	State NC	Zip Code 28210	Transaction ID : 3973cd17-6963-4f87-9 Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y Y Y 11 / 02 / 2014		
Purpose of Expenditure Salary		Category/ Type 001	Name of Federal Candidate Ms. Kay Hagan ☐ Support ☒ Oppose		
Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>NC</u>			Calendar Year-To-Date Per Election for Office Sought 1095959.94		
Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ▶ _____			Full Name of Payee John MacDonald		
Mailing Address 1926 Edgewater Dr			Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y Y Y 11 / 02 / 2014		
City Charolette			Amount 11.40		
State NC	Zip Code 28210		Transaction ID : 517f460e-7bd1-45b9-b Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y Y Y 11 / 02 / 2014		
Purpose of Expenditure Mileage		Category/ Type 002	Name of Federal Candidate Ms. Kay Hagan ☐ Support ☒ Oppose		
Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>NC</u>			Calendar Year-To-Date Per Election for Office Sought 1095959.94		
Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ▶ _____			(a) SUBTOTAL of Itemized Independent Expenditures..... ▶ 48.90		
(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. Signature <i>Ms. Emily Buchanan</i> [Electronically Filed] Date M M M / D D D / Y Y Y Y Y Y Y Y 05 / 18 / 2015					

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

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 FOR LINE 24 OF FORM 3X

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

Full Name of Payee Jackson S Tuttle		Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 02 / 2014	
Mailing Address 404 Chancery Park Ct		Amount 45.00	
City Kernersville	State NC	Zip Code 27284	Transaction ID : c51f5511-8779-45dc-8
Purpose of Expenditure Salary	Category/ Type	001	Date of Disbursement or Obligation MM / DD / YYYY 11 / 02 / 2014
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: NC
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	

Full Name of Payee Jackson S Tuttle		Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 02 / 2014	
Mailing Address 404 Chancery Park Ct		Amount 6.00	
City Kernersville	State NC	Zip Code 27284	Transaction ID : 57fec856-9f6f-409b-9
Purpose of Expenditure Mileage	Category/ Type	002	Date of Disbursement or Obligation MM / DD / YYYY 11 / 02 / 2014
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: NC
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	51.00
(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

MM / DD / YYYY
05 / 18 / 2015

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 2536 OF 3250
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC		FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on		M M M / D D D / Y Y Y Y Y Y	
Full Name of Payee Joneisha Stewart		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 11 / 02 / 2014	
Mailing Address 2329 Runnymede Dr		Amount 40.00	
City Marrero	State LA	Zip Code 70072	Transaction ID : d1985d15-5cfc-4928-8
Purpose of Expenditure Salary	Category/ Type	001	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 11 / 02 / 2014
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: LA
Calendar Year-To-Date Per Election for Office Sought		554635.78	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶
Full Name of Payee Joneisha Stewart		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 11 / 02 / 2014	
Mailing Address 2329 Runnymede Dr		Amount 7.20	
City Marrero	State LA	Zip Code 70072	Transaction ID : 85290e17-de9b-47e7-8
Purpose of Expenditure Mileage	Category/ Type	002	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 11 / 02 / 2014
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: LA
Calendar Year-To-Date Per Election for Office Sought		554635.78	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶		47.20	
(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]	
Signature		Date M M M / D D D / Y Y Y Y Y Y 05 / 18 / 2015	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 2537 OF 3250
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M M / D D D / Y Y Y Y Y Y					
Full Name of Payee Christopher L Gilbert			Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 11 / 02 / 2014		
Mailing Address 55 Lovell Johnson Rd			Amount 82.50		
City Picayune		State MS	Zip Code 39466		Transaction ID : baed24a1-1591-4581-8
Purpose of Expenditure Salary		Category/ Type 001		Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 11 / 02 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu			☐ Support ☒ Oppose		Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: LA
Calendar Year-To-Date Per Election for Office Sought			554635.78 Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
Full Name of Payee Christopher L Gilbert			Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 11 / 02 / 2014		
Mailing Address 55 Lovell Johnson Rd			Amount 41.40		
City Picayune		State MS	Zip Code 39466		Transaction ID : c5fcf1ea-c6e2-45c9-a
Purpose of Expenditure Mileage		Category/ Type 002		Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 11 / 02 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu			☐ Support ☒ Oppose		Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: LA
Calendar Year-To-Date Per Election for Office Sought			554635.78 Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			123.90		
(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.					
Signature Ms. Emily Buchanan			[Electronically Filed]		Date M M M / D D D / Y Y Y Y Y Y 05 / 18 / 2015

Full Name of Payee Christopher Marquess		Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 02 / 2014	
Mailing Address 110 W Pecan St		Amount 50.00	
City Ville Platte	State LA	Zip Code 70586	Transaction ID : 400830e9-a0cd-4bcf-9 Date of Disbursement or Obligation MM / DD / YYYY 11 / 02 / 2014
Purpose of Expenditure Salary	Category/ Type 001		
Name of Federal Candidate Ms. Mary L Landrieu	☐ Support ☒ Oppose	Office Sought: ☐ President ☒ Senate	District: 00 State: LA
Calendar Year-To-Date Per Election for Office Sought	554635.78	Disbursement For: 2014 ☐ Other (specify) ▶	
		☐ Primary ☒ General	

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	140.00
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

Ms. Emily Buchanan

[Electronically Filed]

Date 05 / 18 / 2015

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 2539 OF 3250
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC		FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on		M M M / D D D / Y Y Y Y Y Y	
Full Name of Payee Christopher Marquess		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 11 / 02 / 2014	
Mailing Address 110 W Pecan St		Amount 36.00	
City Ville Platte	State LA	Zip Code 70586	Transaction ID : b1d3c701-69c8-465a-8
Purpose of Expenditure Mileage	Category/ Type 002	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 11 / 02 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	
Office Sought: ☐ President ☒ Senate		District: 00 State: LA	
Calendar Year-To-Date Per Election for Office Sought 554635.78		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Stuart T Haley		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 11 / 02 / 2014	
Mailing Address 600 W Vine Ave		Amount 91.50	
City Searcy	State AR	Zip Code 72143	Transaction ID : 83bf352b-0333-4cfb-a
Purpose of Expenditure Salary	Category/ Type 001	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 11 / 02 / 2014	
Name of Federal Candidate Mr. Mark L Pryor		☐ Support ☒ Oppose	
Office Sought: ☐ President ☒ Senate		District: 00 State: AR	
Calendar Year-To-Date Per Election for Office Sought 292370.62		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶		127.50	
(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.			
Signature Ms. Emily Buchanan		Date M M M / D D D / Y Y Y Y Y Y 05 / 18 / 2015	
		[Electronically Filed]	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 2540 OF 3250
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M M / D D D / Y Y Y Y Y Y					
Full Name of Payee Stuart T Haley			Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 11 / 02 / 2014		
Mailing Address 600 W Vine Ave			Amount 30.00		
City Searcy		State AR	Zip Code 72143		Transaction ID : 4c8026bb-71a9-41b8-b
Purpose of Expenditure Mileage		Category/ Type 002		Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 11 / 02 / 2014	
Name of Federal Candidate Mr. Mark L Pryor			Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: AR		
Calendar Year-To-Date Per Election for Office Sought 292370.62			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
Full Name of Payee LaVonna A Brown			Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 11 / 02 / 2014		
Mailing Address 1211 Treaty Rd			Amount 45.00		
City Delphos		State KS	Zip Code 67436		Transaction ID : 798a10d4-81d0-422d-8
Purpose of Expenditure Salary		Category/ Type 001		Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 11 / 02 / 2014	
Name of Federal Candidate Mr. Greg Orman			Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: KS		
Calendar Year-To-Date Per Election for Office Sought 261541.03			Disbursement For: ☐ Primary ☒ 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.					
Signature Ms. Emily Buchanan			Date M M M / D D D / Y Y Y Y Y Y 05 / 18 / 2015		
[Electronically Filed]					

Full Name of Payee Julia Perry		Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 02 / 2014	
Mailing Address 2046 Perrin St Apt C		Amount 80.00	
City Shreveport	State LA	Zip Code 71101	Transaction ID : 17b7adf1-7c93-4a77-9
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation MM / DD / YYYY 11 / 02 / 2014
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: LA
Calendar Year-To-Date Per Election for Office Sought		554635.78	Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	103.40
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

FEC Schedule E (Form 3X) Rev. 09/2013

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 2542 OF 3250
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC		FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on		MM / DD / YYYY	

Full Name of Payee Dylan J Sparks		Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 02 / 2014	
Mailing Address 915 East Market Ave		Amount 80.00	
City Searcy	State AR	Zip Code 72149	Transaction ID : cf14639e-b994-4860-9
Purpose of Expenditure Salary		Category/Type 001	Date of Disbursement or Obligation MM / DD / YYYY 11 / 02 / 2014
Name of Federal Candidate Mr. Mark L Pryor		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: AR
Calendar Year-To-Date Per Election for Office Sought 292370.62		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	

Full Name of Payee Dylan J Sparks		Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 02 / 2014	
Mailing Address 915 East Market Ave		Amount 59.40	
City Searcy	State AR	Zip Code 72149	Transaction ID : a75e69b3-6754-4379-9
Purpose of Expenditure Mileage		Category/Type 002	Date of Disbursement or Obligation MM / DD / YYYY 11 / 02 / 2014
Name of Federal Candidate Mr. Mark L Pryor		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: AR
Calendar Year-To-Date Per Election for Office Sought 292370.62		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	139.40
(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]

Signature

Date

MM / DD / YYYY
05 / 18 / 2015

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

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 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M / D D / Y Y Y Y Y Y					
Full Name of Payee Jacob W Joosten			Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 11 / 02 / 2014		
Mailing Address 1906 S Pine Apt B			Amount 50.00		
City Pittsburg	State KS	Zip Code 66762	Transaction ID : fa286f81-1abd-4bd3-b Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 11 / 02 / 2014		
Purpose of Expenditure Salary		Category/ Type 001			
Name of Federal Candidate Mr. Greg Orman			☐ Support ☐ Office Sought: House District: <u>00</u> ☒ Oppose ☐ President ☒ Senate State: <u>KS</u>		
Calendar Year-To-Date Per Election for Office Sought 261541.03			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶ _____		
Full Name of Payee Jacob W Joosten			Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 11 / 02 / 2014		
Mailing Address 1906 S Pine Apt B			Amount 49.68		
City Pittsburg	State KS	Zip Code 66762	Transaction ID : e4f32b40-3bae-4b9e-a Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 11 / 02 / 2014		
Purpose of Expenditure Mileage		Category/ Type 002			
Name of Federal Candidate Mr. Greg Orman			☐ Support ☐ Office Sought: House District: <u>00</u> ☒ Oppose ☐ President ☒ Senate State: <u>KS</u>		
Calendar Year-To-Date Per Election for Office Sought 261541.03			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶ _____		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			99.68		
(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.					
Signature <u>Ms. Emily Buchanan</u> [Electronically Filed]			Date M M / D D / Y Y Y Y Y Y 05 / 18 / 2015		

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 2544 OF 3250
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on MM / DD / YYYY				
Full Name of Payee Leslie D Moore			Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 02 / 2014	
Mailing Address 1903 Swan Dr			Amount 100.00	
City Lenoir	State NC	Zip Code 28645	Transaction ID : 8d2555ac-f296-40cd-a	
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation MM / DD / YYYY 11 / 02 / 2014	
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>NC</u>	
Calendar Year-To-Date Per Election for Office Sought		1095959.94	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Leslie D Moore			Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 02 / 2014	
Mailing Address 1903 Swan Dr			Amount 5.70	
City Lenoir	State NC	Zip Code 28645	Transaction ID : c9f7a90f-8c67-4c43-b	
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement or Obligation MM / DD / YYYY 11 / 02 / 2014	
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>NC</u>	
Calendar Year-To-Date Per Election for Office Sought		1095959.94	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			105.70	
(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.				
Signature <i>Ms. Emily Buchanan</i>		[Electronically Filed]		Date MM / DD / YYYY 05 / 18 / 2015

Full Name of Payee Leslie D Moore		Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 02 / 2014	
Mailing Address 1903 Swan Dr		Amount 5.70	
City Lenoir	State NC	Zip Code 28645	Transaction ID : 9440cb20-4861-4b9c-9 Date of Disbursement or Obligation MM / DD / YYYY 11 / 02 / 2014
Purpose of Expenditure Mileage	Category/ Type 002		
Name of Federal Candidate Ms. Kay Hagan	☐ Support ☒ Oppose	Office Sought: ☐ President ☒ Senate ☐ Other (specify) ▶	District: 00 State: NC ☐ Primary ☒ General
Calendar Year-To-Date Per Election for Office Sought	1095959.94		

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	105.70
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	105.70
(c) TOTAL Independent Expenditures.....	▶	105.70

FEC Schedule E (Form 3X) Rev. 09/2013

Full Name of Payee Andy Ramos			Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 02 / 2014		
Mailing Address 907 West Trail			Amount 3.75		
City Dodge City	State KS	Zip Code 67801	Transaction ID : 7c9135b6-3eb8-49ac-9 Date of Disbursement or Obligation MM / DD / YYYY 11 / 02 / 2014		
Purpose of Expenditure Mileage		Category/ Type 002			
Name of Federal Candidate Mr. Greg Orman		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: KS		
Calendar Year-To-Date Per Election for Office Sought		261541.03	Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ►		

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	73.75
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

05 / 18 / 2015

FEC Schedule E (Form 3X) Rev. 09/2013

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 2547 OF 3250
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M M / D D D / Y Y Y Y Y Y				
Full Name of Payee Carmen Maddrey			Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 11 / 02 / 2014	
Mailing Address 2043 Nottingham Ln			Amount 20.00	
City Burlington	State NC	Zip Code 27215	Transaction ID : 518ee377-6095-411b-9	
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 11 / 02 / 2014	
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>NC</u>	
Calendar Year-To-Date Per Election for Office Sought		1095959.94	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Carmen Maddrey			Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 11 / 02 / 2014	
Mailing Address 2043 Nottingham Ln			Amount 1.20	
City Burlington	State NC	Zip Code 27215	Transaction ID : dec243cc-1187-411f-a	
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 11 / 02 / 2014	
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>NC</u>	
Calendar Year-To-Date Per Election for Office Sought		1095959.94	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			21.20	
(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 M M M / D D D / Y Y Y Y Y Y 05 / 18 / 2015	
Signature				

Full Name of Payee Victor M Valdez		Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 02 / 2014	
Mailing Address 1702 Central Ave		Amount 3.75	
City Dodge City	State KS	Zip Code 67801	Transaction ID : 7390b348-1b58-4f69-9 Date of Disbursement or Obligation MM / DD / YYYY 11 / 02 / 2014
Purpose of Expenditure Mileage	Category/ Type	002	
Name of Federal Candidate Mr. Greg Orman		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: KS
Calendar Year-To-Date Per Election for Office Sought	261541.03		Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ►

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	73.75
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

05 / 18 / 2015

FEC Schedule E (Form 3X) Rev. 09/2013

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 2549 OF 3250
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M M / D D D / Y Y Y Y Y Y				
Full Name of Payee Jessica R Resendiz			Date of Public Distribution/Dissemination 11 / 02 / 2014	
Mailing Address 9685 Paula St			Amount 105.00	
City Keithville	State LA	Zip Code 71047	Transaction ID : eb1abcae-386a-4f7b-8	
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation 11 / 02 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>LA</u>	
Calendar Year-To-Date Per Election for Office Sought		554635.78	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶ _____	
Full Name of Payee Jessica R Resendiz			Date of Public Distribution/Dissemination 11 / 02 / 2014	
Mailing Address 9685 Paula St			Amount 59.10	
City Keithville	State LA	Zip Code 71047	Transaction ID : 6884c078-3913-45c2-9	
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement or Obligation 11 / 02 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>LA</u>	
Calendar Year-To-Date Per Election for Office Sought		554635.78	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶ _____	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			164.10	
(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 05 / 18 / 2015	
Signature				

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 2550 OF 3250
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on MM / DD / YYYY				
Full Name of Payee Jennifer F Gilbert			Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 02 / 2014	
Mailing Address 180 McNeil Steep Hollow Rd			Amount 75.00	
City Carriere	State MS	Zip Code 39426	Transaction ID : 535cfdc2-8980-413e-8	
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation MM / DD / YYYY 11 / 02 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>LA</u>	
Calendar Year-To-Date Per Election for Office Sought		554635.78	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Jennifer F Gilbert			Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 02 / 2014	
Mailing Address 180 McNeil Steep Hollow Rd			Amount 16.20	
City Carriere	State MS	Zip Code 39426	Transaction ID : 22356322-cd5d-4639-9	
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement or Obligation MM / DD / YYYY 11 / 02 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>LA</u>	
Calendar Year-To-Date Per Election for Office Sought		554635.78	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			91.20	
(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 MM / DD / YYYY 05 / 18 / 2015	
Signature				

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 2551 OF 3250
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC		FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on		M M M / D D D / Y Y Y Y Y Y	
Full Name of Payee Jeanne Tribou		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 11 / 02 / 2014	
Mailing Address 22369 Ponderosa Dr.		Amount 70.00	
City Mandeville	State LA	Zip Code 70471	Transaction ID : a0849c38-555b-41fd-a
Purpose of Expenditure Salary	Category/ Type	001	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 11 / 02 / 2014
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: LA
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Jeanne Tribou		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 11 / 02 / 2014	
Mailing Address 22369 Ponderosa Dr.		Amount 17.10	
City Mandeville	State LA	Zip Code 70471	Transaction ID : 6bd6ac1f-4ea3-473b-b
Purpose of Expenditure Mileage	Category/ Type	002	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 11 / 02 / 2014
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: LA
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶		87.10	
(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]	
Signature		Date M M M / D D D / Y Y Y Y Y Y 05 / 18 / 2015	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 2552 OF 3250
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC		FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on		M M M / D D D / Y Y Y Y Y Y	
Full Name of Payee April A Watson		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 11 / 02 / 2014	
Mailing Address 30217 Crook Rd		Amount 20.00	
City Cleveland	State MO	Zip Code 64734	Transaction ID : bd82620e-cc78-4e4c-9
Purpose of Expenditure Salary	Category/ Type	001	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 11 / 02 / 2014
Name of Federal Candidate Mr. Greg Orman		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: KS
Calendar Year-To-Date Per Election for Office Sought		261541.03	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶
Full Name of Payee April A Watson		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 11 / 02 / 2014	
Mailing Address 30217 Crook Rd		Amount 27.00	
City Cleveland	State MO	Zip Code 64734	Transaction ID : 519c0535-0773-410b-a
Purpose of Expenditure Mileage	Category/ Type	002	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 11 / 02 / 2014
Name of Federal Candidate Mr. Greg Orman		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: KS
Calendar Year-To-Date Per Election for Office Sought		261541.03	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures.....▶		47.00	
(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.			
Signature <i>Ms. Emily Buchanan</i>		Date M M M / D D D / Y Y Y Y Y Y 05 / 18 / 2015	
		[Electronically Filed]	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 2553 OF 3250
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M / D D / Y Y Y Y				
Full Name of Payee Todd Ellis			Date of Public Distribution/Dissemination 11 / 02 / 2014	
Mailing Address P.O. Box 712			Amount 95.00	
City Alexander	State AR	Zip Code 72002	Transaction ID : 33660636-e559-42eb-8	
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation 11 / 02 / 2014	
Name of Federal Candidate Mr. Mark L Pryor		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: AR	
Calendar Year-To-Date Per Election for Office Sought		292370.62	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Todd Ellis			Date of Public Distribution/Dissemination 11 / 02 / 2014	
Mailing Address P.O. Box 712			Amount 43.50	
City Alexander	State AR	Zip Code 72002	Transaction ID : c0456634-530c-402a-8	
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement or Obligation 11 / 02 / 2014	
Name of Federal Candidate Mr. Mark L Pryor		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: AR	
Calendar Year-To-Date Per Election for Office Sought		292370.62	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			138.50	
(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.				
Signature Ms. Emily Buchanan		[Electronically Filed]		Date 05 / 18 / 2015

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 2554 OF 3250
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC		FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on		M M M / D D D / Y Y Y Y Y Y	
Full Name of Payee OLynda Walker		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 11 / 02 / 2014	
Mailing Address 10000 Mount Pleasant Rd		Amount 90.00	
City Midland	State NC	Zip Code 28107	Transaction ID : 9b78e5f9-04f6-4e98-8
Purpose of Expenditure Salary	Category/ Type	001	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 11 / 02 / 2014
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>NC</u>
Calendar Year-To-Date Per Election for Office Sought		1095959.94	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶
Full Name of Payee OLynda Walker		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 11 / 02 / 2014	
Mailing Address 10000 Mount Pleasant Rd		Amount 18.60	
City Midland	State NC	Zip Code 28107	Transaction ID : 7fd7f82a-4ee7-43bc-b
Purpose of Expenditure Mileage	Category/ Type	002	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 11 / 02 / 2014
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>NC</u>
Calendar Year-To-Date Per Election for Office Sought		1095959.94	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures.....		108.60	
(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]	
Signature		Date 05 / 18 / 2015	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 2555 OF 3250
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M M / D D D / Y Y Y Y Y Y				
Full Name of Payee Lee R Carter			Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 11 / 02 / 2014	
Mailing Address 3110 Brentwood Rd			Amount 34.00	
City Raleigh	State NC	Zip Code 27604	Transaction ID : d55d4185-edd1-48e7-9	
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 11 / 02 / 2014	
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>NC</u>	
Calendar Year-To-Date Per Election for Office Sought		1095959.94	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Lee R Carter			Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 11 / 02 / 2014	
Mailing Address 3110 Brentwood Rd			Amount 7.50	
City Raleigh	State NC	Zip Code 27604	Transaction ID : 29434318-7671-4933-a	
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 11 / 02 / 2014	
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>NC</u>	
Calendar Year-To-Date Per Election for Office Sought		1095959.94	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			41.50	
(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.				
Signature <i>Ms. Emily Buchanan</i>		[Electronically Filed]		Date M M M / D D D / Y Y Y Y Y Y 05 / 18 / 2015

Full Name of Payee Jordyn Kilbury		Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 02 / 2014	
Mailing Address 5416 S Santa Fe Street		Amount 110.00	
City Wichita	State KS	Zip Code 67216	Transaction ID : 6330b9c0-68d7-4f06-8
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation MM / DD / YYYY 11 / 02 / 2014
Name of Federal Candidate Mr. Greg Orman		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: KS
Calendar Year-To-Date Per Election for Office Sought 261541.03		Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ▶	

Full Name of Payee Jordyn Kilbury		Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 02 / 2014	
Mailing Address 5416 S Santa Fe Street		Amount \$ 20.10	
City Wichita	State KS	Zip Code 67216	Transaction ID : cadf996e-62b4-45cf-8
Purpose of Expenditure Mileage	Category/ Type	002	Date of Disbursement or Obligation MM / DD / YYYY 11 / 02 / 2014
Name of Federal Candidate Mr. Greg Orman		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: KS
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
261541.03			

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	130.10
(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.

Date _____

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 2557 OF 3250
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on			M M M / D D D / Y Y Y Y Y Y		
Full Name of Payee Aleksandra B Padua			Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 11 / 02 / 2014		
Mailing Address 110 Bridge gate Dr			Amount 40.00		
City Cary	State NC	Zip Code 27519	Transaction ID : f69d1087-a3f5-4bc4-9		
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 11 / 02 / 2014		
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: NC		
Calendar Year-To-Date Per Election for Office Sought		1095959.94	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
Full Name of Payee Aleksandra B Padua			Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 11 / 02 / 2014		
Mailing Address 110 Bridge gate Dr			Amount 11.34		
City Cary	State NC	Zip Code 27519	Transaction ID : 2dea5c20-1d0d-44c5-a		
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 11 / 02 / 2014		
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: NC		
Calendar Year-To-Date Per Election for Office Sought		1095959.94	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			51.34		
(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 M M M / D D D / Y Y Y Y Y Y 05 / 18 / 2015		
Signature					

Full Name of Payee Cynthia N Schmit		Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 02 / 2014	
Mailing Address 2226 Taft Circle Apt 1		Amount 65.00	
City Winchester	State VA	Zip Code 22601	Transaction ID : 5fcf2ff3-1a89-478d-b Date of Disbursement or Obligation MM / DD / YYYY 11 / 02 / 2014
Purpose of Expenditure Salary	Category/ Type	001	
Name of Federal Candidate Mr. Greg Orman		☐ Support ☒ Oppose	Office Sought: ☐ House ☒ Senate ☐ President District: 00 State: KS
Calendar Year-To-Date Per Election for Office Sought		261541.03	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶

Full Name of Payee Michael Vidrine		Date of Public Distribution/Dissemination M M / D D / Y Y Y Y 11 / 02 / 2014	
Mailing Address 1103 West Wilson Street		Amount 80.00	
City Ville Platte	State LA	Zip Code 70586	Transaction ID : 43addec5-bb07-49c7-a Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 11 / 02 / 2014
Purpose of Expenditure Salary		Category/ Type 001	
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House ☒ Senate ☐ President ☐ Other (specify) _____
Calendar Year-To-Date Per Election for Office Sought		554635.78	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ► _____

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	145.00
(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.

Date _____

Signature

05 / 18 / 2015

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 2559 OF 3250
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC		FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on		M M M / D D D / Y Y Y Y Y Y	
Full Name of Payee Michael Vidrine		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 11 / 02 / 2014	
Mailing Address 1103 West Wilson Street		Amount 21.60	
City Ville Platte	State LA	Zip Code 70586	Transaction ID : 8ec5d987-4718-4b7f-8
Purpose of Expenditure Mileage	Category/Type 002	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 11 / 02 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	
Office Sought: ☐ President ☒ Senate		District: 00 State: LA	
Calendar Year-To-Date Per Election for Office Sought 554635.78		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Joseph R English		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 11 / 02 / 2014	
Mailing Address 915 East Market Ave Apt 4		Amount 90.00	
City Searcy	State AR	Zip Code 72143	Transaction ID : ac37e942-dde6-450b-a
Purpose of Expenditure Salary	Category/Type 001	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 11 / 02 / 2014	
Name of Federal Candidate Mr. Mark L Pryor		☐ Support ☒ Oppose	
Office Sought: ☐ President ☒ Senate		District: 00 State: AR	
Calendar Year-To-Date Per Election for Office Sought 292370.62		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶		111.60	
(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.			
Signature Ms. Emily Buchanan		Date M M M / D D D / Y Y Y Y Y Y 05 / 18 / 2015	
		[Electronically Filed]	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 2560 OF 3250
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on MM / DD / YYYY					
Full Name of Payee Joseph R English			Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 02 / 2014		
Mailing Address 915 East Market Ave Apt 4			Amount 39.00		
City Searcy	State AR	Zip Code 72143	Transaction ID : f1d29ef2-eb7a-4da6-a		
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement or Obligation MM / DD / YYYY 11 / 02 / 2014		
Name of Federal Candidate Mr. Mark L Pryor		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>AR</u>		
Calendar Year-To-Date Per Election for Office Sought		292370.62	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
Full Name of Payee Laura U Logie			Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 02 / 2014		
Mailing Address 2565 Shire Circle			Amount 70.00		
City Harrisonburg	State VA	Zip Code 22801	Transaction ID : 1e26334b-dea4-47f6-9		
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation MM / DD / YYYY 11 / 02 / 2014		
Name of Federal Candidate Mr. Greg Orman		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>KS</u>		
Calendar Year-To-Date Per Election for Office Sought		261541.03	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			109.00		
(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.					
Signature <i>Ms. Emily Buchanan</i>		[Electronically Filed]		Date MM / DD / YYYY 05 / 18 / 2015	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

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 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on MM / DD / YYYY					
Full Name of Payee Lilly Green			Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 02 / 2014		
Mailing Address 205 Medallion Circle			Amount 80.00		
City Shreveport	State LA	Zip Code 71119	Transaction ID : 66b9e583-32d6-4f9d-a Date of Disbursement or Obligation MM / DD / YYYY 11 / 02 / 2014		
Purpose of Expenditure Salary		Category/ Type 001			
Name of Federal Candidate Ms. Mary L Landrieu			☐ Support Office Sought: ☐ House District: <u>00</u> ☒ Oppose ☐ President ☒ Senate State: <u>LA</u>		
Calendar Year-To-Date Per Election for Office Sought 554635.78			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶ _____		
Full Name of Payee Lilly Green			Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 02 / 2014		
Mailing Address 205 Medallion Circle			Amount 76.20		
City Shreveport	State LA	Zip Code 71119	Transaction ID : 8b39d361-18bf-443f-9 Date of Disbursement or Obligation MM / DD / YYYY 11 / 02 / 2014		
Purpose of Expenditure Mileage		Category/ Type 002			
Name of Federal Candidate Ms. Mary L Landrieu			☐ Support Office Sought: ☐ House District: <u>00</u> ☒ Oppose ☐ President ☒ Senate State: <u>LA</u>		
Calendar Year-To-Date Per Election for Office Sought 554635.78			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶ _____		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			156.20		
(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.					
Signature <u>Ms. Emily Buchanan</u> [Electronically Filed]			Date MM / DD / YYYY 05 / 18 / 2015		

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 2562 OF 3250
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC		FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on		M M M / D D D / Y Y Y Y Y Y	
Full Name of Payee Gregory Green		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 11 / 02 / 2014	
Mailing Address 2506 Bolch Street		Amount 60.00	
City Shreveport	State LA	Zip Code 71104	Transaction ID : 0823ece9-cff5-44f0-b
Purpose of Expenditure Salary	Category/ Type	001	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 11 / 02 / 2014
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: LA
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Gregory Green		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 11 / 02 / 2014	
Mailing Address 2506 Bolch Street		Amount 78.00	
City Shreveport	State LA	Zip Code 71104	Transaction ID : aca0315d-9dbf-48d0-8
Purpose of Expenditure Mileage	Category/ Type	002	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 11 / 02 / 2014
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: LA
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures.....		138.00	
(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]	
Signature		Date M M M / D D D / Y Y Y Y Y Y 05 / 18 / 2015	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 2563 OF 3250
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M M / D D D / Y Y Y Y Y Y				
Full Name of Payee Theresa a Youngblood			Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 11 / 02 / 2014	
Mailing Address 102 S Main Street Apt A2			Amount 110.00	
City Berryville	State VA	Zip Code 22611	Transaction ID : 1b127341-109e-496e-a	
Purpose of Expenditure Salary		Category/Type 001	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 11 / 02 / 2014	
Name of Federal Candidate Mr. Greg Orman		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>KS</u>	
Calendar Year-To-Date Per Election for Office Sought 261541.03		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
Full Name of Payee Sheri J Peace			Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 11 / 02 / 2014	
Mailing Address 9685 Paula St			Amount 100.00	
City Keithville	State LA	Zip Code 71047	Transaction ID : 225d1431-de3d-4c3a-8	
Purpose of Expenditure Salary		Category/Type 001	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 11 / 02 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>LA</u>	
Calendar Year-To-Date Per Election for Office Sought 554635.78		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			210.00	
(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.				
Signature <i>Ms. Emily Buchanan</i>		[Electronically Filed]		Date M M M / D D D / Y Y Y Y Y Y 05 / 18 / 2015

Full Name of Payee Mary D Meens		Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 02 / 2014	
Mailing Address 5724 SW Arrowhead Ct		Amount 30.00	
City Topeka	State KS	Zip Code 66614	Transaction ID : 97ec32fa-60fe-4cdc-8
Purpose of Expenditure Salary	Category/ Type	001	Date of Disbursement or Obligation MM / DD / YYYY 11 / 02 / 2014
Name of Federal Candidate Mr. Greg Orman	☐ Support ☒ Oppose	Office Sought: ☐ President ☒ Senate	District: 00 State: KS
Calendar Year-To-Date Per Election for Office Sought	261541.03		Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....		76.20
(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.

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 2565 OF 3250
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M M / D D D / Y Y Y Y Y Y					
Full Name of Payee Mary D Meens			Date of Public Distribution/Dissemination 11 / 02 / 2014		
Mailing Address 5724 SW Arrowhead Ct			Amount 9.00		
City Topeka		State KS	Zip Code 66614		Transaction ID : 2f742fa3-3e04-471c-8
Purpose of Expenditure Mileage		Category/ Type 002		Date of Disbursement or Obligation 11 / 02 / 2014	
Name of Federal Candidate Mr. Greg Orman			Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: KS		
Calendar Year-To-Date Per Election for Office Sought 261541.03			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
Full Name of Payee Ashley n Thompson			Date of Public Distribution/Dissemination 11 / 02 / 2014		
Mailing Address 272 Westgate Ct Apt 6			Amount 67.50		
City Lexington		State NC	Zip Code 27295		Transaction ID : d2a72ba2-6712-4433-9
Purpose of Expenditure Salary		Category/ Type 001		Date of Disbursement or Obligation 11 / 02 / 2014	
Name of Federal Candidate Ms. Kay Hagan			Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: NC		
Calendar Year-To-Date Per Election for Office Sought 1095959.94			Disbursement For: ☐ Primary ☒ 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. Signature Ms. Emily Buchanan [Electronically Filed] Date 05 / 18 / 2015					

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 2566 OF 3250
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC		FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on		M M M / D D D / Y Y Y Y Y Y	
Full Name of Payee Ashley n Thompson		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 11 / 02 / 2014	
Mailing Address 272 Westgate Ct Apt 6		Amount 6.00	
City Lexington	State NC	Zip Code 27295	Transaction ID : c9b0fc9a-bc05-48ea-8
Purpose of Expenditure Mileage	Category/ Type 002	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 11 / 02 / 2014	
Name of Federal Candidate Ms. Kay Hagan		Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: NC	
Calendar Year-To-Date Per Election for Office Sought 1095959.94		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Greg Meens		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 11 / 02 / 2014	
Mailing Address 5724 SW Arrowhead Ct		Amount 30.00	
City Topeka	State KS	Zip Code 66614	Transaction ID : 5b8a22a6-be93-4604-b
Purpose of Expenditure Salary	Category/ Type 001	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 11 / 02 / 2014	
Name of Federal Candidate Mr. Greg Orman		Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: KS	
Calendar Year-To-Date Per Election for Office Sought 261541.03		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures.....▶		36.00	
(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.			
Signature Ms. Emily Buchanan		Date M M M / D D D / Y Y Y Y Y Y 05 / 18 / 2015	
		[Electronically Filed]	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 2567 OF 3250
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on			M M M / D D D / Y Y Y Y Y Y	
Full Name of Payee Randy G Lookabill		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 11 / 02 / 2014		
Mailing Address 200 Carawood Lane		Amount 67.50		
City Lexington	State NC	Zip Code 27295	Transaction ID : 840c4dc3-1f52-494f-a	
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 11 / 02 / 2014	
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>NC</u>	
Calendar Year-To-Date Per Election for Office Sought		1095959.94	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Randy G Lookabill		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 11 / 02 / 2014		
Mailing Address 200 Carawood Lane		Amount 22.50		
City Lexington	State NC	Zip Code 27295	Transaction ID : 56c3c18d-6b81-4634-a	
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 11 / 02 / 2014	
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>NC</u>	
Calendar Year-To-Date Per Election for Office Sought		1095959.94	Disbursement For: ☐ Primary ☒ 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.				
Signature Ms. Emily Buchanan		[Electronically Filed] Date M M M / D D D / Y Y Y Y Y Y 05 / 18 / 2015		

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 2568 OF 3250
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on			MM / DD / YYYY	
Full Name of Payee Chris McCoy		Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 02 / 2014		
Mailing Address 1025 Cayley Ct		Amount 105.00		
City High Point	State NC	Zip Code 27260	Transaction ID : bf2ba395-17f9-43db-9	
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation MM / DD / YYYY 11 / 02 / 2014	
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: NC	
Calendar Year-To-Date Per Election for Office Sought		1095959.94	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Chris McCoy		Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 02 / 2014		
Mailing Address 1025 Cayley Ct		Amount 24.60		
City High Point	State NC	Zip Code 27260	Transaction ID : 037bd3bc-0853-477e-a	
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement or Obligation MM / DD / YYYY 11 / 02 / 2014	
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: NC	
Calendar Year-To-Date Per Election for Office Sought		1095959.94	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures.....		129.60		
(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
Signature		MM / DD / YYYY 05 / 18 / 2015		

Full Name of Payee Danielle McCoy			Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 02 / 2014		
Mailing Address 1025 Cayley Ct			Amount Amount 26.10		
City High Point	State NC	Zip Code 27260	Transaction ID : 001f7cdf-2229-466f-a Date of Disbursement or Obligation MM / DD / YYYY 11 / 02 / 2014		
Purpose of Expenditure Mileage		Category/ Type 002			
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House ☒ Senate ☐ President ☐ Other (specify) _____		
Calendar Year-To-Date Per Election for Office Sought		Amount 1095959.94	Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ► _____		

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	131.10
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

FEC Schedule E (Form 3X) Rev. 09/2013

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 2571 OF 3250
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M / D D / Y Y Y Y Y Y					
Full Name of Payee Eleanor McCoy			Date of Public Distribution/Dissemination 11 / 02 / 2014		
Mailing Address 4902 Catawba Dr			Amount 105.00		
City Greensboro	State NC	Zip Code 27407	Transaction ID : eb5806b2-494e-4a9b-8 Date of Disbursement or Obligation 11 / 02 / 2014		
Purpose of Expenditure Salary		Category/ Type 001			
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: NC		
Calendar Year-To-Date Per Election for Office Sought		1095959.94	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
Full Name of Payee Eleanor McCoy			Date of Public Distribution/Dissemination 11 / 02 / 2014		
Mailing Address 4902 Catawba Dr			Amount 26.40		
City Greensboro	State NC	Zip Code 27407	Transaction ID : b69fa6f5-0daa-48d8-b Date of Disbursement or Obligation 11 / 02 / 2014		
Purpose of Expenditure Mileage		Category/ Type 002			
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: NC		
Calendar Year-To-Date Per Election for Office Sought		1095959.94	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			131.40		
(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 05 / 18 / 2015		
Signature					

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 2572 OF 3250
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M / D D / Y Y Y Y Y Y					
Full Name of Payee Jake Mathews			Date of Public Distribution/Dissemination 10 / 31 / 2014		
Mailing Address 6418 East 12 St			Amount 35.00		
City Wichita		State KS	Zip Code 67206		Transaction ID : 9032566b-ddae-42d0-9
Purpose of Expenditure Salary		Category/ Type	Date of Disbursement or Obligation 10 / 31 / 2014		
Name of Federal Candidate Mr. Greg Orman		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: KS		
Calendar Year-To-Date Per Election for Office Sought		261541.03		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Jake Mathews			Date of Public Distribution/Dissemination 10 / 31 / 2014		
Mailing Address 6418 East 12 St			Amount 11.40		
City Wichita		State KS	Zip Code 67206		Transaction ID : bdc44c47-d9d8-4f43-8
Purpose of Expenditure Mileage		Category/ Type	Date of Disbursement or Obligation 10 / 31 / 2014		
Name of Federal Candidate Mr. Greg Orman		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: KS		
Calendar Year-To-Date Per Election for Office Sought		261541.03		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			46.40		
(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.					
Signature Ms. Emily Buchanan		[Electronically Filed]		Date 05 / 18 / 2015	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 2573 OF 3250
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M M / D D D / Y Y Y Y Y Y					
Full Name of Payee ERIC TABARY			Date of Public Distribution/Dissemination 11 / 02 / 2014		
Mailing Address 6101 NORA ST			Amount 70.00		
City METAIRIE		State LA	Zip Code 70003		Transaction ID : 11aa1194-f2e7-4834-8
Purpose of Expenditure Salary		Category/ Type 001		Date of Disbursement or Obligation 11 / 02 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu			Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: LA		
Calendar Year-To-Date Per Election for Office Sought 554635.78			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
Full Name of Payee ERIC TABARY			Date of Public Distribution/Dissemination 11 / 02 / 2014		
Mailing Address 6101 NORA ST			Amount 2.10		
City METAIRIE		State LA	Zip Code 70003		Transaction ID : 526b5218-4236-4e8b-9
Purpose of Expenditure Mileage		Category/ Type 002		Date of Disbursement or Obligation 11 / 02 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu			Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: LA		
Calendar Year-To-Date Per Election for Office Sought 554635.78			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			72.10		
(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.					
Signature Ms. Emily Buchanan			Date 05 / 18 / 2015		
[Electronically Filed]					

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 2574 OF 3250
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M / D D / Y Y Y Y				
Full Name of Payee Rose M Aldapa			Date of Public Distribution/Dissemination 10 / 31 / 2014	
Mailing Address 14817 E 29th N			Amount 22.00	
City Wichita	State KS	Zip Code 67228	Transaction ID : f0fa8a20-3a8e-4870-8	
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation 10 / 31 / 2014	
Name of Federal Candidate Mr. Greg Orman		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: KS	
Calendar Year-To-Date Per Election for Office Sought		261541.03	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Rose M Aldapa			Date of Public Distribution/Dissemination 10 / 31 / 2014	
Mailing Address 14817 E 29th N			Amount 12.00	
City Wichita	State KS	Zip Code 67228	Transaction ID : 77b55ab2-cd05-412c-b	
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement or Obligation 10 / 31 / 2014	
Name of Federal Candidate Mr. Greg Orman		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: KS	
Calendar Year-To-Date Per Election for Office Sought		261541.03	Disbursement For: ☐ Primary ☒ 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.				
Signature Ms. Emily Buchanan		[Electronically Filed]		Date 05 / 18 / 2015

Full Name of Payee Andy Ramos		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 31 / 2014	
Mailing Address 907 West Trail		Amount 90.00	
City Dodge City	State KS	Zip Code 67801	Transaction ID : bf50b60b-81cc-4e79-b
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation MM / DD / YYYY 10 / 31 / 2014
Name of Federal Candidate Mr. Greg Orman		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: KS
Calendar Year-To-Date Per Election for Office Sought		261541.03	Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ▶

Full Name of Payee Andy Ramos		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 31 / 2014	
Mailing Address 907 West Trail		Amount 5.10	
City Dodge City	State KS	Zip Code 67801	Transaction ID : c21d664d-b6f0-42d0-b Date of Disbursement or Obligation MM / DD / YYYY 10 / 31 / 2014
Purpose of Expenditure Mileage	Category/ Type	002	
Name of Federal Candidate Mr. Greg Orman		☐ Support ☒ Oppose	Office Sought: ☐ House ☒ Senate ☐ President ☒ Senate
Calendar Year-To-Date Per Election for Office Sought 261541.03		District: 00 State: KS Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	95.10
(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.

Date _____

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 2576 OF 3250
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC		FEC IDENTIFICATION NUMBER ▼ C C00530766
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on		MM / DD / YYYY

Full Name of Payee Victor M Valdez		Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 01 / 2014
Mailing Address 1702 Central Ave		Amount 90.00
City Dodge City	State KS	Zip Code 67801
Purpose of Expenditure Salary	Category/ Type 001	Transaction ID : c78bd703-a2ca-4c35-b Date of Disbursement or Obligation MM / DD / YYYY 11 / 01 / 2014
Name of Federal Candidate Mr. Greg Orman		Office Sought: ☐ House District: 00 ☒ Senate State: KS
Calendar Year-To-Date Per Election for Office Sought 261541.03		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶

Full Name of Payee Victor M Valdez		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 31 / 2014
Mailing Address 1702 Central Ave		Amount 5.10
City Dodge City	State KS	Zip Code 67801
Purpose of Expenditure Mileage	Category/ Type 002	Transaction ID : 69afe8c4-cde1-4c4f-b Date of Disbursement or Obligation MM / DD / YYYY 11 / 01 / 2014
Name of Federal Candidate Mr. Greg Orman		Office Sought: ☐ House District: 00 ☒ Senate State: KS
Calendar Year-To-Date Per Election for Office Sought 261541.03		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	95.10
(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]

Signature

Date

MM / DD / YYYY
05 / 18 / 2015

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 2577 OF 3250
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC		FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M M / D D D / Y Y Y Y Y Y			
Full Name of Payee Paulette M Carrieri		Date of Public Distribution/Dissemination 10 / 31 / 2014	
Mailing Address 4805 TuPenny Lane		Amount 40.00	
City Raleigh	State NC	Zip Code 27606	Transaction ID : f6dd5da0-320f-4fd4-b
Purpose of Expenditure Salary	Category/ Type	001	Date of Disbursement or Obligation 10 / 31 / 2014
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: NC
Calendar Year-To-Date Per Election for Office Sought		1095959.94	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶
Full Name of Payee Paulette M Carrieri		Date of Public Distribution/Dissemination 10 / 31 / 2014	
Mailing Address 4805 TuPenny Lane		Amount 2.40	
City Raleigh	State NC	Zip Code 27606	Transaction ID : 1a77747f-7459-4988-b
Purpose of Expenditure Mileage	Category/ Type	002	Date of Disbursement or Obligation 10 / 31 / 2014
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: NC
Calendar Year-To-Date Per Election for Office Sought		1095959.94	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures.....▶		42.40	
(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]	
Signature		Date 05 / 18 / 2015	

Full Name of Payee Hannah K Smith		Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 02 / 2014	
Mailing Address 633 Scott Dr		Amount 16.80	
City Gibsonville	State NC	Zip Code 27249	Transaction ID : 4b2f824c-5ffc-4a62-9 Date of Disbursement or Obligation MM / DD / YYYY 11 / 02 / 2014
Purpose of Expenditure Mileage	Category/ Type 002		
Name of Federal Candidate Ms. Kay Hagan	☐ Support ☒ Oppose	Office Sought: ☐ President ☒ Senate	House District: 00 State: NC
Calendar Year-To-Date Per Election for Office Sought	1095959.94	Disbursement For: 2014 ☐ Primary ☒ General ☐ Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	106.80
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

05 / 18 / 2015

FEC Schedule E (Form 3X) Rev. 09/2013

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 2579 OF 3250
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on MM / DD / YYYY					
Full Name of Payee Dylan J Sparks			Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 31 / 2014		
Mailing Address 915 East Market Ave			Amount 100.00		
City Searcy	State AR	Zip Code 72149	Transaction ID : 5c616271-73a3-4dce-8 Date of Disbursement or Obligation MM / DD / YYYY 10 / 31 / 2014		
Purpose of Expenditure Salary		Category/ Type 001			
Name of Federal Candidate Mr. Mark L Pryor			Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: AR ☐ Support ☒ Oppose		
Calendar Year-To-Date Per Election for Office Sought 292370.62			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
Full Name of Payee Dylan J Sparks			Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 31 / 2014		
Mailing Address 915 East Market Ave			Amount 64.20		
City Searcy	State AR	Zip Code 72149	Transaction ID : a6511138-e57f-4d35-8 Date of Disbursement or Obligation MM / DD / YYYY 10 / 31 / 2014		
Purpose of Expenditure Mileage		Category/ Type 002			
Name of Federal Candidate Mr. Mark L Pryor			Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: AR ☐ Support ☒ Oppose		
Calendar Year-To-Date Per Election for Office Sought 292370.62			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			164.20		
(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.					
Signature <u>Ms. Emily Buchanan</u> [Electronically Filed]			Date MM / DD / YYYY 05 / 18 / 2015		

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 2580 OF 3250
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M M / D D D / Y Y Y Y Y Y					
Full Name of Payee Kaylan N Swanson			Date of Public Distribution/Dissemination 11 / 02 / 2014		
Mailing Address 633 Scott Dr			Amount 90.00		
City Gibsonville		State NC	Zip Code 27249		Transaction ID : 1491a018-9c6b-428f-b
Purpose of Expenditure Salary		Category/ Type 001		Date of Disbursement or Obligation 11 / 02 / 2014	
Name of Federal Candidate Ms. Kay Hagan			☐ Support ☒ Oppose		Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: NC
Calendar Year-To-Date Per Election for Office Sought			1095959.94 Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
Full Name of Payee Heather N Montgomery			Date of Public Distribution/Dissemination 10 / 31 / 2014		
Mailing Address 106 Wyncrest Ct			Amount 60.00		
City Hendersonville		State TN	Zip Code 37075		Transaction ID : 7648bb4b-6324-4e1b-9
Purpose of Expenditure Salary		Category/ Type 001		Date of Disbursement or Obligation 10 / 31 / 2014	
Name of Federal Candidate Mr. Mark L Pryor			☐ Support ☒ Oppose		Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: AR
Calendar Year-To-Date Per Election for Office Sought			292370.62 Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			150.00		
(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.					
Signature Ms. Emily Buchanan			[Electronically Filed]		Date 05 / 18 / 2015

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 2581 OF 3250
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC		FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on MM / DD / YYYY			
Full Name of Payee Heather N Montgomery		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 31 / 2014	
Mailing Address 106 Wyncrest Ct		Amount 42.60	
City Hendersonville	State TN	Zip Code 37075	Transaction ID : cbe55726-cbb2-40a6-b
Purpose of Expenditure Mileage	Category/ Type	002	Date of Disbursement or Obligation MM / DD / YYYY 10 / 31 / 2014
Name of Federal Candidate Mr. Mark L Pryor		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: AR
Calendar Year-To-Date Per Election for Office Sought		292370.62	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶
Full Name of Payee James A Sears		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 30 / 2014	
Mailing Address 305 Averroe Dr		Amount 45.00	
City Apex	State NC	Zip Code 27502	Transaction ID : d00a2027-8e96-4971-a
Purpose of Expenditure Salary	Category/ Type	001	Date of Disbursement or Obligation MM / DD / YYYY 10 / 30 / 2014
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: NC
Calendar Year-To-Date Per Election for Office Sought		1095959.94	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures.....▶		87.60	
(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.			
Signature Ms. Emily Buchanan		Date MM / DD / YYYY 05 / 18 / 2015	
		[Electronically Filed]	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 2582 OF 3250
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC		FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on		M M M / D D D / Y Y Y Y Y Y	
Full Name of Payee Christine Stevens		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 11 / 02 / 2014	
Mailing Address 100 Asbury Ct		Amount 90.00	
City Winchester	State VA	Zip Code 22602	Transaction ID : 79e42c33-1ef6-424c-a
Purpose of Expenditure Salary	Category/Type 001	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 11 / 02 / 2014	
Name of Federal Candidate Mr. Greg Orman		☐ Support ☒ Oppose	
Office Sought: ☐ President ☒ Senate		District: 00 State: KS	
Calendar Year-To-Date Per Election for Office Sought 261541.03		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Jazmine d Conner		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 11 / 02 / 2014	
Mailing Address 100 ASBURY CT		Amount 90.00	
City WINCHESTER	State VA	Zip Code 22602	Transaction ID : b5ff7c2c-1d4e-4178-8
Purpose of Expenditure Salary	Category/Type 001	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 11 / 02 / 2014	
Name of Federal Candidate Mr. Greg Orman		☐ Support ☒ Oppose	
Office Sought: ☐ President ☒ Senate		District: 00 State: KS	
Calendar Year-To-Date Per Election for Office Sought 261541.03		Disbursement For: ☐ Primary ☒ 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.			
Signature Ms. Emily Buchanan		Date M M M / D D D / Y Y Y Y Y Y 05 / 18 / 2015	
[Electronically Filed]			

Full Name of Payee Rodney O Culbreath		Date of Public Distribution/Dissemination M M / D D / Y Y Y Y 11 / 02 / 2014	
Mailing Address 100 Asbury Ct		Amount 90.00	
City Winchester	State VA	Zip Code 22602	Transaction ID : 7888aad1-95a7-4a09-9 Date of Disbursement or Obligation M M / D D / Y Y Y Y 11 / 02 / 2014
Purpose of Expenditure Salary	Category/ Type	001	
Name of Federal Candidate Mr. Greg Orman	☐ Support ☒ Oppose	Office Sought: ☐ House ☒ Senate ☐ President ☒ Senate	District: 00 State: KS
Calendar Year-To-Date Per Election for Office Sought	261541.03		Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	180.00
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

FEC Schedule E (Form 3X) Rev. 09/2013

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 2584 OF 3250
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC		FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on		M M M / D D D / Y Y Y Y Y Y	
Full Name of Payee Rodney D Culbreth		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 11 / 02 / 2014	
Mailing Address 100 Asbury CT 3200 Dam Neck Rd		Amount 90.00	
City Winchester	State VA	Zip Code 22602	Transaction ID : ee0d2f55-b8ad-4ec5-b
Purpose of Expenditure Salary	Category/ Type	001	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 11 / 02 / 2014
Name of Federal Candidate Mr. Greg Orman		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: KS
Calendar Year-To-Date Per Election for Office Sought		261541.03	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶
Full Name of Payee Rze Culbreath		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 11 / 02 / 2014	
Mailing Address 100 Asbury Ct		Amount 90.00	
City Winchester	State VA	Zip Code 22602	Transaction ID : 3f64a977-47f0-4ce2-a
Purpose of Expenditure Salary	Category/ Type	001	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 11 / 02 / 2014
Name of Federal Candidate Mr. Greg Orman		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: KS
Calendar Year-To-Date Per Election for Office Sought		261541.03	Disbursement For: ☐ Primary ☒ 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]	
Signature		Date M M M / D D D / Y Y Y Y Y Y 05 / 18 / 2015	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 2585 OF 3250
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M M / D D D / Y Y Y Y Y Y					
Full Name of Payee Michael D English			Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 11 / 02 / 2014		
Mailing Address F4 Benton Ave Apt 4			Amount 60.00		
City Searcy	State AR	Zip Code 72149	Transaction ID : d460d99f-455b-4b95-b		
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 11 / 02 / 2014		
Name of Federal Candidate Mr. Mark L Pryor		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>AR</u>		
Calendar Year-To-Date Per Election for Office Sought		292370.62	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
Full Name of Payee Michael D English			Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 11 / 02 / 2014		
Mailing Address F4 Benton Ave Apt 4			Amount 29.10		
City Searcy	State AR	Zip Code 72149	Transaction ID : 07cb3953-8ec7-4fb8-9		
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 11 / 02 / 2014		
Name of Federal Candidate Mr. Mark L Pryor		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>AR</u>		
Calendar Year-To-Date Per Election for Office Sought		292370.62	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			89.10		
(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.					
Signature Ms. Emily Buchanan		[Electronically Filed]		Date M M M / D D D / Y Y Y Y Y Y 05 / 18 / 2015	

Full Name of Payee Brenda L McCune		Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 03 / 2014	
Mailing Address 1254 Fleming St Apt 6		Amount 32.70	
City Conway	State AR	Zip Code 72032	Transaction ID : aa3b23e8-e6c3-4c6f-b
Purpose of Expenditure Mileage	Category/ Type	002	Date of Disbursement or Obligation MM / DD / YYYY 11 / 03 / 2014
Name of Federal Candidate Mr. Mark L Pryor	☐ Support ☒ Oppose	Office Sought: ☐ President ☒ Senate	District: 00 State: AR
Calendar Year-To-Date Per Election for Office Sought	292370.62		Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	92.70
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

Signature

Full Name of Payee Katelyn Stringer		Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 03 / 2014	
Mailing Address 2134 Oxford Dr		Amount 2.66	
City Salina	State KS	Zip Code 67401	Transaction ID : a5f242d5-e3cd-4069-a
Purpose of Expenditure Mileage	Category/ Type	002	Date of Disbursement or Obligation MM / DD / YYYY 11 / 03 / 2014
Name of Federal Candidate Mr. Greg Orman	☐ Support ☒ Oppose	Office Sought: ☐ President ☒ Senate	District: 00 State: KS
Calendar Year-To-Date Per Election for Office Sought	261541.03	Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....	52.66
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures.....	

05 / 18 / 2015

FEC Schedule E (Form 3X) Rev. 09/2013

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 2588 OF 3250
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC		FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on		M M M / D D D / Y Y Y Y Y Y	
Full Name of Payee Kenny Wallis		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 11 / 03 / 2014	
Mailing Address 6412 Osage Dr		Amount 80.00	
City North Little rock	State AR	Zip Code 72116	Transaction ID : 0cad80ad-373c-4144-8
Purpose of Expenditure Salary	Category/Type 001	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 11 / 03 / 2014	
Name of Federal Candidate Mr. Mark L Pryor		Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: AR	
Calendar Year-To-Date Per Election for Office Sought 292370.62		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Kenny Wallis		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 11 / 03 / 2014	
Mailing Address 6412 Osage Dr		Amount 14.10	
City North Little rock	State AR	Zip Code 72116	Transaction ID : 9bdec283-0b24-4f8f-9
Purpose of Expenditure Mileage	Category/Type 002	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 11 / 03 / 2014	
Name of Federal Candidate Mr. Mark L Pryor		Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: AR	
Calendar Year-To-Date Per Election for Office Sought 292370.62		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶		94.10	
(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.			
Signature Ms. Emily Buchanan		Date M M M / D D D / Y Y Y Y Y Y 05 / 18 / 2015	
		[Electronically Filed]	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 2589 OF 3250
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M M / D D D / Y Y Y Y Y Y					
Full Name of Payee Randy M Gold			Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 11 / 02 / 2014		
Mailing Address 1436 Haigs Creek Dr			Amount 120.00		
City Elgin	State SC	Zip Code 29045	Transaction ID : 432af228-0c71-4173-a		
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 11 / 02 / 2014		
Name of Federal Candidate Mr. Mark L Pryor		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>AR</u>		
Calendar Year-To-Date Per Election for Office Sought		292370.62	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
Full Name of Payee Randy M Gold			Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 11 / 02 / 2014		
Mailing Address 1436 Haigs Creek Dr			Amount 88.95		
City Elgin	State SC	Zip Code 29045	Transaction ID : 1740076b-e933-41bb-9		
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 11 / 02 / 2014		
Name of Federal Candidate Mr. Mark L Pryor		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>AR</u>		
Calendar Year-To-Date Per Election for Office Sought		292370.62	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			208.95		
(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.					
Signature Ms. Emily Buchanan		[Electronically Filed]		Date M M M / D D D / Y Y Y Y Y Y 05 / 18 / 2015	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 2590 OF 3250
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M M / D D D / Y Y Y Y Y Y					
Full Name of Payee Kaleigh J Wagner Originally reported as 11/1, corrected with filing			Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 11 / 02 / 2014		
Mailing Address 18065 Wayne Rd			Amount 120.00		
City Odessa		State FL	Zip Code 33556		Transaction ID : 416e322b-82c1-41df-a
Purpose of Expenditure Salary		Category/ Type 001		Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 11 / 02 / 2014	
Name of Federal Candidate Mr. Mark L Pryor			☐ Support ☒ Oppose		Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: AR
Calendar Year-To-Date Per Election for Office Sought 292370.62			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
Full Name of Payee Mry S Everly			Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 11 / 03 / 2014		
Mailing Address 787 N 1851 Diagonal Rd			Amount 20.00		
City Lecompton		State KS	Zip Code 66050		Transaction ID : 9b8cce76-e863-490d-8
Purpose of Expenditure Salary		Category/ Type 001		Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 11 / 03 / 2014	
Name of Federal Candidate Mr. Greg Orman			☐ Support ☒ Oppose		Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: KS
Calendar Year-To-Date Per Election for Office Sought 261541.03			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			140.00		
(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.					
Signature Ms. Emily Buchanan			Date M M M / D D D / Y Y Y Y Y Y 05 / 18 / 2015		[Electronically Filed]

Full Name of Payee Brandon Wheeler			Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 02 / 2014		
Mailing Address 10112 Piney Creek Ct			Amount 50.00		
City Charolette	State NC	Zip Code 28215	Transaction ID : 4e0e38dd-5ee0-4386-9 Date of Disbursement or Obligation MM / DD / YYYY 11 / 02 / 2014		
Purpose of Expenditure Salary		Category/ Type 001			
Name of Federal Candidate Mr. Mark L Pryor		☐ Support ☒ Oppose	Office Sought: ☐ House ☒ Senate ☐ President ☐ Other (specify) _____		
Calendar Year-To-Date Per Election for Office Sought		292370.62	Disbursement For: ☐ Primary ☒ General ☐ Other (specify) _____		

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	68.00
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

FEC Schedule E (Form 3X) Rev. 09/2013

Full Name of Payee Caleb J Ellicott		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 31 / 2014	
Mailing Address 56893 S 695 rd		Amount Amount 20.00	
City Colcord	State OK	Zip Code 74338	Transaction ID : d24e0d59-e74b-44be-b Date of Disbursement or Obligation MM / DD / YYYY 10 / 31 / 2014
Purpose of Expenditure Salary		Category/ Type 001	
Name of Federal Candidate Mr. Mark L Pryor		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: AR
Calendar Year-To-Date Per Election for Office Sought		Amount 292370.62	Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	45.20
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

Ms. Emily Buchanan

[Electronically Filed]

Date 05 / 18 / 2015

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 2593 OF 3250
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC		FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on		M M M / D D D / Y Y Y Y Y Y	
Full Name of Payee Dorthy Meyer		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 11 / 02 / 2014	
Mailing Address 11707 South African Street		Amount 30.00	
City Olathe	State KS	Zip Code 66062	Transaction ID : e6091377-40b2-4f78-a
Purpose of Expenditure Salary		Category/Type 001	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 11 / 02 / 2014
Name of Federal Candidate Mr. Greg Orman		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: KS
Calendar Year-To-Date Per Election for Office Sought 261541.03		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Campaign Marketing Strategies		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 11 / 02 / 2014	
Mailing Address 3240 Wilson Blvd 202		Amount 4166.80	
City Arlington	State VA	Zip Code 22201	Transaction ID : 72216ba8-d49b-44ee-a
Purpose of Expenditure Robocalls		Category/Type 004	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 11 / 02 / 2014
Name of Federal Candidate Mr. Greg Orman		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: KS
Calendar Year-To-Date Per Election for Office Sought 261541.03		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶		4196.80	
(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.			
Signature Ms. Emily Buchanan		Date M M M / D D D / Y Y Y Y Y Y 05 / 18 / 2015	
		[Electronically Filed]	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 2594 OF 3250
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on			M M M / D D D / Y Y Y Y Y Y	
Full Name of Payee Heidi R Robinson		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 11 / 02 / 2014		
Mailing Address 3722 SE Evans Dr		Amount 30.00		
City Topeka	State KS	Zip Code 66609	Transaction ID : ee626e2c-7ab2-43e8-b	
Purpose of Expenditure Salary		Category/Type 001	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 11 / 02 / 2014	
Name of Federal Candidate Mr. Greg Orman		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: KS	
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
Full Name of Payee Heidi R Robinson		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 11 / 02 / 2014		
Mailing Address 3722 SE Evans Dr		Amount 5.70		
City Topeka	State KS	Zip Code 66609	Transaction ID : cdfa30da-ee0a-436c-8	
Purpose of Expenditure Mileage		Category/Type 002	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 11 / 02 / 2014	
Name of Federal Candidate Mr. Greg Orman		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: KS	
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶		35.70		
(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.				
Signature Ms. Emily Buchanan		[Electronically Filed]		Date M M M / D D D / Y Y Y Y Y Y 05 / 18 / 2015

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 2595 OF 3250
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M M / D D D / Y Y Y Y Y Y					
Full Name of Payee Julie M Gentry			Date of Public Distribution/Dissemination 11 / 02 / 2014		
Mailing Address 314 S Main St			Amount 35.00		
City Roxboro		State NC	Zip Code 27573		Transaction ID : 1db06a3c-48c6-42a8-9
Purpose of Expenditure Salary		Category/ Type	Date of Disbursement or Obligation 11 / 02 / 2014		
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: NC		
Calendar Year-To-Date Per Election for Office Sought		1095959.94		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Julie M Gentry			Date of Public Distribution/Dissemination 11 / 02 / 2014		
Mailing Address 314 S Main St			Amount 8.64		
City Roxboro		State NC	Zip Code 27573		Transaction ID : 3124c799-8df2-4b50-8
Purpose of Expenditure Mileage		Category/ Type	Date of Disbursement or Obligation 11 / 02 / 2014		
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: NC		
Calendar Year-To-Date Per Election for Office Sought		1095959.94		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures.....▶			43.64		
(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 05 / 18 / 2015	
Signature					

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 2596 OF 3250
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on			MM / DD / YYYY	
Full Name of Payee Marisa E Surdyke		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 31 / 2014		
Mailing Address 1020 N 2nd Street		Amount 20.00		
City Atchison	State KS	Zip Code 66002	Transaction ID : 424db074-239b-47dd-a	
Purpose of Expenditure Salary		Category/Type 001	Date of Disbursement or Obligation MM / DD / YYYY 10 / 31 / 2014	
Name of Federal Candidate Mr. Greg Orman		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: KS	
Calendar Year-To-Date Per Election for Office Sought		261541.03	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Marisa E Surdyke		Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 02 / 2014		
Mailing Address 1020 N 2nd Street		Amount 40.00		
City Atchison	State KS	Zip Code 66002	Transaction ID : fd94a399-776f-4bc7-9	
Purpose of Expenditure Salary		Category/Type 001	Date of Disbursement or Obligation MM / DD / YYYY 11 / 02 / 2014	
Name of Federal Candidate Mr. Greg Orman		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: KS	
Calendar Year-To-Date Per Election for Office Sought		261541.03	Disbursement For: ☐ Primary ☒ 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.				
Signature Ms. Emily Buchanan		Date MM / DD / YYYY 05 / 18 / 2015		
		[Electronically Filed]		

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 2597 OF 3250
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC		FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on		M M M / D D D / Y Y Y Y Y Y	
Full Name of Payee Rebecca M Blackwell		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 11 / 02 / 2014	
Mailing Address 1020 North 2nd St		Amount 40.00	
City Atchison	State KS	Zip Code 66002	Transaction ID : 81c62996-1867-48ce-b
Purpose of Expenditure Salary	Category/ Type	001	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 11 / 02 / 2014
Name of Federal Candidate Mr. Greg Orman		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: KS
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Katelyn Stringer		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 11 / 02 / 2014	
Mailing Address 2134 Oxford Dr		Amount 50.00	
City Salina	State KS	Zip Code 67401	Transaction ID : 84df4952-e797-46aa-a
Purpose of Expenditure Salary	Category/ Type	001	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 11 / 02 / 2014
Name of Federal Candidate Mr. Greg Orman		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: KS
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: ☐ Primary ☒ 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]	
Signature		Date M M M / D D D / Y Y Y Y Y Y 05 / 18 / 2015	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 2598 OF 3250
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC		FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on		M M M / D D D / Y Y Y Y Y Y	
Full Name of Payee Katelyn Stringer		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 11 / 02 / 2014	
Mailing Address 2134 Oxford Dr		Amount 2.66	
City Salina	State KS	Zip Code 67401	Transaction ID : f2122223-89cc-4471-b
Purpose of Expenditure Mileage	Category/Type 002	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 11 / 02 / 2014	
Name of Federal Candidate Mr. Greg Orman		Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: KS	
Calendar Year-To-Date Per Election for Office Sought 261541.03		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Mry S Everly		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 11 / 02 / 2014	
Mailing Address 787 N 1851 Diagonal Rd		Amount 20.00	
City Lecompton	State KS	Zip Code 66050	Transaction ID : 8364c472-620e-4b51-9
Purpose of Expenditure Salary	Category/Type 001	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 11 / 02 / 2014	
Name of Federal Candidate Mr. Greg Orman		Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: KS	
Calendar Year-To-Date Per Election for Office Sought 261541.03		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶		22.66	
(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.			
Signature Ms. Emily Buchanan		Date M M M / D D D / Y Y Y Y Y Y 05 / 18 / 2015	
		[Electronically Filed]	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 2599 OF 3250
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on MM / DD / YYYY					
Full Name of Payee Mry S Everly			Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 02 / 2014		
Mailing Address 787 N 1851 Diagonal Rd			Amount 18.00		
City Lecompton		State KS	Zip Code 66050		Transaction ID : 62214b86-e5e4-48af-8 Date of Disbursement or Obligation MM / DD / YYYY 11 / 02 / 2014
Purpose of Expenditure Mileage		Category/Type 002			
Name of Federal Candidate Mr. Greg Orman			Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: KS		
Calendar Year-To-Date Per Election for Office Sought 261541.03			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
Full Name of Payee James Kindstedt			Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 03 / 2014		
Mailing Address 5510 Dogwood Dr			Amount 31.70		
City Winston Salem		State NC	Zip Code 27105		Transaction ID : 47a25ed5-1ce5-47a8-b Date of Disbursement or Obligation MM / DD / YYYY 11 / 03 / 2014
Purpose of Expenditure Salary		Category/Type 001			
Name of Federal Candidate Ms. Kay Hagan			Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: NC		
Calendar Year-To-Date Per Election for Office Sought 1095959.94			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			49.70		
(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.					
Signature Ms. Emily Buchanan			Date MM / DD / YYYY 05 / 18 / 2015		
			[Electronically Filed]		

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 2600 OF 3250
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on MM / DD / YYYY				
Full Name of Payee James Kindstedt			Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 03 / 2014	
Mailing Address 5510 Dogwood Dr			Amount 11.67	
City Winston Salem	State NC	Zip Code 27105	Transaction ID : 570eeebc-2dcd-42d6-a	
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement or Obligation MM / DD / YYYY 11 / 03 / 2014	
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>NC</u>	
Calendar Year-To-Date Per Election for Office Sought		1095959.94	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Judith A Murphy			Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 03 / 2014	
Mailing Address PO Box 37			Amount 10.00	
City East Bend	State NC	Zip Code 27018	Transaction ID : f1cf928a-4ab3-4c47-a	
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation MM / DD / YYYY 11 / 03 / 2014	
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>NC</u>	
Calendar Year-To-Date Per Election for Office Sought		1095959.94	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			21.67	
(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 MM / DD / YYYY 05 / 18 / 2015	
Signature				

Full Name of Payee Facebook, Inc.			Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 02 / 2014		
Mailing Address 1601 Willow Road			Amount 500.00		
City Menlo Park	State CA	Zip Code 94025	Transaction ID : e8efe67d-f843-4ce4-8 Date of Disbursement or Obligation MM / DD / YYYY 11 / 02 / 2014		
Purpose of Expenditure Facebook ad		Category/ Type 004			
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: NC		
Calendar Year-To-Date Per Election for Office Sought		1095959.94	Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ▶		

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	531.70
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 2602 OF 3250
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on MM / DD / YYYY				
Full Name of Payee Camille N Yearry			Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 03 / 2014	
Mailing Address 2025 NE 67th St			Amount 99999999 35.00	
City Gladstone	State MO	Zip Code 64118	Transaction ID : 2ced63df-16e2-4408-a	
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation MM / DD / YYYY 11 / 03 / 2014	
Name of Federal Candidate Mr. Mark L Pryor		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>AR</u>	
Calendar Year-To-Date Per Election for Office Sought		99999999 292370.62	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶ _____	
Full Name of Payee Camille N Yearry			Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 03 / 2014	
Mailing Address 2025 NE 67th St			Amount 99999999 15.96	
City Gladstone	State MO	Zip Code 64118	Transaction ID : f806adac-1c99-49c5-a	
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement or Obligation MM / DD / YYYY 11 / 03 / 2014	
Name of Federal Candidate Mr. Mark L Pryor		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>AR</u>	
Calendar Year-To-Date Per Election for Office Sought		99999999 292370.62	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶ _____	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			99999999 50.96	
(b) SUBTOTAL of Unitemized Independent Expenditures ▶			99999999	
(c) TOTAL Independent Expenditures..... ▶			99999999	
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.				
Signature <i>Ms. Emily Buchanan</i>		[Electronically Filed] Date MM / DD / YYYY 05 / 18 / 2015		

Full Name of Payee Chad Stieben			Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 02 / 2014		
Mailing Address 16864 Stillwell Rd			Amount 4.20		
City Bonner Springs	State KS	Zip Code 66012	Transaction ID : 7745f1ea-5eff-4cbc-b Date of Disbursement or Obligation MM / DD / YYYY 11 / 02 / 2014		
Purpose of Expenditure Mileage		Category/ Type 002			
Name of Federal Candidate Mr. Greg Orman		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: KS		
Calendar Year-To-Date Per Election for Office Sought		261541.03	Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ►		

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	14.20
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

05 / 18 / 2015

FEC Schedule E (Form 3X) Rev. 09/2013

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 2604 OF 3250
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M M / D D D / Y Y Y Y Y Y				
Full Name of Payee Andrea M Gatts			Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 11 / 02 / 2014	
Mailing Address 6894 106th			Amount 10.00	
City Ozawkie		State KS	Zip Code 66070	
Purpose of Expenditure Salary		Category/ Type	Transaction ID : 7238aedc-9e79-4525-9 Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 11 / 02 / 2014	
Name of Federal Candidate Mr. Greg Orman		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: KS	
Calendar Year-To-Date Per Election for Office Sought 261541.03			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Josiah B Beal			Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 11 / 03 / 2014	
Mailing Address 2927 SW Hopkins Switch Rd			Amount 40.00	
City El Dorado		State KS	Zip Code 67042	
Purpose of Expenditure Salary		Category/ Type	Transaction ID : 478e2182-fdbf-441f-a Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 11 / 03 / 2014	
Name of Federal Candidate Mr. Greg Orman		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: KS	
Calendar Year-To-Date Per Election for Office Sought 261541.03			Disbursement For: ☐ Primary ☒ 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.				
Signature Ms. Emily Buchanan		[Electronically Filed] Date M M M / D D D / Y Y Y Y Y Y 05 / 18 / 2015		

Full Name of Payee Zachariah T Beal		Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 03 / 2014	
Mailing Address 2927 SW Hopkins Switch Rd		Amount 40.00	
City El Dorado	State KS	Zip Code 67042	Transaction ID : 9ceaace1-c895-4757-a
Purpose of Expenditure Salary	Category/ Type	001	Date of Disbursement or Obligation MM / DD / YYYY 11 / 03 / 2014
Name of Federal Candidate Mr. Greg Orman	☐ Support ☒ Oppose	Office Sought: ☐ President ☒ Senate	District: 00 State: KS
Calendar Year-To-Date Per Election for Office Sought	261541.03	Disbursement For: ☐ Other (specify)	☐ Primary ☒ General

(a) SUBTOTAL of Itemized Independent Expenditures.....	100.00
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures.....	

05 / 18 / 2015

FEC Schedule E (Form 3X) Rev. 09/2013

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 2606 OF 3250
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC		FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on		M M M / D D D / Y Y Y Y Y Y	
Full Name of Payee Zachariah T Beal		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 11 / 03 / 2014	
Mailing Address 2927 SW Hopkins Switch Rd		Amount 10.50	
City El Dorado	State KS	Zip Code 67042	Transaction ID : 1ba2a1e8-a3ed-45b5-a
Purpose of Expenditure Mileage	Category/ Type	002	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 11 / 03 / 2014
Name of Federal Candidate Mr. Greg Orman		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>KS</u>
Calendar Year-To-Date Per Election for Office Sought		261541.03	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶
Full Name of Payee Lorri Anderson		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 11 / 03 / 2014	
Mailing Address 7214 Duchamp Dr		Amount 50.00	
City Charlotte	State NC	Zip Code 23215	Transaction ID : 1d311845-8539-40f6-a
Purpose of Expenditure Salary	Category/ Type	001	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 11 / 03 / 2014
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>NC</u>
Calendar Year-To-Date Per Election for Office Sought		1095959.94	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures.....▶		60.50	
(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.			
Signature <i>Ms. Emily Buchanan</i>		Date 05 / 18 / 2015 <i>[Electronically Filed]</i>	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 2607 OF 3250
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on MM / DD / YYYY					
Full Name of Payee Lorri Anderson			Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 03 / 2014		
Mailing Address 7214 Duchamp Dr			Amount 3.90		
City Charlotte	State NC	Zip Code 23215	Transaction ID : fdb40540-d0c8-4a88-b		
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement or Obligation MM / DD / YYYY 11 / 03 / 2014		
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>NC</u>		
Calendar Year-To-Date Per Election for Office Sought		1095959.94	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
Full Name of Payee Kolbe J Peloquin			Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 03 / 2014		
Mailing Address 623 Union Park Circle			Amount 50.00		
City Colwich	State KS	Zip Code 67030	Transaction ID : dc8ed615-a080-4a50-a		
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation MM / DD / YYYY 11 / 03 / 2014		
Name of Federal Candidate Mr. Greg Orman		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>KS</u>		
Calendar Year-To-Date Per Election for Office Sought		261541.03	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			53.90		
(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.					
Signature <i>Ms. Emily Buchanan</i>		[Electronically Filed]		Date MM / DD / YYYY 05 / 18 / 2015	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 2608 OF 3250
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M M / D D D / Y Y Y Y Y Y					
Full Name of Payee Kolbe J Peloquin			Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 11 / 03 / 2014		
Mailing Address 623 Union Park Circle			Amount 18.90		
City Colwich		State KS	Zip Code 67030		Transaction ID : f3c2e763-6eba-4b35-b
Purpose of Expenditure Mileage		Category/ Type 002		Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 11 / 03 / 2014	
Name of Federal Candidate Mr. Greg Orman			☐ Support ☒ Oppose		Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: KS
Calendar Year-To-Date Per Election for Office Sought 261541.03			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
Full Name of Payee Hannah J Landry			Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 11 / 03 / 2014		
Mailing Address 1110 N Coolidge			Amount 45.00		
City Gonzales		State LA	Zip Code 70737		Transaction ID : b88a80b4-c70b-45cc-9
Purpose of Expenditure Salary		Category/ Type 001		Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 11 / 03 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu			☐ Support ☒ Oppose		Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: LA
Calendar Year-To-Date Per Election for Office Sought 554635.78			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			63.90		
(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.					
Signature Ms. Emily Buchanan			[Electronically Filed]		Date M M M / D D D / Y Y Y Y Y Y 05 / 18 / 2015

Full Name of Payee Hannah J Landry		Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 03 / 2014	
Mailing Address 1110 N Coolidge		Amount \$ 20.40	
City Gonzales	State LA	Zip Code 70737	Transaction ID : b93ab6fe-59e3-486b-b Date of Disbursement or Obligation MM / DD / YYYY 11 / 03 / 2014
Purpose of Expenditure Mileage		Category/ Type 002	
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: LA
Calendar Year-To-Date Per Election for Office Sought		554635.78	Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ▶

Full Name of Payee Mary C Lee		Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 03 / 2014	
Mailing Address 1030 N Coolidge Ave		Amount 45.00	
City Gonzales	State LA	Zip Code 70737	Transaction ID : 5263ace2-c3f2-4f33-9 Date of Disbursement or Obligation MM / DD / YYYY 11 / 03 / 2014
Purpose of Expenditure Salary		Category/ Type 001	
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House ☒ Senate ☐ President ☐ Other
Calendar Year-To-Date Per Election for Office Sought 554635.78		District: 00 State: LA Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	65.40
(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.

Date _____

Signature

Full Name of Payee Shantal C Culbreath		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 31 / 2014	
Mailing Address 4691 Hercules Lane		Amount 100.00	
City Woodbridge	State VA	Zip Code 22193	Transaction ID : 0cfd6c16-ae06-4ef9-9 Date of Disbursement or Obligation MM / DD / YYYY 10 / 31 / 2014
Purpose of Expenditure Salary		Category/ Type 001	
Name of Federal Candidate Mr. Greg Orman		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: KS
Calendar Year-To-Date Per Election for Office Sought		261541.03	Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ►

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	120.40
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	<!-- Empty box -->
(c) TOTAL Independent Expenditures.....	▶	<!-- Empty box -->

05 / 18 / 2015

FEC Schedule E (Form 3X) Rev. 09/2013

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 2611 OF 3250
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M / D D / Y Y Y Y				
Full Name of Payee Shantal C Culbreath			Date of Public Distribution/Dissemination 11 / 01 / 2014	
Mailing Address 4691 Hercules Lane			Amount 100.00	
City Woodbridge	State VA	Zip Code 22193	Transaction ID : e9c53d7a-0e07-4cd5-8 Date of Disbursement or Obligation 11 / 01 / 2014	
Purpose of Expenditure Salary		Category/ Type 001		
Name of Federal Candidate Mr. Greg Orman		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: KS	
Calendar Year-To-Date Per Election for Office Sought		261541.03	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Shantal C Culbreath			Date of Public Distribution/Dissemination 11 / 02 / 2014	
Mailing Address 4691 Hercules Lane			Amount 60.00	
City Woodbridge	State VA	Zip Code 22193	Transaction ID : 59771fe8-8ca2-4304-a Date of Disbursement or Obligation 11 / 02 / 2014	
Purpose of Expenditure Salary		Category/ Type 001		
Name of Federal Candidate Mr. Greg Orman		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: KS	
Calendar Year-To-Date Per Election for Office Sought		261541.03	Disbursement For: ☐ Primary ☒ 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.				
Signature Ms. Emily Buchanan		[Electronically Filed]		Date 05 / 18 / 2015

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 2612 OF 3250
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M M / D D D / Y Y Y Y Y Y					
Full Name of Payee Lilly Green			Date of Public Distribution/Dissemination 11 / 03 / 2014		
Mailing Address 205 Medallion Circle			Amount 80.00		
City Shreveport	State LA	Zip Code 71119	Transaction ID : ae6ec119-2b8f-4b77-a Date of Disbursement or Obligation 11 / 03 / 2014		
Purpose of Expenditure Salary		Category/ Type 001			
Name of Federal Candidate Ms. Mary L Landrieu			☐ Support ☒ Oppose Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: LA		
Calendar Year-To-Date Per Election for Office Sought 554635.78			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
Full Name of Payee Lilly Green			Date of Public Distribution/Dissemination 11 / 03 / 2014		
Mailing Address 205 Medallion Circle			Amount 88.20		
City Shreveport	State LA	Zip Code 71119	Transaction ID : 8d2f096f-01bb-4260-b Date of Disbursement or Obligation 11 / 03 / 2014		
Purpose of Expenditure Mileage		Category/ Type 002			
Name of Federal Candidate Ms. Mary L Landrieu			☐ Support ☒ Oppose Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: LA		
Calendar Year-To-Date Per Election for Office Sought 554635.78			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			168.20		
(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.					
Signature <u>Ms. Emily Buchanan</u> [Electronically Filed]			Date 05 / 18 / 2015		

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 2613 OF 3250
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M M / D D D / Y Y Y Y Y Y					
Full Name of Payee Toni A Persinger-Buckler			Date of Public Distribution/Dissemination 11 / 03 / 2014		
Mailing Address 5330 Nestleway Dr			Amount 52.50		
City Clemmons	State NC	Zip Code 27012	Transaction ID : 998ea744-fe0f-4742-b		
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation 11 / 03 / 2014		
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: NC		
Calendar Year-To-Date Per Election for Office Sought		1095959.94	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
Full Name of Payee Toni A Persinger-Buckler			Date of Public Distribution/Dissemination 11 / 03 / 2014		
Mailing Address 5330 Nestleway Dr			Amount 6.90		
City Clemmons	State NC	Zip Code 27012	Transaction ID : c4d7cc27-49d3-432f-b		
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement or Obligation 11 / 03 / 2014		
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: NC		
Calendar Year-To-Date Per Election for Office Sought		1095959.94	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			59.40		
(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.					
Signature Ms. Emily Buchanan		[Electronically Filed]		Date 05 / 18 / 2015	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 2614 OF 3250
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M M / D D D / Y Y Y Y Y Y				
Full Name of Payee Alisha A Hauser			Date of Public Distribution/Dissemination 11 / 03 / 2014	
Mailing Address 199 Raven Circle			Amount 45.00	
City Wilkesboro	State NC	Zip Code 28697	Transaction ID : 624eba62-0a54-4715-9	
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation 11 / 03 / 2014	
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>NC</u>	
Calendar Year-To-Date Per Election for Office Sought		1095959.94	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Alisha A Hauser			Date of Public Distribution/Dissemination 11 / 03 / 2014	
Mailing Address 199 Raven Circle			Amount 19.50	
City Wilkesboro	State NC	Zip Code 28697	Transaction ID : 907f0cd1-8c73-4989-9	
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement or Obligation 11 / 03 / 2014	
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>NC</u>	
Calendar Year-To-Date Per Election for Office Sought		1095959.94	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			64.50	
(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 05 / 18 / 2015	
Signature				

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 2615 OF 3250
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC		FEC IDENTIFICATION NUMBER ▼ C C00530766
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on		MM / DD / YYYY

Full Name of Payee David Ford		Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 03 / 2014
Mailing Address 106 Hillside St		Amount 62.50
City Spindale	State NC	Zip Code 28160
Purpose of Expenditure Salary	Category/Type 001	Transaction ID : 6f0ddf5c-6a32-49a3-a Date of Disbursement or Obligation MM / DD / YYYY 11 / 03 / 2014
Name of Federal Candidate Ms. Kay Hagan		Office Sought: ☐ House District: 00 ☒ Senate State: NC
Calendar Year-To-Date Per Election for Office Sought 1095959.94		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶

Full Name of Payee David Ford		Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 03 / 2014
Mailing Address 106 Hillside St		Amount 42.60
City Spindale	State NC	Zip Code 28160
Purpose of Expenditure Mileage	Category/Type 002	Transaction ID : 809f362f-652e-41f3-8 Date of Disbursement or Obligation MM / DD / YYYY 11 / 03 / 2014
Name of Federal Candidate Ms. Kay Hagan		Office Sought: ☐ House District: 00 ☒ Senate State: NC
Calendar Year-To-Date Per Election for Office Sought 1095959.94		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	105.10
(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]

Signature

Date

MM / DD / YYYY
05 / 18 / 2015

Full Name of Payee Adam L Clark		Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 03 / 2014	
Mailing Address 1851 S Laura St		Amount 10.00	
City Wichita	State KS	Zip Code 67211	Transaction ID : d5914ac7-4eae-472b-8
Purpose of Expenditure Salary	Category/ Type	001	Date of Disbursement or Obligation MM / DD / YYYY 11 / 03 / 2014
Name of Federal Candidate Mr. Greg Orman		☐ Support ☒ Oppose	Office Sought: ☐ House ☒ Senate ☐ President ☒ Senate
Calendar Year-To-Date Per Election for Office Sought 261541.03		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	

Full Name of Payee Adam L Clark		Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 03 / 2014	
Mailing Address 1851 S Laura St		Amount 7.50	
City Wichita	State KS	Zip Code 67211	Transaction ID : d622ec39-de17-4d35-b
Purpose of Expenditure Mileage	Category/ Type	002	Date of Disbursement or Obligation MM / DD / YYYY 11 / 03 / 2014
Name of Federal Candidate Mr. Greg Orman	☐ Support ☒ Oppose	Office Sought: ☐ President ☒ Senate	District: 00 State: KS
Calendar Year-To-Date Per Election for Office Sought	261541.03	Disbursement For: 2014 ☐ Other (specify) ▶	☐ Primary ☒ General

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	17.50
(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.

Date _____

Signature

Full Name of Payee Corey S McKnight		Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 03 / 2014	
Mailing Address 1510 Bailey St		Amount Amount 47.00	
City West Monroe	State LA	Zip Code 71292	Transaction ID : f719ccc8-1c5f-4889-8 Date of Disbursement or Obligation MM / DD / YYYY 11 / 03 / 2014
Purpose of Expenditure Salary		Category/ Type 001	
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: LA
Calendar Year-To-Date Per Election for Office Sought		Amount 554635.78	Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	94.00
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

05 / 18 / 2015

FEC Schedule E (Form 3X) Rev. 09/2013

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 2618 OF 3250
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC		FEC IDENTIFICATION NUMBER ▼ C C00530766
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on		MM / DD / YYYY

Full Name of Payee Nathan D Stevens		Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 03 / 2014
Mailing Address 9653 Nations Dr		Amount 25.00
City Springdale	State AR	Zip Code 72762
Purpose of Expenditure Salary	Category/ Type 001	Transaction ID : 864bac63-ec84-46a0-8 Date of Disbursement or Obligation MM / DD / YYYY 11 / 03 / 2014
Name of Federal Candidate Mr. Mark L Pryor		Office Sought: ☐ House District: <u>00</u> ☒ Senate State: <u>AR</u>
Calendar Year-To-Date Per Election for Office Sought 292370.62		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶

Full Name of Payee Nathan D Stevens		Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 03 / 2014
Mailing Address 9653 Nations Dr		Amount 14.70
City Springdale	State AR	Zip Code 72762
Purpose of Expenditure Mileage	Category/ Type 002	Transaction ID : 4ba294d9-36f0-4f8c-8 Date of Disbursement or Obligation MM / DD / YYYY 11 / 03 / 2014
Name of Federal Candidate Mr. Mark L Pryor		Office Sought: ☐ House District: <u>00</u> ☒ Senate State: <u>AR</u>
Calendar Year-To-Date Per Election for Office Sought 292370.62		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	39.70
(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

MM / DD / YYYY
05 / 18 / 2015

Signature

Full Name of Payee Cathy Longtin		Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 03 / 2014	
Mailing Address 827 Navavre Ave		Amount 45.00	
City New Orleans	State LA	Zip Code 70124	Transaction ID : e4d4c636-42fc-40ca-b
Purpose of Expenditure Salary	Category/ Type	001	Date of Disbursement or Obligation MM / DD / YYYY 11 / 03 / 2014
Name of Federal Candidate Ms. Mary L Landrieu	☐ Support ☒ Oppose	Office Sought: ☐ President ☒ Senate	District: 00 State: LA
Calendar Year-To-Date Per Election for Office Sought	554635.78		Disbursement For: ☐ Primary ☒ General ☐ 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.

Date _____

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 2620 OF 3250
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M M / D D D / Y Y Y Y Y Y				
Full Name of Payee Cathy Longtin			Date of Public Distribution/Dissemination 11 / 03 / 2014	
Mailing Address 827 Navavre Ave			Amount 9.00	
City New Orleans	State LA	Zip Code 70124	Transaction ID : c0c423ff-61fb-4d3a-a Date of Disbursement or Obligation 11 / 03 / 2014	
Purpose of Expenditure Mileage		Category/ Type 002		
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: LA	
Calendar Year-To-Date Per Election for Office Sought		554635.78	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Anselma A Trinidad			Date of Public Distribution/Dissemination 11 / 03 / 2014	
Mailing Address 7915 Curtina Ln			Amount 90.00	
City Lewisville	State NC	Zip Code 27023	Transaction ID : 312f8a87-6491-44d6-8 Date of Disbursement or Obligation 11 / 03 / 2014	
Purpose of Expenditure Salary		Category/ Type 001		
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: NC	
Calendar Year-To-Date Per Election for Office Sought		1095959.94	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures.....▶			99.00	
(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.				
Signature Ms. Emily Buchanan		[Electronically Filed]		Date 05 / 18 / 2015

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 2621 OF 3250
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M M / D D D / Y Y Y Y Y Y					
Full Name of Payee Sarah Bassil			Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 11 / 03 / 2014		
Mailing Address 7650 Fallswood Way			Amount 30.00		
City Lorton	State VA	Zip Code 22079	Transaction ID : 60097afd-dba6-4f1e-b		
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 11 / 03 / 2014		
Name of Federal Candidate Mr. Greg Orman		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>KS</u>		
Calendar Year-To-Date Per Election for Office Sought 261541.03		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶			
Full Name of Payee Sarah Bassil			Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 11 / 03 / 2014		
Mailing Address 7650 Fallswood Way			Amount 30.00		
City Lorton	State VA	Zip Code 22079	Transaction ID : 11ffa051-c626-4430-a		
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 11 / 03 / 2014		
Name of Federal Candidate Mr. Greg Orman		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>KS</u>		
Calendar Year-To-Date Per Election for Office Sought 261541.03		Disbursement For: ☐ Primary ☒ 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.					
Signature <i>Ms. Emily Buchanan</i>		[Electronically Filed]		Date M M M / D D D / Y Y Y Y Y Y 05 / 18 / 2015	

Full Name of Payee Sue G Walker			Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 03 / 2014		
Mailing Address 3 Girard			Amount 80.00		
City Fort Smith	State AR	Zip Code 72901	Transaction ID : 8237bcd6-64dd-45f9-9		
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation MM / DD / YYYY 11 / 03 / 2014		
Name of Federal Candidate Mr. Mark L Pryor		☐ Support ☒ Oppose	Office Sought: ☐ House ☒ Senate ☐ President ☒ Senate		
Calendar Year-To-Date Per Election for Office Sought 292370.62		District: 00 State: AR Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ►			

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	110.00
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

05 / 18 / 2015

FEC Schedule E (Form 3X) Rev. 09/2013

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 2623 OF 3250
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M M / D D D / Y Y Y Y Y Y					
Full Name of Payee Eva M Johnston			Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 11 / 03 / 2014		
Mailing Address 2517 N 47th St			Amount 40.00		
City State Zip Code Milwaukee WI 53210		Transaction ID : 8034b515-67d6-4bcd-a Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 11 / 03 / 2014			
Purpose of Expenditure Salary		Category/Type 001			
Name of Federal Candidate Mr. Greg Orman			Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>KS</u>		
Calendar Year-To-Date Per Election for Office Sought 261541.03			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶ _____		
Full Name of Payee Patricia F Arnold			Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 11 / 03 / 2014		
Mailing Address 1117 Clipper Dr			Amount 13.00		
City State Zip Code Slidell LA 70458		Transaction ID : 9aea328b-5c2f-41d1-9 Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 11 / 03 / 2014			
Purpose of Expenditure Salary		Category/Type 001			
Name of Federal Candidate Ms. Mary L Landrieu			Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>LA</u>		
Calendar Year-To-Date Per Election for Office Sought 554635.78			Disbursement For: ☐ Primary ☒ 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.					
Signature <u>Ms. Emily Buchanan</u>			Date M M M / D D D / Y Y Y Y Y Y 05 / 18 / 2015		
[Electronically Filed]					

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 2624 OF 3250
 FOR LINE 24 OF FORM 3X

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

Full Name of Payee Patricia F Arnold		Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 03 / 2014	
Mailing Address 1117 Clipper Dr		Amount 3.66	
City Slidell	State LA	Zip Code 70458	Transaction ID : 28eafe8a-8b49-4dc6-b
Purpose of Expenditure Mileage	Category/Type 002	Date of Disbursement or Obligation MM / DD / YYYY 11 / 03 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: LA	
Calendar Year-To-Date Per Election for Office Sought 554635.78		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	

Full Name of Payee Kenny Wallis		Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 03 / 2014	
Mailing Address 6412 Osage Dr		Amount 80.00	
City North Little rock	State AR	Zip Code 72116	Transaction ID : d16e6b6b-c1cd-42ec-8
Purpose of Expenditure Salary	Category/Type 001	Date of Disbursement or Obligation MM / DD / YYYY 11 / 03 / 2014	
Name of Federal Candidate Mr. Mark L Pryor		☐ Support ☒ Oppose Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: AR	
Calendar Year-To-Date Per Election for Office Sought 292370.62		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	83.66
(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.

Ms. Emily Buchanan

[Electronically Filed]

Date

MM / DD / YYYY
05 / 18 / 2015

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 2625 OF 3250
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M / D D / Y Y Y Y					
Full Name of Payee Kenny Wallis			Date of Public Distribution/Dissemination 11 / 03 / 2014		
Mailing Address 6412 Osage Dr			Amount 6.54		
City North Little rock		State AR	Zip Code 72116		Transaction ID : cfa1cdbc-4684-414c-9
Purpose of Expenditure Mileage		Category/Type 002		Date of Disbursement or Obligation 11 / 03 / 2014	
Name of Federal Candidate Mr. Mark L Pryor			☐ Support ☒ Oppose Office Sought: ☐ House ☒ Senate District: <u>00</u> ☐ President State: <u>AR</u>		
Calendar Year-To-Date Per Election for Office Sought 292370.62			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶ _____		
Full Name of Payee Joshua J Huffman			Date of Public Distribution/Dissemination 11 / 03 / 2014		
Mailing Address 211 Dixie Ave			Amount 20.00		
City Harrisonburg		State VA	Zip Code 22801		Transaction ID : d14013a2-6eaa-4881-a
Purpose of Expenditure Salary		Category/Type 001		Date of Disbursement or Obligation 11 / 03 / 2014	
Name of Federal Candidate Mr. Greg Orman			☐ Support ☒ Oppose Office Sought: ☐ House ☒ Senate District: <u>00</u> ☐ President State: <u>KS</u>		
Calendar Year-To-Date Per Election for Office Sought 261541.03			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶ _____		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			26.54		
(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.					
Signature <u>Ms. Emily Buchanan</u> [Electronically Filed]			Date 05 / 18 / 2015		

Full Name of Payee Edmond D Rea		Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 03 / 2014	
Mailing Address 416 Vine Dr		Amount 12.93	
City Lawrence	State KS	Zip Code 66049	Transaction ID : 3720c67d-1981-4f70-a Date of Disbursement or Obligation MM / DD / YYYY 11 / 03 / 2014
Purpose of Expenditure Mileage	Category/ Type	002	
Name of Federal Candidate Mr. Greg Orman	☐ Support ☒ Oppose	Office Sought: ☐ President ☒ Senate ☐ Other (specify) ▶	District: 00 State: KS ☐ Primary ☒ General
Calendar Year-To-Date Per Election for Office Sought	261541.03		

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	97.93
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

Signature

Full Name of Payee Lisa Booth			Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 03 / 2014		
Mailing Address 1434 South Avenue			Amount 25.50		
City Eden	State NC	Zip Code 27288	Transaction ID : 6fa77128-db11-4e8e-a Date of Disbursement or Obligation MM / DD / YYYY 11 / 03 / 2014		
Purpose of Expenditure Mileage		Category/ Type 002			
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House ☒ Senate ☐ President ☒ Senate		
Calendar Year-To-Date Per Election for Office Sought		1095959.94	Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ►		

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	125.50
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

05 / 18 / 2015

FEC Schedule E (Form 3X) Rev. 09/2013

Full Name of Payee Heather A Smith		Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 03 / 2014	
Mailing Address 995 Clairborne Rd		Amount 53.00	
City Calhoun	State LA	Zip Code 71225	Transaction ID : eef85363-cf2c-44bf-a Date of Disbursement or Obligation MM / DD / YYYY 11 / 03 / 2014
Purpose of Expenditure Salary		Category/ Type 001	
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: LA
Calendar Year-To-Date Per Election for Office Sought 554635.78		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	

Full Name of Payee Heather A Smith			Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 03 / 2014		
Mailing Address 995 Clairborne Rd			Amount 19.80		
City Calhoun	State LA	Zip Code 71225	Transaction ID : 00e1cc2a-aead-4446-8 Date of Disbursement or Obligation MM / DD / YYYY 11 / 03 / 2014		
Purpose of Expenditure Mileage		Category/ Type 002			
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: LA		
Calendar Year-To-Date Per Election for Office Sought		554635.78	Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ▶		

(a) SUBTOTAL of Itemized Independent Expenditures.....	72.80
(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.

Date _____

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 2629 OF 3250
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on MM / DD / YYYY					
Full Name of Payee Joseph R Rys			Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 03 / 2014		
Mailing Address 160 #50 Pompano Dr			Amount 77.50		
City New Bern	State NC	Zip Code 28560	Transaction ID : 889914a1-5017-48d3-9		
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation MM / DD / YYYY 11 / 03 / 2014		
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>NC</u>		
Calendar Year-To-Date Per Election for Office Sought		1095959.94	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
Full Name of Payee Joseph R Rys			Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 03 / 2014		
Mailing Address 160 #50 Pompano Dr			Amount 6.72		
City New Bern	State NC	Zip Code 28560	Transaction ID : d9f9793b-caaf-4c74-a		
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement or Obligation MM / DD / YYYY 11 / 03 / 2014		
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>NC</u>		
Calendar Year-To-Date Per Election for Office Sought		1095959.94	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			84.22		
(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.					
Signature Ms. Emily Buchanan		[Electronically Filed]		Date MM / DD / YYYY 05 / 18 / 2015	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 2630 OF 3250
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M M / D D D / Y Y Y Y Y Y					
Full Name of Payee Andrea L Hammond			Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 11 / 03 / 2014		
Mailing Address 12920 Kneeland Ln			Amount 40.00		
City Neosho	State MO	Zip Code 64850	Transaction ID : bec9119c-e77a-4675-9		
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 11 / 03 / 2014		
Name of Federal Candidate Mr. Mark L Pryor		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>AR</u>		
Calendar Year-To-Date Per Election for Office Sought		292370.62	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
Full Name of Payee Andrea L Hammond			Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 11 / 03 / 2014		
Mailing Address 12920 Kneeland Ln			Amount 28.50		
City Neosho	State MO	Zip Code 64850	Transaction ID : fa617a20-a2b6-4465-a		
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 11 / 03 / 2014		
Name of Federal Candidate Mr. Mark L Pryor		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>AR</u>		
Calendar Year-To-Date Per Election for Office Sought		292370.62	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			68.50		
(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 M M M / D D D / Y Y Y Y Y Y 05 / 18 / 2015		
Signature					

Full Name of Payee Antoinette Franklin		Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 03 / 2014	
Mailing Address 8822 Apple St		Amount 16.50	
City New Orleans	State LA	Zip Code 70188	Transaction ID : 5694ed01-f24d-4f11-9
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement or Obligation MM / DD / YYYY 11 / 03 / 2014
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: LA
Calendar Year-To-Date Per Election for Office Sought 554635.78		Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	96.50
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

FEC Schedule E (Form 3X) Rev. 09/2013

Full Name of Payee Avery Rodriguez		Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 03 / 2014	
Mailing Address 11 Cooper Lane		Amount 38.40	
City Conway	State AR	Zip Code 72034	Transaction ID : 3f93b820-221b-4853-9 Date of Disbursement or Obligation MM / DD / YYYY 11 / 03 / 2014
Purpose of Expenditure Mileage	Category/ Type	002	
Name of Federal Candidate Mr. Mark L Pryor	☐ Support ☒ Oppose	Office Sought: ☐ President ☒ Senate	District: 00 State: AR
Calendar Year-To-Date Per Election for Office Sought	292370.62	Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....	150.40
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures.....	

05 / 18 / 2015

FEC Schedule E (Form 3X) Rev. 09/2013

Full Name of Payee Carla K Pilgreen			Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 03 / 2014		
Mailing Address 212 Stonecliff Dr			Amount 90.00		
City West Monro	State LA	Zip Code 71291	Transaction ID : 8edd92f3-9b33-42f6-b Date of Disbursement or Obligation MM / DD / YYYY 11 / 03 / 2014		
Purpose of Expenditure Salary		Category/ Type 001			
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: LA		
Calendar Year-To-Date Per Election for Office Sought		554635.78	Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ▶		

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	170.00
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

Ms. Emily Buchanan

[Electronically Filed]

Date 05 / 18 / 2015

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 2634 OF 3250
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on MM / DD / YYYY					
Full Name of Payee Carla K Pilgreen			Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 03 / 2014		
Mailing Address 212 Stonecliff Dr			Amount 30.00		
City West Monro	State LA	Zip Code 71291	Transaction ID : e097837c-54ec-446a-a		
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement or Obligation MM / DD / YYYY 11 / 03 / 2014		
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>LA</u>		
Calendar Year-To-Date Per Election for Office Sought		554635.78	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶ _____		
Full Name of Payee Bailey R Blair			Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 03 / 2014		
Mailing Address 402A N 10th St			Amount 15.00		
City Manhattan	State KS	Zip Code 66502	Transaction ID : f3fe07d4-febc-458c-8		
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation MM / DD / YYYY 11 / 03 / 2014		
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>NC</u>		
Calendar Year-To-Date Per Election for Office Sought		1095959.94	Disbursement For: ☐ Primary ☒ 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.					
Signature Ms. Emily Buchanan		[Electronically Filed]		Date MM / DD / YYYY 05 / 18 / 2015	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 2635 OF 3250
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M M / D D D / Y Y Y Y Y Y				
Full Name of Payee Jeanne Tribou			Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 11 / 03 / 2014	
Mailing Address 22369 Ponderosa Dr.			Amount 50.00	
City Mandeville	State LA	Zip Code 70471	Transaction ID : c3463ab4-911b-4a66-b	
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 11 / 03 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>LA</u>	
Calendar Year-To-Date Per Election for Office Sought		554635.78	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Jeanne Tribou			Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 11 / 03 / 2014	
Mailing Address 22369 Ponderosa Dr.			Amount 14.10	
City Mandeville	State LA	Zip Code 70471	Transaction ID : 4dc2defb-54ff-41d9-8	
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 11 / 03 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>LA</u>	
Calendar Year-To-Date Per Election for Office Sought		554635.78	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures.....▶			64.10	
(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 M M M / D D D / Y Y Y Y Y Y 05 / 18 / 2015	
Signature				

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 2636 OF 3250
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M / D D / Y Y Y Y				
Full Name of Payee Janet Morris			Date of Public Distribution/Dissemination 11 / 03 / 2014	
Mailing Address 620 Old Barbome Rd Lot 2			Amount 20.00	
City West Monroe	State LA	Zip Code 71291	Transaction ID : c2b0ba16-ccb5-471d-a Date of Disbursement or Obligation 11 / 03 / 2014	
Purpose of Expenditure Salary		Category/ Type 001		
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: NC	
Calendar Year-To-Date Per Election for Office Sought		1095959.94	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Janet Morris			Date of Public Distribution/Dissemination 11 / 03 / 2014	
Mailing Address 620 Old Barbome Rd Lot 2			Amount 20.00	
City West Monroe	State LA	Zip Code 71291	Transaction ID : 9a0f46cd-0696-4bb1-a Date of Disbursement or Obligation 11 / 03 / 2014	
Purpose of Expenditure Salary		Category/ Type 001		
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: LA	
Calendar Year-To-Date Per Election for Office Sought		554635.78	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			40.00	
(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.				
Signature Ms. Emily Buchanan		[Electronically Filed]		Date 05 / 18 / 2015

Full Name of Payee Ruthie M Thompson			Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 03 / 2014		
Mailing Address 286 Wrenn Drive			Amount 3.60		
City Lexington	State NC	Zip Code 27292	Transaction ID : b8734bb7-3c78-4caa-9 Date of Disbursement or Obligation MM / DD / YYYY 11 / 03 / 2014		
Purpose of Expenditure Mileage		Category/ Type 002			
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: NC		
Calendar Year-To-Date Per Election for Office Sought		1095959.94	Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ►		

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	18.60
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

05 / 18 / 2015

FEC Schedule E (Form 3X) Rev. 09/2013

Full Name of Payee Marilyn A Holt			Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 03 / 2014		
Mailing Address 314 Tumbleweed Dr			Amount 10.80		
City Winston Salem	State NC	Zip Code 27127	Transaction ID : d2195c06-b0da-40bb-a Date of Disbursement or Obligation MM / DD / YYYY 11 / 03 / 2014		
Purpose of Expenditure Mileage		Category/ Type 002			
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: NC		
Calendar Year-To-Date Per Election for Office Sought		1095959.94	Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ▶		

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	25.80
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

FEC Schedule E (Form 3X) Rev. 09/2013

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 2639 OF 3250
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on			M M M / D D D / Y Y Y Y Y Y	
Full Name of Payee April A Watson		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 11 / 03 / 2014		
Mailing Address 30217 Crook Rd		Amount 10.00		
City Cleveland	State MO	Zip Code 64734	Transaction ID : a5b32023-049a-434d-8	
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 11 / 03 / 2014	
Name of Federal Candidate Mr. Greg Orman		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>KS</u>	
Calendar Year-To-Date Per Election for Office Sought		261541.03	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee April A Watson		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 11 / 03 / 2014		
Mailing Address 30217 Crook Rd		Amount 25.20		
City Cleveland	State MO	Zip Code 64734	Transaction ID : 53d549a7-970e-4c0d-a	
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 11 / 03 / 2014	
Name of Federal Candidate Mr. Greg Orman		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>KS</u>	
Calendar Year-To-Date Per Election for Office Sought		261541.03	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures.....		35.20		
(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.				
Signature <i>Ms. Emily Buchanan</i>		[Electronically Filed] Date M M M / D D D / Y Y Y Y Y Y 05 / 18 / 2015		

Full Name of Payee Barbara A Williams		Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 03 / 2014	
Mailing Address 3002 Darden Rd Apt A		Amount 75.00	
City Greensboro	State NC	Zip Code 27407	Transaction ID : 371f5eee-53fd-41ed-9 Date of Disbursement or Obligation MM / DD / YYYY 11 / 03 / 2014
Purpose of Expenditure Salary		Category/ Type 001	
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: NC
Calendar Year-To-Date Per Election for Office Sought 1095959.94		Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....	87.00
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures.....	

05 / 18 / 2015

FEC Schedule E (Form 3X) Rev. 09/2013

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 2641 OF 3250
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M M / D D D / Y Y Y Y Y Y				
Full Name of Payee Cayenne C Corbin			Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 11 / 03 / 2014	
Mailing Address 1851 S Laura St			Amount 10.00	
City Wichita	State KS	Zip Code 67211	Transaction ID : 4c47bfbb-f3b0-4515-a	
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 11 / 03 / 2014	
Name of Federal Candidate Mr. Greg Orman		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>KS</u>	
Calendar Year-To-Date Per Election for Office Sought		261541.03	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Cayenne C Corbin			Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 11 / 03 / 2014	
Mailing Address 1851 S Laura St			Amount 7.50	
City Wichita	State KS	Zip Code 67211	Transaction ID : 61d4634d-b35c-459f-9	
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 11 / 03 / 2014	
Name of Federal Candidate Mr. Greg Orman		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>KS</u>	
Calendar Year-To-Date Per Election for Office Sought		261541.03	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures.....▶			17.50	
(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 M M M / D D D / Y Y Y Y Y Y 05 / 18 / 2015	
Signature				

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 2642 OF 3250
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC		FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M M / D D D / Y Y Y Y Y Y			
Full Name of Payee Daniel M Qauckenbush		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 11 / 03 / 2014	
Mailing Address 12062 NC 902 Hwy		Amount 72.50	
City Bear Creek	State NC	Zip Code 27207	Transaction ID : e7497888-7485-4ed9-b Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 11 / 03 / 2014
Purpose of Expenditure Salary		Category/ Type 001	
Name of Federal Candidate Ms. Kay Hagan		Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>NC</u> ☐ Support ☒ Oppose	
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶ _____ 1095959.94	
Full Name of Payee Daniel M Qauckenbush		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 11 / 03 / 2014	
Mailing Address 12062 NC 902 Hwy		Amount 27.60	
City Bear Creek	State NC	Zip Code 27207	Transaction ID : 15ada003-cbdb-416a-8 Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 11 / 03 / 2014
Purpose of Expenditure Mileage		Category/ Type 002	
Name of Federal Candidate Ms. Kay Hagan		Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>NC</u> ☐ Support ☒ Oppose	
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶ _____ 1095959.94	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶		100.10	
(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.			
Signature Ms. Emily Buchanan		Date M M M / D D D / Y Y Y Y Y Y 05 / 18 / 2015 [Electronically Filed]	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

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 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M / D D / Y Y Y Y					
Full Name of Payee Kevin L Battle			Date of Public Distribution/Dissemination 11 / 03 / 2014		
Mailing Address 3300 Asher Ave			Amount 90.00		
City Little Rock		State AR	Zip Code 72204		Transaction ID : 569393ed-d269-444e-b
Purpose of Expenditure Salary		Category/Type 001		Date of Disbursement or Obligation 11 / 03 / 2014	
Name of Federal Candidate Mr. Mark L Pryor			Office Sought: ☐ House District: <u>00</u> ☒ Senate State: <u>AR</u> ☐ President		
Calendar Year-To-Date Per Election for Office Sought			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
Full Name of Payee Kevin L Battle			Date of Public Distribution/Dissemination 11 / 03 / 2014		
Mailing Address 3300 Asher Ave			Amount 63.00		
City Little Rock		State AR	Zip Code 72204		Transaction ID : 6b3f43b2-bc79-4213-8
Purpose of Expenditure Mileage		Category/Type 002		Date of Disbursement or Obligation 11 / 03 / 2014	
Name of Federal Candidate Mr. Mark L Pryor			Office Sought: ☐ House District: <u>00</u> ☒ Senate State: <u>AR</u> ☐ President		
Calendar Year-To-Date Per Election for Office Sought			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			153.00		
(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.					
Signature Ms. Emily Buchanan			Date 05 / 18 / 2015 [Electronically Filed]		

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 2644 OF 3250
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on MM / DD / YYYY				
Full Name of Payee Benjamin L Heitman			Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 03 / 2014	
Mailing Address 2520 Helmstetler Rd			Amount 83.00	
City Lexington	State NC	Zip Code 27295	Transaction ID : f7405f85-e98d-412c-8	
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation MM / DD / YYYY 11 / 03 / 2014	
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>NC</u>	
Calendar Year-To-Date Per Election for Office Sought		1095959.94	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Benjamin L Heitman			Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 03 / 2014	
Mailing Address 2520 Helmstetler Rd			Amount 11.10	
City Lexington	State NC	Zip Code 27295	Transaction ID : 6631dabf-0d84-45c9-9	
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement or Obligation MM / DD / YYYY 11 / 03 / 2014	
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>NC</u>	
Calendar Year-To-Date Per Election for Office Sought		1095959.94	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			94.10	
(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.				
Signature Ms. Emily Buchanan		[Electronically Filed]		Date MM / DD / YYYY 05 / 18 / 2015

Full Name of Payee Gary W Fuhrmann		Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 03 / 2014	
Mailing Address 9425 Jessica Drive		Amount 65.00	
City Shreveport	State LA	Zip Code 71106	Transaction ID : 4018cedc-19c1-4a10-b
Purpose of Expenditure Salary	Category/ Type	001	Date of Disbursement or Obligation MM / DD / YYYY 11 / 03 / 2014
Name of Federal Candidate Ms. Mary L Landrieu	☐ Support ☒ Oppose	Office Sought: ☐ President ☒ Senate	District: 00 State: LA
Calendar Year-To-Date Per Election for Office Sought	554635.78		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶

Full Name of Payee Gary W Fuhrmann		Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 03 / 2014	
Mailing Address 9425 Jessica Drive		Amount 20.40	
City Shreveport	State LA	Zip Code 71106	Transaction ID : 238a9663-04b7-45e4-a Date of Disbursement or Obligation MM / DD / YYYY 11 / 03 / 2014
Purpose of Expenditure Mileage	Category/ Type	002	
Name of Federal Candidate Ms. Mary L Landrieu	☐ Support ☒ Oppose	Office Sought: ☐ President ☒ Senate ☐ Other (specify) ▶	District: 00 State: LA Disbursement For: ☐ Primary ☒ General
Calendar Year-To-Date Per Election for Office Sought		554635.78	

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	85.40
(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.

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 2646 OF 3250
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC		FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on		M M M / D D D / Y Y Y Y Y Y	
Full Name of Payee Christopher Marquess		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 11 / 03 / 2014	
Mailing Address 110 W Pecan St		Amount 60.00	
City Ville Platte	State LA	Zip Code 70586	Transaction ID : 1b3d4dbd-e3dd-4d4b-8
Purpose of Expenditure Salary	Category/Type 001	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 11 / 03 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	
Office Sought: ☐ President ☒ Senate		District: 00 State: LA	
Calendar Year-To-Date Per Election for Office Sought 554635.78		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Christopher Marquess		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 11 / 03 / 2014	
Mailing Address 110 W Pecan St		Amount 38.10	
City Ville Platte	State LA	Zip Code 70586	Transaction ID : 957236ce-1ec0-4d47-8
Purpose of Expenditure Mileage	Category/Type 002	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 11 / 03 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	
Office Sought: ☐ President ☒ Senate		District: 00 State: LA	
Calendar Year-To-Date Per Election for Office Sought 554635.78		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶		98.10	
(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.			
Signature Ms. Emily Buchanan		Date M M M / D D D / Y Y Y Y Y Y 05 / 18 / 2015	
[Electronically Filed]			

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 2647 OF 3250
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC		FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on		M M M / D D D / Y Y Y Y Y Y	
Full Name of Payee Ceslie A Benner		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 11 / 03 / 2014	
Mailing Address 2081 Knob Hill Rd		Amount 70.00	
City Azle	State TX	Zip Code 76020	Transaction ID : 87512a94-5b2a-46d8-a
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 11 / 03 / 2014
Name of Federal Candidate Mr. Mark L Pryor		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: AR
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Ceslie A Benner		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 11 / 03 / 2014	
Mailing Address 2081 Knob Hill Rd		Amount 41.10	
City Azle	State TX	Zip Code 76020	Transaction ID : d96b7a44-f517-41bd-a
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 11 / 03 / 2014
Name of Federal Candidate Mr. Mark L Pryor		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: AR
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶		111.10	
(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]	
Signature		Date M M M / D D D / Y Y Y Y Y Y 05 / 18 / 2015	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 2648 OF 3250
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC		FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on		MM / DD / YYYY	
Full Name of Payee Julie M Gentry		Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 03 / 2014	
Mailing Address 314 S Main St		Amount 72.50	
City Roxboro	State NC	Zip Code 27573	Transaction ID : 709db60f-edba-4a8b-b
Purpose of Expenditure Salary	Category/ Type	001	Date of Disbursement or Obligation MM / DD / YYYY 11 / 03 / 2014
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: NC
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Julie M Gentry		Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 03 / 2014	
Mailing Address 314 S Main St		Amount 18.75	
City Roxboro	State NC	Zip Code 27573	Transaction ID : ef545b91-7934-4724-8
Purpose of Expenditure Mileage	Category/ Type	002	Date of Disbursement or Obligation MM / DD / YYYY 11 / 03 / 2014
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: NC
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures.....		91.25	
(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]	
Signature		Date MM / DD / YYYY 05 / 18 / 2015	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 2649 OF 3250
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on MM / DD / YYYY				
Full Name of Payee Kyler A Jost			Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 03 / 2014	
Mailing Address 1830 College Height Rd			Amount 20.00	
City Manhattan	State KS	Zip Code 66502	Transaction ID : d943903f-a0f4-45e6-b Date of Disbursement or Obligation MM / DD / YYYY 11 / 03 / 2014	
Purpose of Expenditure Salary		Category/ Type 001		
Name of Federal Candidate Mr. Greg Orman		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>KS</u>	
Calendar Year-To-Date Per Election for Office Sought		261541.03	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Kyler A Jost			Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 03 / 2014	
Mailing Address 1830 College Height Rd			Amount 4.80	
City Manhattan	State KS	Zip Code 66502	Transaction ID : 18e12898-6f02-47fb-8 Date of Disbursement or Obligation MM / DD / YYYY 11 / 03 / 2014	
Purpose of Expenditure Mileage		Category/ Type 002		
Name of Federal Candidate Mr. Greg Orman		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>KS</u>	
Calendar Year-To-Date Per Election for Office Sought		261541.03	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			24.80	
(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 MM / DD / YYYY 05 / 18 / 2015	
Signature				

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 2650 OF 3250
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M M / D D D / Y Y Y Y Y Y				
Full Name of Payee Paulette M Carrieri			Date of Public Distribution/Dissemination 11 / 03 / 2014	
Mailing Address 4805 TuPenny Lane			Amount 60.00	
City Raleigh	State NC	Zip Code 27606	Transaction ID : 113b32ff-a3a4-48c6-b	
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation 11 / 03 / 2014	
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: NC	
Calendar Year-To-Date Per Election for Office Sought		1095959.94	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Paulette M Carrieri			Date of Public Distribution/Dissemination 11 / 03 / 2014	
Mailing Address 4805 TuPenny Lane			Amount 21.00	
City Raleigh	State NC	Zip Code 27606	Transaction ID : 549f06c1-caea-4501-9	
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement or Obligation 11 / 03 / 2014	
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: NC	
Calendar Year-To-Date Per Election for Office Sought		1095959.94	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			81.00	
(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 05 / 18 / 2015	
Signature				

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 2651 OF 3250
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M M / D D D / Y Y Y Y Y Y					
Full Name of Payee Diane Smith			Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 11 / 03 / 2014		
Mailing Address 4006 Wolkswalk Place			Amount 20.00		
City Raleigh	State NC	Zip Code 27610	Transaction ID : 60629ae3-1dc4-4681-b Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 11 / 03 / 2014		
Purpose of Expenditure Salary		Category/ Type 001			
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>NC</u>		
Calendar Year-To-Date Per Election for Office Sought 1095959.94			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
Full Name of Payee Diane Smith			Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 11 / 03 / 2014		
Mailing Address 4006 Wolkswalk Place			Amount 0.30		
City Raleigh	State NC	Zip Code 27610	Transaction ID : 7d4695e6-34ab-4712-a Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 11 / 03 / 2014		
Purpose of Expenditure Mileage		Category/ Type 002			
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>NC</u>		
Calendar Year-To-Date Per Election for Office Sought 1095959.94			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			20.30		
(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.					
Signature Ms. Emily Buchanan		[Electronically Filed]		Date M M M / D D D / Y Y Y Y Y Y 05 / 18 / 2015	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 2652 OF 3250
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on MM / DD / YYYY				
Full Name of Payee Felicia A Jones			Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 03 / 2014	
Mailing Address 4106 Martha St			Amount 90.00	
City Shreveport	State LA	Zip Code 71109	Transaction ID : c6882640-c153-43b4-a Date of Disbursement or Obligation MM / DD / YYYY 11 / 03 / 2014	
Purpose of Expenditure Salary		Category/ Type 001		
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>LA</u>	
Calendar Year-To-Date Per Election for Office Sought		554635.78	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶ _____	
Full Name of Payee Felicia A Jones			Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 03 / 2014	
Mailing Address 4106 Martha St			Amount 11.10	
City Shreveport	State LA	Zip Code 71109	Transaction ID : 7fd2f4d8-25d1-42f4-a Date of Disbursement or Obligation MM / DD / YYYY 11 / 03 / 2014	
Purpose of Expenditure Mileage		Category/ Type 002		
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>LA</u>	
Calendar Year-To-Date Per Election for Office Sought		554635.78	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶ _____	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			101.10	
(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 MM / DD / YYYY 05 / 18 / 2015	
Signature _____				

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 2653 OF 3250
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC		FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on		M M M / D D D / Y Y Y Y Y Y	
Full Name of Payee Lee R Carter		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 11 / 03 / 2014	
Mailing Address 3110 Brentwood Rd		Amount 97.50	
City Raleigh	State NC	Zip Code 27604	Transaction ID : 5cc12684-6d6b-411a-b
Purpose of Expenditure Salary		Category/Type 001	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 11 / 03 / 2014
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: NC
Calendar Year-To-Date Per Election for Office Sought 1095959.94		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Lee R Carter		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 11 / 03 / 2014	
Mailing Address 3110 Brentwood Rd		Amount 13.50	
City Raleigh	State NC	Zip Code 27604	Transaction ID : 83b4c24d-6be7-4d1b-a
Purpose of Expenditure Mileage		Category/Type 002	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 11 / 03 / 2014
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: NC
Calendar Year-To-Date Per Election for Office Sought 1095959.94		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures.....▶		111.00	
(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.			
Signature Ms. Emily Buchanan		Date M M M / D D D / Y Y Y Y Y Y 05 / 18 / 2015	
		[Electronically Filed]	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 2654 OF 3250
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC		FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on		M M M / D D D / Y Y Y Y Y Y	
Full Name of Payee Mary Catherine Toburen		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 11 / 03 / 2014	
Mailing Address 1222 SE 44 St		Amount 57.50	
City Topeka	State KS	Zip Code 66609	Transaction ID : 34253e67-6d31-463b-9
Purpose of Expenditure Salary	Category/Type 001	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 11 / 03 / 2014	
Name of Federal Candidate Mr. Greg Orman		☐ Support ☒ Oppose	
		Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: KS	
Calendar Year-To-Date Per Election for Office Sought 261541.03		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Gabriela P Sosa		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 11 / 03 / 2014	
Mailing Address 2530 Brook Stone Dr		Amount 90.00	
City Clemmons	State NC	Zip Code 27012	Transaction ID : e90813cb-ebb5-4a93-9
Purpose of Expenditure Salary	Category/Type 001	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 11 / 03 / 2014	
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	
		Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: NC	
Calendar Year-To-Date Per Election for Office Sought 1095959.94		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶		147.50	
(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.			
Signature Ms. Emily Buchanan		Date M M M / D D D / Y Y Y Y Y Y 05 / 18 / 2015	
		[Electronically Filed]	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 2655 OF 3250
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M M / D D D / Y Y Y Y Y Y					
Full Name of Payee Gabriela P Sosa			Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 11 / 03 / 2014		
Mailing Address 2530 Brook Stone Dr			Amount 18.00		
City Clemmons	State NC	Zip Code 27012	Transaction ID : dedeedd1-5260-4962-8		
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 11 / 03 / 2014		
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>NC</u>		
Calendar Year-To-Date Per Election for Office Sought		1095959.94	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
Full Name of Payee Michael D English			Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 11 / 03 / 2014		
Mailing Address F4 Benton Ave Apt 4			Amount 60.00		
City Searcy	State AR	Zip Code 72149	Transaction ID : 7ab7990b-3a40-4818-9		
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 11 / 03 / 2014		
Name of Federal Candidate Mr. Mark L Pryor		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>AR</u>		
Calendar Year-To-Date Per Election for Office Sought		292370.62	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			78.00		
(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.					
Signature Ms. Emily Buchanan		[Electronically Filed]		Date M M M / D D D / Y Y Y Y Y Y 05 / 18 / 2015	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 2656 OF 3250
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC		FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on		M M M / D D D / Y Y Y Y Y Y	
Full Name of Payee Michael D English		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 11 / 03 / 2014	
Mailing Address F4 Benton Ave Apt 4		Amount 28.50	
City Searcy	State AR	Zip Code 72149	Transaction ID : 56ec180d-857a-4981-a
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 11 / 03 / 2014
Name of Federal Candidate Mr. Mark L Pryor		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: AR
Calendar Year-To-Date Per Election for Office Sought 292370.62		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Eric J Smith		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 11 / 03 / 2014	
Mailing Address 4967 Dysartville		Amount 80.00	
City Morganton	State NC	Zip Code 28655	Transaction ID : e8f283ec-3352-4add-9
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 11 / 03 / 2014
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: NC
Calendar Year-To-Date Per Election for Office Sought 1095959.94		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶		108.50	
(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.			
Signature Ms. Emily Buchanan		Date M M M / D D D / Y Y Y Y Y Y 05 / 18 / 2015	
		[Electronically Filed]	

Full Name of Payee Jennifer E Smith		Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 03 / 2014	
Mailing Address 4967 Dysartsville Rd		Amount 9.30	
City Morganton	State NC	Zip Code 28655	Transaction ID : 48d97742-ecfe-42fa-9 Date of Disbursement or Obligation MM / DD / YYYY 11 / 03 / 2014
Purpose of Expenditure Mileage	Category/ Type 002		
Name of Federal Candidate Ms. Kay Hagan	☐ Support ☒ Oppose	Office Sought: ☐ President ☒ Senate	District: 00 State: NC
Calendar Year-To-Date Per Election for Office Sought	1095959.94	Disbursement For: 2014 ☐ Primary ☒ General ☐ Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	89.30
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

Signature

Full Name of Payee Logan B Piper		Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 03 / 2014	
Mailing Address 3205 Pebble Beach Rd		Amount Amount 23.52	
City Conway	State AR	Zip Code 72034	Transaction ID : b7d515d8-9e66-41a5-b Date of Disbursement or Obligation MM / DD / YYYY 11 / 03 / 2014
Purpose of Expenditure Mileage		Category/ Type 002	
Name of Federal Candidate Mr. Mark L Pryor		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: AR
Calendar Year-To-Date Per Election for Office Sought		Amount 292370.62	Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....	79.52
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures.....	

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 2659 OF 3250
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC		FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on		M M M / D D D / Y Y Y Y Y Y	
Full Name of Payee Brenda L McCune Originally reported as 11/2, corrected with filing		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 11 / 03 / 2014	
Mailing Address 1254 Fleming St Apt 6		Amount 145.00	
City Conway	State AR	Zip Code 72032	Transaction ID : 42d1d942-6b57-407f-8
Purpose of Expenditure Salary	Category/ Type	001	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 11 / 03 / 2014
Name of Federal Candidate Mr. Mark L Pryor		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: AR
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Brenda L McCune Originally reported as 11/2, corrected with filing		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 11 / 03 / 2014	
Mailing Address 1254 Fleming St Apt 6		Amount 53.10	
City Conway	State AR	Zip Code 72032	Transaction ID : 9bc46367-6250-442a-b
Purpose of Expenditure Mileage	Category/ Type	002	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 11 / 03 / 2014
Name of Federal Candidate Mr. Mark L Pryor		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: AR
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures.....▶		198.10	
(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]	
Signature		Date M M M / D D D / Y Y Y Y Y Y 05 / 18 / 2015	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 2660 OF 3250
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on			M M M / D D D / Y Y Y Y Y Y	
Full Name of Payee Zachary Vidrine		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 11 / 03 / 2014		
Mailing Address 202 Rue Des Cajun		Amount 50.00		
City Ville Platte	State LA	Zip Code 70586	Transaction ID : f950dd7e-dc10-4a89-b	
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 11 / 03 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: LA	
Calendar Year-To-Date Per Election for Office Sought		554635.78	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Zachary Vidrine		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 11 / 03 / 2014		
Mailing Address 202 Rue Des Cajun		Amount 18.00		
City Ville Platte	State LA	Zip Code 70586	Transaction ID : c7b6ef83-459b-4269-9	
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 11 / 03 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: LA	
Calendar Year-To-Date Per Election for Office Sought		554635.78	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures.....		68.00		
(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
Signature		M M M / D D D / Y Y Y Y Y Y 05 / 18 / 2015		

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 2661 OF 3250
 FOR LINE 24 OF FORM 3X

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

Full Name of Payee Alice K Salazar		Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 03 / 2014	
Mailing Address 605 W Houston St		Amount 80.00	
City Marshall	State TX	Zip Code 75633	Transaction ID : 84d867ef-1a82-4982-a Date of Disbursement or Obligation MM / DD / YYYY 11 / 03 / 2014
Purpose of Expenditure Salary	Category/Type 001		
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: LA
Calendar Year-To-Date Per Election for Office Sought 554635.78		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	

Full Name of Payee Alice K Salazar		Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 03 / 2014	
Mailing Address 605 W Houston St		Amount 51.00	
City Marshall	State TX	Zip Code 75633	Transaction ID : ab48f2cf-5052-4f10-9 Date of Disbursement or Obligation MM / DD / YYYY 11 / 03 / 2014
Purpose of Expenditure Mileage	Category/Type 002		
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: LA
Calendar Year-To-Date Per Election for Office Sought 554635.78		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	131.00
(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

MM / DD / YYYY
05 / 18 / 2015

Signature

Full Name of Payee Gregory Green		Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 03 / 2014	
Mailing Address 2506 Bolch Street		Amount \$ 80.00	
City Shreveport	State LA	Zip Code 71104	Transaction ID : e71969a4-884e-4874-8
Purpose of Expenditure Salary	Category/ Type	001	Date of Disbursement or Obligation MM / DD / YYYY 11 / 03 / 2014
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House ☒ Senate ☐ President ☐ Other
Calendar Year-To-Date Per Election for Office Sought		554635.78	Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ▶

Full Name of Payee Gregory Green		Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 03 / 2014	
Mailing Address 2506 Bolch Street		Amount 82.80	
City Shreveport	State LA	Zip Code 71104	Transaction ID : 7717af29-ea87-44a5-9
Purpose of Expenditure Mileage	Category/ Type	002	Date of Disbursement or Obligation MM / DD / YYYY 11 / 03 / 2014
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House ☒ Senate ☐ President ☐ Other
Calendar Year-To-Date Per Election for Office Sought		554635.78	Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	162.80
(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.

Date _____

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 2663 OF 3250
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on MM / DD / YYYY				
Full Name of Payee Karen Congema			Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 03 / 2014	
Mailing Address 813 Worthington Way			Amount 40.00	
City Wilmington	State NC	Zip Code 28411	Transaction ID : dc4fac3a-afd9-44ac-b Date of Disbursement or Obligation MM / DD / YYYY 11 / 03 / 2014	
Purpose of Expenditure Salary		Category/ Type 001		
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>NC</u>	
Calendar Year-To-Date Per Election for Office Sought		1095959.94	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Karen Congema			Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 03 / 2014	
Mailing Address 813 Worthington Way			Amount 4.80	
City Wilmington	State NC	Zip Code 28411	Transaction ID : 5d294da1-8d5d-48b5-b Date of Disbursement or Obligation MM / DD / YYYY 11 / 03 / 2014	
Purpose of Expenditure Mileage		Category/ Type 002		
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>NC</u>	
Calendar Year-To-Date Per Election for Office Sought		1095959.94	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			44.80	
(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 MM / DD / YYYY 05 / 18 / 2015	
Signature				

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 2664 OF 3250
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC		FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on		M M M / D D D / Y Y Y Y Y Y	
Full Name of Payee Gloria L Moyer		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 11 / 03 / 2014	
Mailing Address 1505 Dills Creek Lane		Amount 5.00	
City Morehead	State NC	Zip Code 28557	Transaction ID : 537ba5d5-1f87-4b5e-b
Purpose of Expenditure Salary	Category/ Type	001	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 11 / 03 / 2014
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: NC
Calendar Year-To-Date Per Election for Office Sought		1095959.94	
Disbursement For: ☐ Primary ☒ General		2014 ☐ Other (specify) ▶	
Full Name of Payee Gloria L Moyer		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 11 / 03 / 2014	
Mailing Address 1505 Dills Creek Lane		Amount 1.20	
City Morehead	State NC	Zip Code 28557	Transaction ID : 00543466-0fd9-4067-a
Purpose of Expenditure Mileage	Category/ Type	002	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 11 / 03 / 2014
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: NC
Calendar Year-To-Date Per Election for Office Sought		1095959.94	
Disbursement For: ☐ Primary ☒ General		2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures.....		▶ 6.20	
(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]	
Signature		Date M M M / D D D / Y Y Y Y Y Y 05 / 18 / 2015	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 2665 OF 3250
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC		FEC IDENTIFICATION NUMBER ▼ C C00530766
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on		MM / DD / YYYY

Full Name of Payee Sommer E Cox		Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 03 / 2014
Mailing Address 1519 Walshtown Rd		Amount 50.00
City Boomer	State NC	Zip Code 28606
Purpose of Expenditure Salary	Category/Type 001	Transaction ID : 7a0da6c0-778e-4651-a Date of Disbursement or Obligation MM / DD / YYYY 11 / 03 / 2014
Name of Federal Candidate Ms. Kay Hagan		Office Sought: ☐ House District: 00 ☒ Senate State: NC
Calendar Year-To-Date Per Election for Office Sought 1095959.94		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶

Full Name of Payee Sommer E Cox		Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 03 / 2014
Mailing Address 1519 Walshtown Rd		Amount 8.10
City Boomer	State NC	Zip Code 28606
Purpose of Expenditure Mileage	Category/Type 002	Transaction ID : f967ee8c-38ff-4835-9 Date of Disbursement or Obligation MM / DD / YYYY 11 / 03 / 2014
Name of Federal Candidate Ms. Kay Hagan		Office Sought: ☐ House District: 00 ☒ Senate State: NC
Calendar Year-To-Date Per Election for Office Sought 1095959.94		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	58.10
(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

MM / DD / YYYY
05 / 18 / 2015

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 2666 OF 3250
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M / D D / Y Y Y Y				
Full Name of Payee Lisa A Hackett			Date of Public Distribution/Dissemination 11 / 03 / 2014	
Mailing Address 137 S Palm ST			Amount 45.00	
City Winnabow	State NC	Zip Code 28479	Transaction ID : 3d400977-ba19-40b9-8 Date of Disbursement or Obligation 11 / 03 / 2014	
Purpose of Expenditure Salary		Category/ Type 001		
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: NC	
Calendar Year-To-Date Per Election for Office Sought		1095959.94	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Lisa A Hackett			Date of Public Distribution/Dissemination 11 / 03 / 2014	
Mailing Address 137 S Palm ST			Amount 8.88	
City Winnabow	State NC	Zip Code 28479	Transaction ID : 7a435ea0-0d88-4431-9 Date of Disbursement or Obligation 11 / 03 / 2014	
Purpose of Expenditure Mileage		Category/ Type 002		
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: NC	
Calendar Year-To-Date Per Election for Office Sought		1095959.94	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures.....▶			53.88	
(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 05 / 18 / 2015	
Signature				

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 2667 OF 3250
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC		FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on		M M M / D D D / Y Y Y Y Y Y	
Full Name of Payee Christopher L Gilbert		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 11 / 03 / 2014	
Mailing Address 55 Lovell Johnson Rd		Amount 85.00	
City Picayune	State MS	Zip Code 39466	Transaction ID : ee0444ca-04b1-4bea-9
Purpose of Expenditure Salary	Category/Type 001	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 11 / 03 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	
Office Sought: ☐ President ☒ Senate		District: 00 State: LA	
Calendar Year-To-Date Per Election for Office Sought 554635.78		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Christopher L Gilbert		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 11 / 03 / 2014	
Mailing Address 55 Lovell Johnson Rd		Amount 47.10	
City Picayune	State MS	Zip Code 39466	Transaction ID : 3369cb32-a0de-4351-9
Purpose of Expenditure Mileage	Category/Type 002	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 11 / 03 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	
Office Sought: ☐ President ☒ Senate		District: 00 State: LA	
Calendar Year-To-Date Per Election for Office Sought 554635.78		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶		132.10	
(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.			
Signature Ms. Emily Buchanan		Date M M M / D D D / Y Y Y Y Y Y 05 / 18 / 2015	
[Electronically Filed]			

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 2668 OF 3250
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M M / D D D / Y Y Y Y Y Y					
Full Name of Payee Aldininka D Darensbourg			Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 11 / 03 / 2014		
Mailing Address 8200 Palm St Apt 219			Amount 50.00		
City New Orleans	State LA	Zip Code 70118	Transaction ID : 9c4a1f05-2150-48d1-b		
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 11 / 03 / 2014		
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>LA</u>		
Calendar Year-To-Date Per Election for Office Sought		554635.78	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
Full Name of Payee Aldininka D Darensbourg			Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 11 / 03 / 2014		
Mailing Address 8200 Palm St Apt 219			Amount 1.20		
City New Orleans	State LA	Zip Code 70118	Transaction ID : 75ac1d06-5cb6-4d16-9		
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 11 / 03 / 2014		
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>LA</u>		
Calendar Year-To-Date Per Election for Office Sought		554635.78	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			51.20		
(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 M M M / D D D / Y Y Y Y Y Y 05 / 18 / 2015		
Signature					

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 2669 OF 3250
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC		FEC IDENTIFICATION NUMBER ▼ C C00530766
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on		MM / DD / YYYY

Full Name of Payee Aldininka D Darensbourg		Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 03 / 2014
Mailing Address 8200 Palm St Apt 219		Amount 50.00
City New Orleans	State LA	Zip Code 70118
Purpose of Expenditure Salary	Category/Type 001	Transaction ID : 6654fbc9-a8c8-4f37-8 Date of Disbursement or Obligation MM / DD / YYYY 11 / 03 / 2014
Name of Federal Candidate Ms. Mary L Landrieu		Office Sought: ☐ House District: 00 ☒ Senate State: LA
Calendar Year-To-Date Per Election for Office Sought 554635.78		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶

Full Name of Payee Aldininka D Darensbourg		Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 03 / 2014
Mailing Address 8200 Palm St Apt 219		Amount 1.20
City New Orleans	State LA	Zip Code 70118
Purpose of Expenditure Mileage	Category/Type 002	Transaction ID : fdee36ab-08fe-499d-a Date of Disbursement or Obligation MM / DD / YYYY 11 / 03 / 2014
Name of Federal Candidate Ms. Mary L Landrieu		Office Sought: ☐ House District: 00 ☒ Senate State: LA
Calendar Year-To-Date Per Election for Office Sought 554635.78		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	51.20
(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]

Signature

Date

MM / DD / YYYY
05 / 18 / 2015

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 2670 OF 3250
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC		FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on		M M M / D D D / Y Y Y Y Y Y	
Full Name of Payee Mattie Harris		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 11 / 03 / 2014	
Mailing Address 3654 Tara St		Amount 60.00	
City springdale	State AR	Zip Code 72762	Transaction ID : 47ffff74-fbca-4b1e-b
Purpose of Expenditure Salary	Category/Type 001	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 11 / 03 / 2014	
Name of Federal Candidate Mr. Mark L Pryor		Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: AR	
Calendar Year-To-Date Per Election for Office Sought 292370.62		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Heather N Montgomery		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 11 / 03 / 2014	
Mailing Address 106 Wyncrest Ct		Amount 75.00	
City Hendersonville	State TN	Zip Code 37075	Transaction ID : 41886e03-4997-4fdf-8
Purpose of Expenditure Salary	Category/Type 001	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 11 / 03 / 2014	
Name of Federal Candidate Mr. Mark L Pryor		Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: AR	
Calendar Year-To-Date Per Election for Office Sought 292370.62		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶		135.00	
(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.			
Signature Ms. Emily Buchanan		Date M M M / D D D / Y Y Y Y Y Y 05 / 18 / 2015	
		[Electronically Filed]	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 2671 OF 3250
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M M / D D D / Y Y Y Y Y Y					
Full Name of Payee Heather N Montgomery			Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 11 / 03 / 2014		
Mailing Address 106 Wyncrest Ct			Amount 19.50		
City Hendersonville	State TN	Zip Code 37075	Transaction ID : b5442700-e0b3-43d0-8		
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 11 / 03 / 2014		
Name of Federal Candidate Mr. Mark L Pryor		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>AR</u>		
Calendar Year-To-Date Per Election for Office Sought		292370.62	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
Full Name of Payee William M Criswell			Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 11 / 03 / 2014		
Mailing Address 115 Burns Mitchell Drive			Amount 95.00		
City Belmont	State NC	Zip Code 28012	Transaction ID : addbce32-1aed-4948-a		
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 11 / 03 / 2014		
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>NC</u>		
Calendar Year-To-Date Per Election for Office Sought		1095959.94	Disbursement For: ☐ Primary ☒ 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.					
Signature Ms. Emily Buchanan		[Electronically Filed]		Date M M M / D D D / Y Y Y Y Y Y 05 / 18 / 2015	

Full Name of Payee William M Criswell		Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 03 / 2014	
Mailing Address 115 Burns Mitchell Drive		Amount 13.50	
City Belmont	State NC	Zip Code 28012	Transaction ID : bed7ec9-b740-48bd-b Date of Disbursement or Obligation MM / DD / YYYY 11 / 03 / 2014
Purpose of Expenditure Mileage		Category/ Type 002	
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: NC
Calendar Year-To-Date Per Election for Office Sought 1095959.94		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	

Full Name of Payee Vonniqua Jackson			Date of Public Distribution/Dissemination M M / D D / Y Y Y Y 11 / 03 / 2014		
Mailing Address 111 Westchester Blvd Apt D4			Amount 100.00		
City Slidell	State LA	Zip Code 70458	Transaction ID : b9fef38e-ebab-441d-8 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 11 / 03 / 2014		
Purpose of Expenditure Salary		Category/ Type 001			
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House ☒ Senate ☐ President ☐ Other (specify) _____		
Calendar Year-To-Date Per Election for Office Sought		554635.78	Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ► _____		

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	113.50
(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.

Date _____

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 2673 OF 3250
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on MM / DD / YYYY					
Full Name of Payee Kathy Anderson			Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 03 / 2014		
Mailing Address 3041 SW Burlingame Rd			Amount 60.00		
City Topeka	State KS	Zip Code 66611	Transaction ID : a7145475-4310-4136-8		
Purpose of Expenditure Salary		Category/Type 001	Date of Disbursement or Obligation MM / DD / YYYY 11 / 03 / 2014		
Name of Federal Candidate Mr. Greg Orman			Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>KS</u> ☐ Support ☒ Oppose		
Calendar Year-To-Date Per Election for Office Sought 261541.03			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶ _____		
Full Name of Payee Kathy Anderson			Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 03 / 2014		
Mailing Address 3041 SW Burlingame Rd			Amount 28.80		
City Topeka	State KS	Zip Code 66611	Transaction ID : fb9dd20a-9fb4-414c-8		
Purpose of Expenditure Mileage		Category/Type 002	Date of Disbursement or Obligation MM / DD / YYYY 11 / 03 / 2014		
Name of Federal Candidate Mr. Greg Orman			Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>KS</u> ☐ Support ☒ Oppose		
Calendar Year-To-Date Per Election for Office Sought 261541.03			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶ _____		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			88.80		
(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.					
Signature <u>Ms. Emily Buchanan</u> [Electronically Filed]			Date MM / DD / YYYY 05 / 18 / 2015		

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 2674 OF 3250
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on MM / DD / YYYY					
Full Name of Payee Xavier Miller			Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 03 / 2014		
Mailing Address 407 randall Dr			Amount 70.00		
City Searcy	State AR	Zip Code 72143	Transaction ID : f1ab2085-277c-492a-b Date of Disbursement or Obligation MM / DD / YYYY 11 / 03 / 2014		
Purpose of Expenditure Salary		Category/ Type 001			
Name of Federal Candidate Mr. Mark L Pryor		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>AR</u>		
Calendar Year-To-Date Per Election for Office Sought		292370.62	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶ _____		
Full Name of Payee Xavier Miller			Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 03 / 2014		
Mailing Address 407 randall Dr			Amount 33.60		
City Searcy	State AR	Zip Code 72143	Transaction ID : 861da05d-e237-4ba3-a Date of Disbursement or Obligation MM / DD / YYYY 11 / 03 / 2014		
Purpose of Expenditure Mileage		Category/ Type 002			
Name of Federal Candidate Mr. Mark L Pryor		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>AR</u>		
Calendar Year-To-Date Per Election for Office Sought		292370.62	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶ _____		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			103.60		
(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.					
Signature Ms. Emily Buchanan		[Electronically Filed]		Date MM / DD / YYYY 05 / 18 / 2015	

Full Name of Payee Michael Vidrine		Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 03 / 2014	
Mailing Address 1103 West Wilson Street		Amount 30.90	
City Ville Platte	State LA	Zip Code 70586	Transaction ID : 3a869c86-7489-4dcb-a Date of Disbursement or Obligation MM / DD / YYYY 11 / 03 / 2014
Purpose of Expenditure Mileage	Category/ Type	002	
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: LA
Calendar Year-To-Date Per Election for Office Sought		554635.78	Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	110.90
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

FEC Schedule E (Form 3X) Rev. 09/2013

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 2676 OF 3250
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on MM / DD / YYYY				
Full Name of Payee Lucas H Hoyle			Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 03 / 2014	
Mailing Address 282 Falls Ave			Amount 25.00	
City Granite Falls	State NC	Zip Code 28630	Transaction ID : 44f5cb0a-f32b-4a58-a Date of Disbursement or Obligation MM / DD / YYYY 11 / 03 / 2014	
Purpose of Expenditure Salary		Category/ Type 001		
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>NC</u>	
Calendar Year-To-Date Per Election for Office Sought		1095959.94	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Lucas H Hoyle			Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 03 / 2014	
Mailing Address 282 Falls Ave			Amount 18.30	
City Granite Falls	State NC	Zip Code 28630	Transaction ID : 23e1e668-56be-4cd2-a Date of Disbursement or Obligation MM / DD / YYYY 11 / 03 / 2014	
Purpose of Expenditure Mileage		Category/ Type 002		
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>NC</u>	
Calendar Year-To-Date Per Election for Office Sought		1095959.94	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			43.30	
(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 MM / DD / YYYY 05 / 18 / 2015	
Signature				

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 2677 OF 3250
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M M / D D D / Y Y Y Y Y Y					
Full Name of Payee Staci J Ingram			Date of Public Distribution/Dissemination 11 / 03 / 2014		
Mailing Address 2 Crest Knolls Dr Apt 16B			Amount 108.33		
City Taylorsville	State NC	Zip Code 28681	Transaction ID : 2461ff92-a1b0-4726-9		
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation 11 / 03 / 2014		
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>NC</u>		
Calendar Year-To-Date Per Election for Office Sought		1095959.94	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
Full Name of Payee Staci J Ingram			Date of Public Distribution/Dissemination 11 / 03 / 2014		
Mailing Address 2 Crest Knolls Dr Apt 16B			Amount 25.14		
City Taylorsville	State NC	Zip Code 28681	Transaction ID : 39d0e263-c6db-4d29-b		
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement or Obligation 11 / 03 / 2014		
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>NC</u>		
Calendar Year-To-Date Per Election for Office Sought		1095959.94	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			133.47		
(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.					
Signature Ms. Emily Buchanan		[Electronically Filed]		Date 05 / 18 / 2015	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 2678 OF 3250
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC		FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on		M M M / D D D / Y Y Y Y Y Y	
Full Name of Payee Chance B Ross		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 11 / 03 / 2014	
Mailing Address 920 W Gracewood Apt 106		Amount 30.00	
City Fayetteville	State AR	Zip Code 72701	Transaction ID : b8ae1557-e4e6-4344-8
Purpose of Expenditure Salary		Category/Type 001	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 11 / 03 / 2014
Name of Federal Candidate Mr. Mark L Pryor		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: AR
Calendar Year-To-Date Per Election for Office Sought 292370.62		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Chance B Ross		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 11 / 03 / 2014	
Mailing Address 920 W Gracewood Apt 106		Amount 18.30	
City Fayetteville	State AR	Zip Code 72701	Transaction ID : 7e7e30d7-5057-4280-a
Purpose of Expenditure Mileage		Category/Type 002	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 11 / 03 / 2014
Name of Federal Candidate Mr. Mark L Pryor		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: AR
Calendar Year-To-Date Per Election for Office Sought 292370.62		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶		48.30	
(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]	
Signature		Date M M M / D D D / Y Y Y Y Y Y 05 / 18 / 2015	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 2679 OF 3250
 FOR LINE 24 OF FORM 3X

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

Full Name of Payee Jon Lynch		Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 03 / 2014	
Mailing Address 6108 Harkins Ave		Amount 80.00	
City Little Rock	State AR	Zip Code 72210	Transaction ID : 196e44e0-9b27-488c-8 Date of Disbursement or Obligation MM / DD / YYYY 11 / 03 / 2014
Purpose of Expenditure Salary		Category/Type 001	
Name of Federal Candidate Mr. Mark L Pryor		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: AR
Calendar Year-To-Date Per Election for Office Sought		292370.62	
		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	

Full Name of Payee Jon Lynch		Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 03 / 2014	
Mailing Address 6108 Harkins Ave		Amount 29.10	
City Little Rock	State AR	Zip Code 72210	Transaction ID : e7e10eb7-289a-4cf4-a Date of Disbursement or Obligation MM / DD / YYYY 11 / 03 / 2014
Purpose of Expenditure Mileage		Category/Type 002	
Name of Federal Candidate Mr. Mark L Pryor		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: AR
Calendar Year-To-Date Per Election for Office Sought		292370.62	
		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	109.10
(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

MM / DD / YYYY
05 / 18 / 2015

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 2680 OF 3250
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC		FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on		M M M / D D D / Y Y Y Y Y Y	
Full Name of Payee Ashley n Thompson		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 11 / 03 / 2014	
Mailing Address 272 Westgate Ct Apt 6		Amount 32.50	
City Lexington	State NC	Zip Code 27295	Transaction ID : 600ee331-9848-48ee-8
Purpose of Expenditure Salary	Category/Type 001	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 11 / 03 / 2014	
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	
Office Sought: ☐ President ☒ Senate		District: 00 State: NC	
Calendar Year-To-Date Per Election for Office Sought 1095959.94		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Ashley n Thompson		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 11 / 03 / 2014	
Mailing Address 272 Westgate Ct Apt 6		Amount 9.00	
City Lexington	State NC	Zip Code 27295	Transaction ID : c4759f30-8bf7-4cb4-b
Purpose of Expenditure Mileage	Category/Type 002	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 11 / 03 / 2014	
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	
Office Sought: ☐ President ☒ Senate		District: 00 State: NC	
Calendar Year-To-Date Per Election for Office Sought 1095959.94		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶		41.50	
(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]	
Signature		Date M M M / D D D / Y Y Y Y Y Y 05 / 18 / 2015	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 2681 OF 3250
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M / D D / Y Y Y Y					
Full Name of Payee Randy G Lookabill			Date of Public Distribution/Dissemination M M / D D / Y Y Y Y 11 / 03 / 2014		
Mailing Address 200 Carawood Lane			Amount 92.50		
City Lexington	State NC	Zip Code 27295	Transaction ID : 40096e6a-b16d-49db-8 Date of Disbursement or Obligation M M / D D / Y Y Y Y 11 / 03 / 2014		
Purpose of Expenditure Salary		Category/ Type 001			
Name of Federal Candidate Ms. Kay Hagan			Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>NC</u> ☐ Support ☒ Oppose		
Calendar Year-To-Date Per Election for Office Sought 1095959.94			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
Full Name of Payee Randy G Lookabill			Date of Public Distribution/Dissemination M M / D D / Y Y Y Y 11 / 03 / 2014		
Mailing Address 200 Carawood Lane			Amount 33.00		
City Lexington	State NC	Zip Code 27295	Transaction ID : 0aee4367-b077-45c2-b Date of Disbursement or Obligation M M / D D / Y Y Y Y 11 / 03 / 2014		
Purpose of Expenditure Mileage		Category/ Type 002			
Name of Federal Candidate Ms. Kay Hagan			Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>NC</u> ☐ Support ☒ Oppose		
Calendar Year-To-Date Per Election for Office Sought 1095959.94			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			125.50		
(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.					
Signature <u>Ms. Emily Buchanan</u> [Electronically Filed]			Date M M / D D / Y Y Y Y 05 / 18 / 2015		

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 2682 OF 3250
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M M / D D D / Y Y Y Y Y Y					
Full Name of Payee Cynthia N Schmit			Date of Public Distribution/Dissemination 11 / 03 / 2014		
Mailing Address 2226 Taft Circle Apt 1			Amount 22.50		
City Winchester	State VA	Zip Code 22601	Transaction ID : 61ead42c-af26-4708-9		
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation 11 / 03 / 2014		
Name of Federal Candidate Mr. Greg Orman		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: KS		
Calendar Year-To-Date Per Election for Office Sought		261541.03	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
Full Name of Payee ERIC TABARY			Date of Public Distribution/Dissemination 11 / 03 / 2014		
Mailing Address 6101 NORA ST			Amount 65.00		
City METAIRIE	State LA	Zip Code 70003	Transaction ID : 825be083-ca51-4ae8-a		
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation 11 / 03 / 2014		
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: LA		
Calendar Year-To-Date Per Election for Office Sought		554635.78	Disbursement For: ☐ Primary ☒ 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.					
Signature Ms. Emily Buchanan		[Electronically Filed]		Date 05 / 18 / 2015	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 2683 OF 3250
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on / /					
Full Name of Payee ERIC TABARY			Date of Public Distribution/Dissemination / / 11 / 03 / 2014		
Mailing Address 6101 NORA ST			Amount 2.40		
City METAIRIE	State LA	Zip Code 70003	Transaction ID : 8f29e477-ae79-445a-9 Date of Disbursement or Obligation / / 11 / 03 / 2014		
Purpose of Expenditure Mileage		Category/ Type 002			
Name of Federal Candidate Ms. Mary L Landrieu			Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>LA</u>		
Calendar Year-To-Date Per Election for Office Sought 554635.78			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶ _____		
Full Name of Payee Chris McCoy			Date of Public Distribution/Dissemination / / 11 / 03 / 2014		
Mailing Address 1025 Cayley Ct			Amount 105.00		
City High Point	State NC	Zip Code 27260	Transaction ID : 24c8c173-8f1c-49d1-b Date of Disbursement or Obligation / / 11 / 03 / 2014		
Purpose of Expenditure Salary		Category/ Type 001			
Name of Federal Candidate Ms. Kay Hagan			Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>NC</u>		
Calendar Year-To-Date Per Election for Office Sought 1095959.94			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶ _____		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			 107.40		
(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.					
Signature <u>Ms. Emily Buchanan</u>			Date / / 05 / 18 / 2015		
[Electronically Filed]					

Full Name of Payee Brandon Wheeler		Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 03 / 2014	
Mailing Address 10112 Piney Creek Ct		Amount 70.00	
City Charolette	State NC	Zip Code 28215	Transaction ID : 5b0a512d-f8bb-4e65-8
Purpose of Expenditure Salary	Category/ Type	001	Date of Disbursement or Obligation MM / DD / YYYY 11 / 03 / 2014
Name of Federal Candidate Mr. Mark L Pryor	☐ Support ☒ Oppose	Office Sought: ☐ President ☒ Senate	District: 00 State: AR
Calendar Year-To-Date Per Election for Office Sought	292370.62		Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	98.80
(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.

Date _____

Signature

Full Name of Payee Danielle McCoy		Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 03 / 2014	
Mailing Address 1025 Cayley Ct		Amount 105.00	
City High Point	State NC	Zip Code 27260	Transaction ID : 8f060665-a239-4458-b
Purpose of Expenditure Salary	Category/ Type	001	Date of Disbursement or Obligation MM / DD / YYYY 11 / 03 / 2014
Name of Federal Candidate Ms. Kay Hagan	☐ Support ☒ Oppose	Office Sought: ☐ President ☒ Senate	District: 00 State: NC
Calendar Year-To-Date Per Election for Office Sought	1095959.94	Disbursement For: ☐ Primary ☒ General	☐ Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....		132.90
(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.

Date _____

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 2686 OF 3250
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on MM / DD / YYYY				
Full Name of Payee Danielle McCoy			Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 03 / 2014	
Mailing Address 1025 Cayley Ct			Amount 26.40	
City High Point	State NC	Zip Code 27260	Transaction ID : ba757168-1fd4-4c9b-9 Date of Disbursement or Obligation MM / DD / YYYY 11 / 03 / 2014	
Purpose of Expenditure Mileage		Category/ Type 002		
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>NC</u>	
Calendar Year-To-Date Per Election for Office Sought		1095959.94	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Eleanor McCoy			Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 03 / 2014	
Mailing Address 4902 Catawba Dr			Amount 105.00	
City Greensboro	State NC	Zip Code 27407	Transaction ID : fd363f48-0160-47df-9 Date of Disbursement or Obligation MM / DD / YYYY 11 / 03 / 2014	
Purpose of Expenditure Salary		Category/ Type 001		
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>NC</u>	
Calendar Year-To-Date Per Election for Office Sought		1095959.94	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			131.40	
(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 MM / DD / YYYY 05 / 18 / 2015	
Signature				

Full Name of Payee Eleanor McCoy		Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 03 / 2014	
Mailing Address 4902 Catawba Dr		Amount 28.20	
City Greensboro	State NC	Zip Code 27407	Transaction ID : 5b210f84-c5dc-4c52-a Date of Disbursement or Obligation MM / DD / YYYY 11 / 03 / 2014
Purpose of Expenditure Mileage		Category/ Type 002	
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House ☒ Senate ☐ President District: 00 State: NC
Calendar Year-To-Date Per Election for Office Sought 1095959.94		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	

Full Name of Payee Todd Ellis		Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 03 / 2014	
Mailing Address P.O. Box 712		Amount 125.00	
City Alexander	State AR	Zip Code 72002	Transaction ID : f031da7b-5970-4bcd-b
Purpose of Expenditure Salary	Category/ Type	001	Date of Disbursement or Obligation MM / DD / YYYY 11 / 03 / 2014
Name of Federal Candidate Mr. Mark L Pryor	☐ Support ☒ Oppose	Office Sought: ☐ President ☒ Senate	District: 00 State: AR
Calendar Year-To-Date Per Election for Office Sought	292370.62	Disbursement For: 2014 ☐ Other (specify) ►	☐ Primary ☒ General

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	153.20
(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.

Signature

05 / 18 / 2015

Full Name of Payee Todd Ellis		Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 03 / 2014	
Mailing Address P.O. Box 712		Amount 58.50	
City Alexander	State AR	Zip Code 72002	Transaction ID : 33b52e2f-b869-4140-a Date of Disbursement or Obligation MM / DD / YYYY 11 / 03 / 2014
Purpose of Expenditure Mileage	Category/ Type	002	
Name of Federal Candidate Mr. Mark L Pryor		☐ Support ☒ Oppose	Office Sought: ☐ House ☒ Senate ☐ President District: 00 State: AR
Calendar Year-To-Date Per Election for Office Sought 292370.62		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	

Full Name of Payee Joshua D Syrotchen		Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 03 / 2014	
Mailing Address 915 East Market Ave		Amount 80.00	
City Searcy	State AR	Zip Code 72149	Transaction ID : f7fd8186-5b19-4556-9 Date of Disbursement or Obligation MM / DD / YYYY 11 / 03 / 2014
Purpose of Expenditure Salary	Category/ Type	001	
Name of Federal Candidate Mr. Mark L Pryor	☐ Support ☒ Oppose	Office Sought: ☐ President ☒ Senate	House District: 00 State: AR
Calendar Year-To-Date Per Election for Office Sought	292370.62	Disbursement For: 2014 ☐ Primary ☒ General ☐ Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	138.50
(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.

Date _____

Signature

Full Name of Payee Jackson S Tuttle		Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 03 / 2014	
Mailing Address 404 Chancery Park Ct		Amount 50.00	
City Kernersville	State NC	Zip Code 27284	Transaction ID : dde06605-4753-4afd-8 Date of Disbursement or Obligation MM / DD / YYYY 11 / 03 / 2014
Purpose of Expenditure Salary	Category/ Type 001		
Name of Federal Candidate Ms. Kay Hagan	☐ Support ☒ Oppose	Office Sought: ☐ President ☒ Senate ☐ Other (specify) ▶	District: 00 State: NC ☐ Primary ☒ General
Calendar Year-To-Date Per Election for Office Sought	1095959.94		

(a) SUBTOTAL of Itemized Independent Expenditures.....		142.70
(b) SUBTOTAL of Unitemized Independent Expenditures		
(c) TOTAL Independent Expenditures.....		

05 / 18 / 2015

FEC Schedule E (Form 3X) Rev. 09/2013

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 2690 OF 3250
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC		FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on		MM / DD / YYYY	
Full Name of Payee Jackson S Tuttle		Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 03 / 2014	
Mailing Address 404 Chancery Park Ct		Amount 7.50	
City Kernersville	State NC	Zip Code 27284	Transaction ID : 36e508f3-bf05-4cd0-b
Purpose of Expenditure Mileage	Category/Type 002	Date of Disbursement or Obligation MM / DD / YYYY 11 / 03 / 2014	
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	
Office Sought: ☐ President ☒ Senate		District: 00 State: NC	
Calendar Year-To-Date Per Election for Office Sought 1095959.94		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Adena V Smith		Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 03 / 2014	
Mailing Address 450 Judson Dr		Amount 42.50	
City Wake Forest	State NC	Zip Code 27587	Transaction ID : b425f0dd-e83e-4143-a
Purpose of Expenditure Salary	Category/Type 001	Date of Disbursement or Obligation MM / DD / YYYY 11 / 03 / 2014	
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	
Office Sought: ☐ President ☒ Senate		District: 00 State: NC	
Calendar Year-To-Date Per Election for Office Sought 1095959.94		Disbursement For: ☐ Primary ☒ 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.			
Signature Ms. Emily Buchanan		Date MM / DD / YYYY 05 / 18 / 2015	
		[Electronically Filed]	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 2691 OF 3250
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M M / D D D / Y Y Y Y Y Y					
Full Name of Payee Krystal A Wilson			Date of Public Distribution/Dissemination 11 / 03 / 2014		
Mailing Address 448 Judson Dr			Amount 42.50		
City Wake Forest	State NC	Zip Code 27587	Transaction ID : 562626be-53c0-4878-b Date of Disbursement or Obligation 11 / 03 / 2014		
Purpose of Expenditure Salary		Category/Type 001			
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>NC</u>		
Calendar Year-To-Date Per Election for Office Sought 1095959.94			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶ _____		
Full Name of Payee Krystal A Wilson			Date of Public Distribution/Dissemination 11 / 03 / 2014		
Mailing Address 448 Judson Dr			Amount 5.10		
City Wake Forest	State NC	Zip Code 27587	Transaction ID : 1c1cbd38-6361-4597-8 Date of Disbursement or Obligation 11 / 03 / 2014		
Purpose of Expenditure Mileage		Category/Type 002			
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>NC</u>		
Calendar Year-To-Date Per Election for Office Sought 1095959.94			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶ _____		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			47.60		
(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.					
Signature <i>Ms. Emily Buchanan</i>		[Electronically Filed]		Date 05 / 18 / 2015	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 2692 OF 3250
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M M / D D D / Y Y Y Y Y Y					
Full Name of Payee Maria A Britt			Date of Public Distribution/Dissemination 11 / 03 / 2014		
Mailing Address 4894 Thunder Bolt			Amount 90.00		
City Concord	State NC	Zip Code 28205	Transaction ID : 9a7ea1ea-9db3-4a74-a Date of Disbursement or Obligation 11 / 03 / 2014		
Purpose of Expenditure Salary		Category/ Type 001			
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: NC		
Calendar Year-To-Date Per Election for Office Sought 1095959.94			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
Full Name of Payee Laura U Logie			Date of Public Distribution/Dissemination 11 / 03 / 2014		
Mailing Address 2565 Shire Circle			Amount 50.00		
City Harrisonburg	State VA	Zip Code 22801	Transaction ID : e67803cf-f25a-44f6-b Date of Disbursement or Obligation 11 / 03 / 2014		
Purpose of Expenditure Salary		Category/ Type 001			
Name of Federal Candidate Mr. Greg Orman		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: KS		
Calendar Year-To-Date Per Election for Office Sought 261541.03			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			140.00		
(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.					
Signature Ms. Emily Buchanan		[Electronically Filed]		Date 05 / 18 / 2015	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 2693 OF 3250
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on			M M M / D D D / Y Y Y Y Y Y	
Full Name of Payee Ryan Drake		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 11 / 03 / 2014		
Mailing Address 29637 Park St		Amount 10.00		
City Walker	State LA	Zip Code 70785	Transaction ID : 012d31b2-a916-47f7-9	
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 11 / 03 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>LA</u>	
Calendar Year-To-Date Per Election for Office Sought		554635.78	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Ryan Drake		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 11 / 03 / 2014		
Mailing Address 29637 Park St		Amount 2.40		
City Walker	State LA	Zip Code 70785	Transaction ID : 3e2c23de-f513-413c-a	
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 11 / 03 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>LA</u>	
Calendar Year-To-Date Per Election for Office Sought		554635.78	Disbursement For: ☐ Primary ☒ 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
Signature		M M M / D D D / Y Y Y Y Y Y 05 / 18 / 2015		

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 2694 OF 3250
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M M / D D D / Y Y Y Y Y Y					
Full Name of Payee Brogan A Benoit			Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 11 / 03 / 2014		
Mailing Address 7144 South River Rd			Amount 70.00		
City Addis	State LA	Zip Code 70710	Transaction ID : 71ccc27e-3d10-4684-a		
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 11 / 03 / 2014		
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>LA</u>		
Calendar Year-To-Date Per Election for Office Sought		554635.78	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
Full Name of Payee Brogan A Benoit			Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 11 / 03 / 2014		
Mailing Address 7144 South River Rd			Amount 8.10		
City Addis	State LA	Zip Code 70710	Transaction ID : da00b081-d9b5-45ec-9		
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 11 / 03 / 2014		
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>LA</u>		
Calendar Year-To-Date Per Election for Office Sought		554635.78	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			78.10		
(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 M M M / D D D / Y Y Y Y Y Y 05 / 18 / 2015		
Signature					

Full Name of Payee Cecilla A Rebrick		Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 03 / 2014	
Mailing Address 5003 Allison Lane		Amount 0.30	
City Ft. Smith	State AR	Zip Code 72901	Transaction ID : 5cd5f861-7e02-45b4-b
Purpose of Expenditure Mileage	Category/ Type	002	Date of Disbursement or Obligation MM / DD / YYYY 11 / 03 / 2014
Name of Federal Candidate Mr. Mark L Pryor		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: AR
Calendar Year-To-Date Per Election for Office Sought		292370.62	Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....	80.30
(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.

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 2696 OF 3250
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M M / D D D / Y Y Y Y Y Y					
Full Name of Payee Brogan A Benoit			Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 11 / 03 / 2014		
Mailing Address 7144 South River Rd			Amount 70.00		
City Addis		State LA	Zip Code 70710		Transaction ID : 6d20aa28-0260-4519-8
Purpose of Expenditure Salary		Category/ Type 001		Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 11 / 03 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu			Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: LA ☐ Support ☒ Oppose		
Calendar Year-To-Date Per Election for Office Sought			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
Full Name of Payee Brogan A Benoit			Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 11 / 03 / 2014		
Mailing Address 7144 South River Rd			Amount 8.10		
City Addis		State LA	Zip Code 70710		Transaction ID : 9f6f359b-150a-4e37-9
Purpose of Expenditure Mileage		Category/ Type 002		Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 11 / 03 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu			Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: LA ☐ Support ☒ Oppose		
Calendar Year-To-Date Per Election for Office Sought			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			78.10		
(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.					
Signature Ms. Emily Buchanan			Date M M M / D D D / Y Y Y Y Y Y 05 / 18 / 2015 [Electronically Filed]		

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 2697 OF 3250
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on			M M M / D D D / Y Y Y Y Y Y		
Full Name of Payee OLynda Walker			Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 11 / 03 / 2014		
Mailing Address 10000 Mount Pleasant Rd			Amount 90.00		
City Midland		State NC	Zip Code 28107		Transaction ID : 0a89d1c1-d65f-4187-8
Purpose of Expenditure Salary		Category/ Type	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 11 / 03 / 2014		
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: NC		
Calendar Year-To-Date Per Election for Office Sought		1095959.94		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee OLynda Walker			Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 11 / 03 / 2014		
Mailing Address 10000 Mount Pleasant Rd			Amount 26.70		
City Midland		State NC	Zip Code 28107		Transaction ID : 40fc85e2-6e46-46fe-9
Purpose of Expenditure Mileage		Category/ Type	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 11 / 03 / 2014		
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: NC		
Calendar Year-To-Date Per Election for Office Sought		1095959.94		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures.....▶			116.70		
(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	
Signature				M M M / D D D / Y Y Y Y Y Y 05 / 18 / 2015	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 2698 OF 3250
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC		FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on		M M M / D D D / Y Y Y Y Y Y	
Full Name of Payee Aleksandra B Padua		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 11 / 03 / 2014	
Mailing Address 110 Bridge gate Dr		Amount 45.00	
City Cary	State NC	Zip Code 27519	Transaction ID : 178e8141-e46a-405c-b
Purpose of Expenditure Salary		Category/Type 001	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 11 / 03 / 2014
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: NC
Calendar Year-To-Date Per Election for Office Sought 1095959.94		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Aleksandra B Padua		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 11 / 03 / 2014	
Mailing Address 110 Bridge gate Dr		Amount 11.61	
City Cary	State NC	Zip Code 27519	Transaction ID : 04a0c4e8-a557-4c6b-8
Purpose of Expenditure Mileage		Category/Type 002	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 11 / 03 / 2014
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: NC
Calendar Year-To-Date Per Election for Office Sought 1095959.94		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶		56.61	
(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]	
Signature		Date M M M / D D D / Y Y Y Y Y Y 05 / 18 / 2015	

Full Name of Payee Mr. Roger McKinney		Date of Public Distribution/Dissemination M M / D D / Y Y Y Y 11 / 03 / 2014	
Mailing Address 308 West Main Street		Amount 29.73	
City Pilot Mountain	State NC	Zip Code 27041	Transaction ID : 2dc9b52a-eb1f-46d7-9 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 11 / 03 / 2014
Purpose of Expenditure Mileage		Category/ Type 002	
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: NC
Calendar Year-To-Date Per Election for Office Sought		1095959.94	Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ►

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	124.73
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

05 / 18 / 2015

FEC Schedule E (Form 3X) Rev. 09/2013

Full Name of Payee Francesca Blom		Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 03 / 2014	
Mailing Address 101 Asbury Ct		Amount 80.00	
City Winchester	State VA	Zip Code 22602	Transaction ID : 6de432e9-3dac-4a4b-8
Purpose of Expenditure Salary	Category/ Type	001	Date of Disbursement or Obligation MM / DD / YYYY 11 / 03 / 2014
Name of Federal Candidate Mr. Greg Orman	☐ Support ☒ Oppose	Office Sought: ☐ President ☒ Senate	District: 00 State: KS
Calendar Year-To-Date Per Election for Office Sought	261541.03	Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	175.00
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

FEC Schedule E (Form 3X) Rev. 09/2013

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 2701 OF 3250
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC		FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on		M M M / D D D / Y Y Y Y Y Y	
Full Name of Payee Theresa a Youngblood		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 11 / 03 / 2014	
Mailing Address 102 S Main Street Apt A2		Amount 110.00	
City Berryville	State VA	Zip Code 22611	Transaction ID : 34e54226-00b3-4abe-a
Purpose of Expenditure Salary	Category/Type 001	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 11 / 03 / 2014	
Name of Federal Candidate Mr. Greg Orman		Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: KS	
Calendar Year-To-Date Per Election for Office Sought 261541.03		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Timothy Foley		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 11 / 03 / 2014	
Mailing Address 20679 Glenbrook Terrace		Amount 40.00	
City Sterling	State VA	Zip Code 20165	Transaction ID : 95dc12ad-c391-4a3e-a
Purpose of Expenditure Salary	Category/Type 001	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 11 / 03 / 2014	
Name of Federal Candidate Mr. Greg Orman		Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: KS	
Calendar Year-To-Date Per Election for Office Sought 261541.03		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶		150.00	
(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.			
Signature Ms. Emily Buchanan		Date M M M / D D D / Y Y Y Y Y Y 05 / 18 / 2015	
		[Electronically Filed]	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

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 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on MM / DD / YYYY					
Full Name of Payee Jennifer F Gilbert			Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 03 / 2014		
Mailing Address 180 McNeil Steep Hollow Rd			Amount 30.00		
City Carriere	State MS	Zip Code 39426	Transaction ID : 8e942fab-235a-4152-b Date of Disbursement or Obligation MM / DD / YYYY 11 / 03 / 2014		
Purpose of Expenditure Salary		Category/ Type 001			
Name of Federal Candidate Ms. Mary L Landrieu			Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>LA</u>		
Calendar Year-To-Date Per Election for Office Sought 554635.78			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
Full Name of Payee Jennifer F Gilbert			Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 03 / 2014		
Mailing Address 180 McNeil Steep Hollow Rd			Amount 21.30		
City Carriere	State MS	Zip Code 39426	Transaction ID : 01c6318c-03c6-46e2-a Date of Disbursement or Obligation MM / DD / YYYY 11 / 03 / 2014		
Purpose of Expenditure Mileage		Category/ Type 002			
Name of Federal Candidate Ms. Mary L Landrieu			Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>LA</u>		
Calendar Year-To-Date Per Election for Office Sought 554635.78			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			51.30		
(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.					
Signature <u>Ms. Emily Buchanan</u> [Electronically Filed]			Date MM / DD / YYYY 05 / 18 / 2015		

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

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 FOR LINE 24 OF FORM 3X

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

Full Name of Payee Stuart T Haley		Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 03 / 2014	
Mailing Address 600 W Vine Ave		Amount 95.00	
City Searcy	State AR	Zip Code 72143	Transaction ID : c9cc408e-ad6f-4489-b
Purpose of Expenditure Salary		Category/Type 001	Date of Disbursement or Obligation MM / DD / YYYY 11 / 03 / 2014
Name of Federal Candidate Mr. Mark L Pryor		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: AR
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	

Full Name of Payee Stuart T Haley		Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 03 / 2014	
Mailing Address 600 W Vine Ave		Amount 30.00	
City Searcy	State AR	Zip Code 72143	Transaction ID : 77dfff65-8c65-4514-b
Purpose of Expenditure Mileage		Category/Type 002	Date of Disbursement or Obligation MM / DD / YYYY 11 / 03 / 2014
Name of Federal Candidate Mr. Mark L Pryor		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: AR
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: ☐ Primary ☒ 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

MM / DD / YYYY
05 / 18 / 2015

Signature

Full Name of Payee Ms. Tonya Boyd			Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y 11 / 03 / 2014		
Mailing Address 2357 Fancy Cap Rd			Amount 14.85		
City Mt. Airy	State NC	Zip Code 27030	Transaction ID : 240d8974-decc-4d1d-b Date of Disbursement or Obligation M M / D D / Y Y Y Y Y 11 / 03 / 2014		
Purpose of Expenditure Mileage		Category/ Type 002			
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: NC		
Calendar Year-To-Date Per Election for Office Sought		1095959.94	Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ►		

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	94.85
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

FEC Schedule E (Form 3X) Rev. 09/2013

Full Name of Payee Dianna R Williams			Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 03 / 2014		
Mailing Address 1510 W Pawnee Apt 2103			Amount 15.60		
City Wichita	State KS	Zip Code 67213	Transaction ID : c0f8f7f9-aa33-412d-b Date of Disbursement or Obligation MM / DD / YYYY 11 / 03 / 2014		
Purpose of Expenditure Mileage		Category/ Type 002			
Name of Federal Candidate Mr. Greg Orman		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: KS		
Calendar Year-To-Date Per Election for Office Sought		261541.03	Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ►		

(a) SUBTOTAL of Itemized Independent Expenditures.....	78.10
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures.....	

FEC Schedule E (Form 3X) Rev. 09/2013

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 2706 OF 3250
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on MM / DD / YYYY					
Full Name of Payee Jake Mathews			Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 03 / 2014		
Mailing Address 6418 East 12 St			Amount 40.00		
City Wichita	State KS	Zip Code 67206	Transaction ID : dce9a343-251e-4253-b		
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation MM / DD / YYYY 11 / 03 / 2014		
Name of Federal Candidate Mr. Greg Orman		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>KS</u>		
Calendar Year-To-Date Per Election for Office Sought		261541.03	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
Full Name of Payee Jake Mathews			Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 03 / 2014		
Mailing Address 6418 East 12 St			Amount 22.80		
City Wichita	State KS	Zip Code 67206	Transaction ID : 523cdecc-a185-4f58-b		
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement or Obligation MM / DD / YYYY 11 / 03 / 2014		
Name of Federal Candidate Mr. Greg Orman		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>KS</u>		
Calendar Year-To-Date Per Election for Office Sought		261541.03	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			62.80		
(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.					
Signature Ms. Emily Buchanan		[Electronically Filed]		Date MM / DD / YYYY 05 / 18 / 2015	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 2707 OF 3250
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC		FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on		M M M / D D D / Y Y Y Y Y Y	
Full Name of Payee Marilyn Galliardt		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 11 / 03 / 2014	
Mailing Address 410 Wedgewood Ct		Amount 60.00	
City Hesston	State KS	Zip Code 67062	Transaction ID : 73a3d21a-cd2b-48d6-a
Purpose of Expenditure Salary		Category/Type 001	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 11 / 03 / 2014
Name of Federal Candidate Mr. Greg Orman		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: KS
Calendar Year-To-Date Per Election for Office Sought 261541.03		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Phillip Williams		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 11 / 03 / 2014	
Mailing Address 3007 Darden Rd		Amount 80.00	
City Greensboro	State NC	Zip Code 27407	Transaction ID : e73ae316-dbb1-4b79-a
Purpose of Expenditure Salary		Category/Type 001	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 11 / 03 / 2014
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: NC
Calendar Year-To-Date Per Election for Office Sought 1095959.94		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶		140.00	
(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.			
Signature Ms. Emily Buchanan		Date M M M / D D D / Y Y Y Y Y Y 05 / 18 / 2015	
		[Electronically Filed]	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 2708 OF 3250
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M M / D D D / Y Y Y Y Y Y				
Full Name of Payee Marilyn Galliard			Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 11 / 03 / 2014	
Mailing Address 410 Wedgewood Ct			Amount 60.00	
City Hesston	State KS	Zip Code 67062	Transaction ID : e7a585a8-1996-4902-b	
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 11 / 03 / 2014	
Name of Federal Candidate Mr. Greg Orman		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>KS</u>	
Calendar Year-To-Date Per Election for Office Sought		261541.03	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Phillip Williams			Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 11 / 03 / 2014	
Mailing Address 3007 Darden Rd			Amount 18.60	
City Greensboro	State NC	Zip Code 27407	Transaction ID : 29dc4162-856f-414e-9	
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 11 / 03 / 2014	
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>NC</u>	
Calendar Year-To-Date Per Election for Office Sought		1095959.94	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			78.60	
(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.				
Signature Ms. Emily Buchanan		[Electronically Filed]		Date M M M / D D D / Y Y Y Y Y Y 05 / 18 / 2015

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

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 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M / D D / Y Y Y Y					
Full Name of Payee Marilyn Galliard			Date of Public Distribution/Dissemination 11 / 03 / 2014		
Mailing Address 410 Wedgewood Ct			Amount 45.00		
City State Zip Code Hesston KS 67062		Transaction ID : 36f6cdcb-861b-491d-9 Date of Disbursement or Obligation 11 / 03 / 2014			
Purpose of Expenditure Mileage		Category/ Type 002			
Name of Federal Candidate Mr. Greg Orman			☐ Support Office Sought: ☐ House District: <u>00</u> ☒ Oppose ☐ President ☒ Senate State: <u>KS</u>		
Calendar Year-To-Date Per Election for Office Sought 261541.03			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶ _____		
Full Name of Payee Beverly Williams			Date of Public Distribution/Dissemination 11 / 03 / 2014		
Mailing Address 3007 Darden Rd			Amount 80.00		
City State Zip Code Greensboro NC 27407		Transaction ID : 279df79f-6b5f-4cd3-b Date of Disbursement or Obligation 11 / 03 / 2014			
Purpose of Expenditure Salary		Category/ Type 001			
Name of Federal Candidate Ms. Kay Hagan			☐ Support Office Sought: ☐ House District: <u>00</u> ☒ Oppose ☐ President ☒ Senate State: <u>NC</u>		
Calendar Year-To-Date Per Election for Office Sought 1095959.94			Disbursement For: ☐ Primary ☒ 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 _____ Signature			[Electronically Filed] Date 05 / 18 / 2015		

Full Name of Payee LaVonna A Brown		Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 03 / 2014	
Mailing Address 1211 Treaty Rd		Amount 24.00	
City Delphos	State KS	Zip Code 67436	Transaction ID : 8cffb720-2d19-4548-8 Date of Disbursement or Obligation MM / DD / YYYY 11 / 03 / 2014
Purpose of Expenditure Mileage	Category/ Type	002	
Name of Federal Candidate Mr. Greg Orman	☐ Support ☒ Oppose	Office Sought: ☐ President ☒ Senate	District: 00 State: KS
Calendar Year-To-Date Per Election for Office Sought	261541.03	Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	104.00
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

FEC Schedule E (Form 3X) Rev. 09/2013

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 2711 OF 3250
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC		FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on		M M M / D D D / Y Y Y Y Y Y	
Full Name of Payee Zachary R McCleese		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 11 / 03 / 2014	
Mailing Address 323 Rolling Pines Dr		Amount 70.00	
City Spring Lake	State NC	Zip Code 28390	Transaction ID : ac86c70a-622c-4a50-9
Purpose of Expenditure Salary	Category/ Type	001	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 11 / 03 / 2014
Name of Federal Candidate Mr. Mark L Pryor		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>AR</u>
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Zachary R McCleese		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 11 / 03 / 2014	
Mailing Address 323 Rolling Pines Dr		Amount 21.30	
City Spring Lake	State NC	Zip Code 28390	Transaction ID : f6db405e-cb4e-4845-b
Purpose of Expenditure Mileage	Category/ Type	002	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 11 / 03 / 2014
Name of Federal Candidate Mr. Mark L Pryor		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>AR</u>
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures.....▶		91.30	
(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]	
Signature		Date M M M / D D D / Y Y Y Y Y Y 05 / 18 / 2015	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 2712 OF 3250
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC		FEC IDENTIFICATION NUMBER ▼ C C00530766
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M M / D D D / Y Y Y Y Y Y		

Full Name of Payee Tywan Scott-Kwofie		Date of Public Distribution/Dissemination 11 / 03 / 2014
Mailing Address 117 East Maple St		Amount 55.00
City Bucklin	State KS	Zip Code 67834
Purpose of Expenditure Salary	Category/Type 001	Transaction ID : 86928990-6b92-4863-8 Date of Disbursement or Obligation 11 / 03 / 2014
Name of Federal Candidate Mr. Greg Orman		Office Sought: ☐ House District: <u>00</u> ☒ Senate State: <u>KS</u>
Calendar Year-To-Date Per Election for Office Sought 261541.03		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶

Full Name of Payee Tywan Scott-Kwofie		Date of Public Distribution/Dissemination 11 / 03 / 2014
Mailing Address 117 East Maple St		Amount 7.63
City Bucklin	State KS	Zip Code 67834
Purpose of Expenditure Mileage	Category/Type 002	Transaction ID : 650b6c2b-eb32-4edb-a Date of Disbursement or Obligation 11 / 03 / 2014
Name of Federal Candidate Mr. Greg Orman		Office Sought: ☐ House District: <u>00</u> ☒ Senate State: <u>KS</u>
Calendar Year-To-Date Per Election for Office Sought 261541.03		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	62.63
(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

05 / 18 / 2015

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 2713 OF 3250
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M M / D D D / Y Y Y Y Y Y					
Full Name of Payee Windy Hageman			Date of Public Distribution/Dissemination 11 / 03 / 2014		
Mailing Address 5521 Randolph St.			Amount 65.00		
City Marrero		State LA	Zip Code 70072		Transaction ID : 964243d8-c277-4ded-8
Purpose of Expenditure Salary		Category/ Type 001		Date of Disbursement or Obligation 11 / 03 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu			☐ Support ☒ Oppose		Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: LA
Calendar Year-To-Date Per Election for Office Sought			554635.78 Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
Full Name of Payee Windy Hageman			Date of Public Distribution/Dissemination 11 / 03 / 2014		
Mailing Address 5521 Randolph St.			Amount 16.50		
City Marrero		State LA	Zip Code 70072		Transaction ID : 3867a660-8682-4d7c-b
Purpose of Expenditure Mileage		Category/ Type 002		Date of Disbursement or Obligation 11 / 03 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu			☐ Support ☒ Oppose		Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: LA
Calendar Year-To-Date Per Election for Office Sought			554635.78 Disbursement For: ☐ Primary ☒ 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.					
Signature Ms. Emily Buchanan			[Electronically Filed]		Date 05 / 18 / 2015

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 2714 OF 3250
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M M / D D D / Y Y Y Y Y Y					
Full Name of Payee Trevor D Hageman			Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 11 / 03 / 2014		
Mailing Address 5521 Randolph St			Amount 12.50		
City Marrero		State LA	Zip Code 70072		Transaction ID : 8ebad960-2fb3-432d-9
Purpose of Expenditure Salary		Category/ Type 001		Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 11 / 03 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu			Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: LA		
Calendar Year-To-Date Per Election for Office Sought 554635.78			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
Full Name of Payee Colton R Overcash			Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 11 / 03 / 2014		
Mailing Address 121 Ohara Dr			Amount 95.00		
City Salisbury		State NC	Zip Code 28147		Transaction ID : 747b1f81-4a13-41e8-9
Purpose of Expenditure Salary		Category/ Type 001		Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 11 / 03 / 2014	
Name of Federal Candidate Ms. Kay Hagan			Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: NC		
Calendar Year-To-Date Per Election for Office Sought 1095959.94			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			107.50		
(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.					
Signature Ms. Emily Buchanan			Date M M M / D D D / Y Y Y Y Y Y 05 / 18 / 2015		
[Electronically Filed]					

Full Name of Payee Ralph Smith		Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 03 / 2014	
Mailing Address 2090 Fancy Gap Rd		Amount 80.00	
City Mt. Airy	State NC	Zip Code 27030	Transaction ID : e8b3fd36-a852-446d-8
Purpose of Expenditure Salary	Category/ Type	001	Date of Disbursement or Obligation MM / DD / YYYY 11 / 03 / 2014
Name of Federal Candidate Ms. Kay Hagan	☐ Support ☒ Oppose	Office Sought: ☐ President ☒ Senate	District: 00 State: NC
Calendar Year-To-Date Per Election for Office Sought	1095959.94		Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶ <table border="1" data-bbox="1120 1501 1359 1507"> <tr> <td data-bbox="1120 1501 1359 1507">245.00</td></tr> </table>	245.00
245.00		
(b) SUBTOTAL of Unitemized Independent Expenditures	▶ <table border="1" data-bbox="1120 1507 1359 1512"> <tr> <td data-bbox="1120 1507 1359 1512"></td></tr> </table>	
(c) TOTAL Independent Expenditures.....	▶ <table border="1" data-bbox="1120 1512 1359 1520"> <tr> <td data-bbox="1120 1512 1359 1520"></td></tr> </table>	

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.

Signature

Full Name of Payee Dylan J Sparks			Date of Public Distribution/Dissemination M M / D D / Y Y Y Y 11 / 03 / 2014		
Mailing Address 915 East Market Ave			Amount 100.00		
City	State	Zip Code	Transaction ID : cfcdd7dd-ed9b-4d24-a Date of Disbursement or Obligation M M / D D / Y Y Y Y 11 / 03 / 2014		
Searcy	AR	72149			
Purpose of Expenditure Salary		Category/ Type	001		
Name of Federal Candidate		☐ Support ☒ Oppose	Office Sought: ☐ House ☒ Senate ☐ President ☐ Other (specify) _____		
Mr. Mark L Pryor			District: <u>00</u> State: <u>AR</u>		
Calendar Year-To-Date Per Election for Office Sought		292370.62	Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ► _____		

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	114.85
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

05 / 18 / 2015

FEC Schedule E (Form 3X) Rev. 09/2013

Full Name of Payee Jordyn Kilbury			Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 03 / 2014		
Mailing Address 5416 S Santa Fe Street			Amount 70.00		
City Wichita	State KS	Zip Code 67216	Transaction ID : 89e4fc2b-199d-4994-a Date of Disbursement or Obligation MM / DD / YYYY 11 / 03 / 2014		
Purpose of Expenditure Salary		Category/ Type 001			
Name of Federal Candidate Mr. Greg Orman		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: KS		
Calendar Year-To-Date Per Election for Office Sought		261541.03	Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ►		

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	145.60
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

FEC Schedule E (Form 3X) Rev. 09/2013

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 2718 OF 3250
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M M / D D D / Y Y Y Y Y Y					
Full Name of Payee Jordyn Kilbury			Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 11 / 03 / 2014		
Mailing Address 5416 S Santa Fe Street			Amount 8.70		
City Wichita		State KS	Zip Code 67216		Transaction ID : 4da455e5-45a0-4f57-a
Purpose of Expenditure Mileage		Category/ Type 002		Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 11 / 03 / 2014	
Name of Federal Candidate Mr. Greg Orman			☐ Support ☒ Oppose		Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: KS
Calendar Year-To-Date Per Election for Office Sought 261541.03			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
Full Name of Payee Joneisha Stewart			Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 11 / 03 / 2014		
Mailing Address 2329 Runnymede Dr			Amount 30.00		
City Marrero		State LA	Zip Code 70072		Transaction ID : 85cf03ba-0fcf-4b03-8
Purpose of Expenditure Salary		Category/ Type 001		Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 11 / 03 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu			☐ Support ☒ Oppose		Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: LA
Calendar Year-To-Date Per Election for Office Sought 554635.78			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			38.70		
(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.					
Signature Ms. Emily Buchanan			[Electronically Filed]		Date M M M / D D D / Y Y Y Y Y Y 05 / 18 / 2015

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 2719 OF 3250
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC		FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on		M M M / D D D / Y Y Y Y Y Y	
Full Name of Payee Joneisha Stewart		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 11 / 03 / 2014	
Mailing Address 2329 Runnymede Dr		Amount 7.80	
City Marrero	State LA	Zip Code 70072	Transaction ID : b5d72e35-d214-4acd-8
Purpose of Expenditure Mileage	Category/ Type	002	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 11 / 03 / 2014
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: LA
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Robert B Johnson		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 11 / 03 / 2014	
Mailing Address 804 Worthington Way		Amount 20.00	
City Wilmington	State NC	Zip Code 28411	Transaction ID : f5d8cbf9-177e-455d-9
Purpose of Expenditure Salary	Category/ Type	001	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 11 / 03 / 2014
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: NC
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures.....▶		27.80	
(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]	
Signature		Date M M M / D D D / Y Y Y Y Y Y 05 / 18 / 2015	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 2720 OF 3250
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC		FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on		MM / DD / YYYY	
Full Name of Payee Jacob T Craig		Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 03 / 2014	
Mailing Address 1410 Bushville Dr		Amount 20.00	
City Lenoir	State NC	Zip Code 28645	Transaction ID : 80f7545e-9a56-4d88-9
Purpose of Expenditure Salary	Category/ Type	001	Date of Disbursement or Obligation MM / DD / YYYY 11 / 03 / 2014
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: NC
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Kelly Dolan		Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 04 / 2014	
Mailing Address 543 S 2nd St		Amount 70.00	
City Bellaire	State NC	Zip Code 77401	Transaction ID : 0468b227-b070-4caf-8
Purpose of Expenditure Salary	Category/ Type	001	Date of Disbursement or Obligation MM / DD / YYYY 11 / 04 / 2014
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: LA
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: ☐ Primary ☒ 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]	
Signature		Date MM / DD / YYYY 05 / 18 / 2015	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 2721 OF 3250
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on MM / DD / YYYY					
Full Name of Payee Kelly Dolan			Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 04 / 2014		
Mailing Address 543 S 2nd St			Amount 5.70		
City Bellaire	State NC	Zip Code 77401	Transaction ID : 03bfb64c-863e-4177-8		
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement or Obligation MM / DD / YYYY 11 / 04 / 2014		
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>LA</u>		
Calendar Year-To-Date Per Election for Office Sought		554635.78	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
Full Name of Payee Billy Martin			Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 04 / 2014		
Mailing Address 250 JS Brewton rd			Amount 30.00		
City goldonna	State LA	Zip Code 71031	Transaction ID : 67afd7c2-9b27-4e83-a		
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation MM / DD / YYYY 11 / 04 / 2014		
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>LA</u>		
Calendar Year-To-Date Per Election for Office Sought		554635.78	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			35.70		
(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.					
Signature <i>Ms. Emily Buchanan</i>		[Electronically Filed]		Date MM / DD / YYYY 05 / 18 / 2015	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 2722 OF 3250
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC		FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on		M M M / D D D / Y Y Y Y Y Y	
Full Name of Payee Billy Martin		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 11 / 04 / 2014	
Mailing Address 250 JS Brewton rd		Amount 3.60	
City goldonna	State LA	Zip Code 71031	Transaction ID : 0bffe59f-7f19-451d-9
Purpose of Expenditure Mileage	Category/ Type 002	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 11 / 04 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose ☐ President ☒ Senate	
Office Sought: ☐ House ☒ Senate District: 00 State: LA		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Calendar Year-To-Date Per Election for Office Sought 554635.78			
Full Name of Payee Christine Stevens		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 11 / 04 / 2014	
Mailing Address 100 Asbury Ct		Amount 90.00	
City Winchester	State VA	Zip Code 22602	Transaction ID : 9e933415-1d37-4f00-8
Purpose of Expenditure Salary	Category/ Type 001	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 11 / 04 / 2014	
Name of Federal Candidate Mr. Greg Orman		☐ Support ☒ Oppose ☐ President ☒ Senate	
Office Sought: ☐ House ☒ Senate District: 00 State: KS		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Calendar Year-To-Date Per Election for Office Sought 261541.03			
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶		93.60	
(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.			
Signature Ms. Emily Buchanan		[Electronically Filed] Date M M M / D D D / Y Y Y Y Y Y 05 / 18 / 2015	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 2723 OF 3250
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on MM / DD / YYYY				
Full Name of Payee Jazmine d Conner			Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 04 / 2014	
Mailing Address 100 ASBURY CT			Amount 90.00	
City WINCHESTER	State VA	Zip Code 22602	Transaction ID : e9bc7155-6378-4975-8	
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation MM / DD / YYYY 11 / 04 / 2014	
Name of Federal Candidate Mr. Greg Orman		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>KS</u>	
Calendar Year-To-Date Per Election for Office Sought 261541.03		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
Full Name of Payee Jon E Conner			Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 04 / 2014	
Mailing Address 100 Asbury Ct			Amount 90.00	
City Winchester	State VA	Zip Code 22602	Transaction ID : 5e78a39b-7edb-4a49-8	
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation MM / DD / YYYY 11 / 04 / 2014	
Name of Federal Candidate Mr. Greg Orman		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>KS</u>	
Calendar Year-To-Date Per Election for Office Sought 261541.03		Disbursement For: ☐ Primary ☒ 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.				
Signature <i>Ms. Emily Buchanan</i>		[Electronically Filed]		Date MM / DD / YYYY 05 / 18 / 2015

Full Name of Payee Elvis Spears		Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 04 / 2014	
Mailing Address 2150 Hope St		Amount 80.00	
City New Orleans	State LA	Zip Code 70119	Transaction ID : 47fcb-e8b-ee0a-43cf-b Date of Disbursement or Obligation MM / DD / YYYY 11 / 04 / 2014
Purpose of Expenditure Salary		Category/ Type 001	
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House ☒ Senate ☐ President ☐ Other (specify) _____
Calendar Year-To-Date Per Election for Office Sought		554635.78	Disbursement For: ☐ Primary ☒ General ☐ Other (specify) _____

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶ <table border="1" data-bbox="1102 1501 1364 1507"> <tr> <td data-bbox="1102 1501 1364 1507">170.00</td></tr> </table>	170.00
170.00		
(b) SUBTOTAL of Unitemized Independent Expenditures	▶ <table border="1" data-bbox="1102 1507 1364 1512"> <tr> <td data-bbox="1102 1507 1364 1512"></td></tr> </table>	
(c) TOTAL Independent Expenditures.....	▶ <table border="1" data-bbox="1102 1512 1364 1520"> <tr> <td data-bbox="1102 1512 1364 1520"></td></tr> </table>	

05 / 18 / 2015

FEC Schedule E (Form 3X) Rev. 09/2013

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 2725 OF 3250
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M M / D D D / Y Y Y Y Y Y					
Full Name of Payee Elvis Spears			Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 11 / 04 / 2014		
Mailing Address 2150 Hope St			Amount 11.40		
City New Orleans		State LA	Zip Code 70119		Transaction ID : ce6bc9c5-0ffe-406a-b
Purpose of Expenditure Mileage		Category/ Type 002		Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 11 / 04 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu			Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>LA</u>		
Calendar Year-To-Date Per Election for Office Sought 554635.78			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
Full Name of Payee Joseph R English			Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 11 / 03 / 2014		
Mailing Address 915 East Market Ave Apt 4			Amount 100.00		
City Searcy		State AR	Zip Code 72143		Transaction ID : ab2be2f2-3f52-4fe9-8
Purpose of Expenditure Salary		Category/ Type 001		Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 11 / 03 / 2014	
Name of Federal Candidate Mr. Mark L Pryor			Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>AR</u>		
Calendar Year-To-Date Per Election for Office Sought 292370.62			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			111.40		
(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.					
Signature <i>Ms. Emily Buchanan</i>			Date M M M / D D D / Y Y Y Y Y Y 05 / 18 / 2015		
[Electronically Filed]					

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 2726 OF 3250
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC		FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on		M M M / D D D / Y Y Y Y Y Y	
Full Name of Payee Joseph R English		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 11 / 03 / 2014	
Mailing Address 915 East Market Ave Apt 4		Amount 52.50	
City Searcy	State AR	Zip Code 72143	Transaction ID : 201823e9-0182-47c4-8
Purpose of Expenditure Mileage		Category/Type 002	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 11 / 03 / 2014
Name of Federal Candidate Mr. Mark L Pryor		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: AR
Calendar Year-To-Date Per Election for Office Sought 292370.62		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Rodney D Culbreth		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 11 / 04 / 2014	
Mailing Address 100 Asbury CT 3200 Dam Neck Rd		Amount 90.00	
City Winchester	State VA	Zip Code 22602	Transaction ID : b278cedc-1685-4c22-8
Purpose of Expenditure Salary		Category/Type 001	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 11 / 04 / 2014
Name of Federal Candidate Mr. Greg Orman		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: KS
Calendar Year-To-Date Per Election for Office Sought 261541.03		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶		142.50	
(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]	
Signature		Date M M M / D D D / Y Y Y Y Y Y 05 / 18 / 2015	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 2727 OF 3250
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M M / D D D / Y Y Y Y Y Y					
Full Name of Payee Rze Culbreath			Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 11 / 04 / 2014		
Mailing Address 100 Asbury Ct			Amount 90.00		
City Winchester		State VA	Zip Code 22602		Transaction ID : 5e56a219-bb70-417d-9
Purpose of Expenditure Salary		Category/ Type 001		Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 11 / 04 / 2014	
Name of Federal Candidate Mr. Greg Orman			☐ Support ☒ Oppose		Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>KS</u>
Calendar Year-To-Date Per Election for Office Sought 261541.03			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶ _____		
Full Name of Payee Carl Brent			Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 11 / 02 / 2014		
Mailing Address 6718 Lake Willow Dr			Amount 80.00		
City New Orleans		State LA	Zip Code 70126		Transaction ID : 5898be5c-0353-4f95-8
Purpose of Expenditure Salary		Category/ Type 001		Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 11 / 02 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu			☐ Support ☒ Oppose		Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>LA</u>
Calendar Year-To-Date Per Election for Office Sought 554635.78			Disbursement For: ☐ Primary ☒ 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.					
Signature Ms. Emily Buchanan			[Electronically Filed]		Date M M M / D D D / Y Y Y Y Y Y 05 / 18 / 2015

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

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 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M M / D D D / Y Y Y Y Y Y					
Full Name of Payee Carl Brent			Date of Public Distribution/Dissemination 11 / 02 / 2014		
Mailing Address 6718 Lake Willow Dr			Amount 14.70		
City New Orleans	State LA	Zip Code 70126	Transaction ID : 40c34e40-787b-428a-8		
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement or Obligation 11 / 02 / 2014		
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: LA		
Calendar Year-To-Date Per Election for Office Sought 554635.78			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
Full Name of Payee Carmin S Roldan-Myers			Date of Public Distribution/Dissemination 11 / 04 / 2014		
Mailing Address 214 Needle Pk Dr			Amount 25.00		
City Cary	State NC	Zip Code 27513	Transaction ID : fe35a456-57df-4b79-b		
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation 11 / 04 / 2014		
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: NC		
Calendar Year-To-Date Per Election for Office Sought 1095959.94			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			39.70		
(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.					
Signature Ms. Emily Buchanan		[Electronically Filed]		Date 05 / 18 / 2015	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 2729 OF 3250
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M M / D D D / Y Y Y Y Y Y					
Full Name of Payee Carmin S Roldan-Myers			Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 11 / 04 / 2014		
Mailing Address 214 Needle Pk Dr			Amount 2.10		
City Cary		State NC	Zip Code 27513		Transaction ID : 370b9ca5-efbb-41b8-a
Purpose of Expenditure Mileage		Category/ Type 002		Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 11 / 04 / 2014	
Name of Federal Candidate Ms. Kay Hagan			☐ Support ☒ Oppose		Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: NC
Calendar Year-To-Date Per Election for Office Sought			1095959.94 Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
Full Name of Payee Virginia M Stevens			Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 11 / 04 / 2014		
Mailing Address 1691 Fork Mtn Rd			Amount 80.00		
City Bakersville		State NC	Zip Code 28705		Transaction ID : bb7f93dc-452f-47ee-a
Purpose of Expenditure Salary		Category/ Type 001		Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 11 / 04 / 2014	
Name of Federal Candidate Ms. Kay Hagan			☐ Support ☒ Oppose		Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: NC
Calendar Year-To-Date Per Election for Office Sought			1095959.94 Disbursement For: ☐ Primary ☒ 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.					
Signature Ms. Emily Buchanan			[Electronically Filed]		Date M M M / D D D / Y Y Y Y Y Y 05 / 18 / 2015

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 2730 OF 3250
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC		FEC IDENTIFICATION NUMBER ▼ C C00530766
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M M / D D D / Y Y Y Y Y Y		

Full Name of Payee Virginia M Stevens		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 11 / 04 / 2014
Mailing Address 1691 Fork Mtn Rd		Amount 33.30
City Bakersville	State NC	
Purpose of Expenditure Mileage	Category/ Type 002	Transaction ID : c765056a-846f-4b5a-8 Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 11 / 04 / 2014
Name of Federal Candidate Ms. Kay Hagan		Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>NC</u>
Calendar Year-To-Date Per Election for Office Sought 1095959.94		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶

Full Name of Payee Dorthy Meyer		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 11 / 04 / 2014
Mailing Address 11707 South African Street		Amount 81.00
City Olathe	State KS	
Purpose of Expenditure Salary	Category/ Type 001	Transaction ID : 43763419-3da3-4ea2-a Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 11 / 04 / 2014
Name of Federal Candidate Mr. Greg Orman		Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>KS</u>
Calendar Year-To-Date Per Election for Office Sought 261541.03		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	114.30
(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]

Signature

Date

M M M / D D D / Y Y Y Y Y Y
05 / 18 / 2015

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 2731 OF 3250
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC		FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on		M M M / D D D / Y Y Y Y Y Y	
Full Name of Payee Dorthy Meyer		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 11 / 04 / 2014	
Mailing Address 11707 South African Street		Amount 13.20	
City Olathe	State KS	Zip Code 66062	Transaction ID : df0b0a8d-1712-4972-a
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 11 / 04 / 2014
Name of Federal Candidate Mr. Greg Orman		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: KS
Calendar Year-To-Date Per Election for Office Sought 261541.03		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Jessica R Resendiz		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 11 / 04 / 2014	
Mailing Address 9685 Paula St		Amount 105.00	
City Keithville	State LA	Zip Code 71047	Transaction ID : 75f31461-c436-442b-a
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 11 / 04 / 2014
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: LA
Calendar Year-To-Date Per Election for Office Sought 554635.78		Disbursement For: ☐ Primary ☒ 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 Signature		[Electronically Filed] Date M M M / D D D / Y Y Y Y Y Y 05 / 18 / 2015	

Full Name of Payee John P Hilkert		Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 04 / 2014	
Mailing Address 7 Bards Lane		Amount 100.00	
City Fletcher	State NC	Zip Code 28732	Transaction ID : b146363f-d68a-4c20-b
Purpose of Expenditure Salary	Category/ Type	001	Date of Disbursement or Obligation MM / DD / YYYY 11 / 04 / 2014
Name of Federal Candidate Ms. Kay Hagan	☐ Support ☒ Oppose	Office Sought: ☐ President ☒ Senate	District: 00 State: NC
Calendar Year-To-Date Per Election for Office Sought	1095959.94	Disbursement For: 2014 ☐ Other (specify) ▶	☐ Primary ☒ General

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	153.70
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

FEC Schedule E (Form 3X) Rev. 09/2013

Full Name of Payee John P Hilkert			Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 04 / 2014		
Mailing Address 7 Bards Lane			Amount 17.70		
City Fletcher	State NC	Zip Code 28732	Transaction ID : 9a956eaf-7f19-4239-8 Date of Disbursement or Obligation MM / DD / YYYY 11 / 04 / 2014		
Purpose of Expenditure Mileage		Category/ Type 002			
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House ☒ Senate District: 00 ☐ President State: NC		
Calendar Year-To-Date Per Election for Office Sought		1095959.94	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		

Full Name of Payee Cynthia J Christmas		Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 04 / 2014	
Mailing Address 1731 Frenchmen St		Amount 70.00	
City New Orleans	State LA	Zip Code 70116	Transaction ID : cfa9c003-17ec-45a7-a Date of Disbursement or Obligation MM / DD / YYYY 11 / 04 / 2014
Purpose of Expenditure Salary	Category/ Type 001		
Name of Federal Candidate Ms. Mary L Landrieu	☐ Support ☒ Oppose	Office Sought: ☐ President ☒ Senate	House District: 00 State: LA
Calendar Year-To-Date Per Election for Office Sought	554635.78	Disbursement For: 2014 ☐ Other (specify) ▶	☐ Primary ☒ General

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	87.70
(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.

Date _____

Signature

05 / 18 / 2015

Full Name of Payee Kristina M Jinkens		Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 03 / 2014	
Mailing Address 2138 N 1000 Rd		Amount 20.00	
City Eudora	State KS	Zip Code 66025	Transaction ID : 03990979-503b-4762-8
Purpose of Expenditure Salary	Category/ Type	001	Date of Disbursement or Obligation MM / DD / YYYY 11 / 03 / 2014
Name of Federal Candidate Mr. Greg Orman	☐ Support ☒ Oppose	Office Sought: ☐ President ☒ Senate	District: 00 State: KS
Calendar Year-To-Date Per Election for Office Sought	261541.03	Disbursement For: 2014 ☐ Other (specify) ▶	☐ Primary ☒ General

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	21.20
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

05 / 18 / 2015

FEC Schedule E (Form 3X) Rev. 09/2013

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 2735 OF 3250
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M M / D D D / Y Y Y Y Y Y				
Full Name of Payee Kristina M Jinkens			Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 11 / 03 / 2014	
Mailing Address 2138 N 1000 Rd			Amount 7.50	
City Eudora	State KS	Zip Code 66025	Transaction ID : 3bf97273-4bda-4e12-8	
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 11 / 03 / 2014	
Name of Federal Candidate Mr. Greg Orman		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>KS</u>	
Calendar Year-To-Date Per Election for Office Sought		261541.03	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Jonathan M Harris			Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 11 / 02 / 2014	
Mailing Address 3654 Tara St			Amount 60.00	
City Springdale	State AR	Zip Code 72762	Transaction ID : 6312687c-8619-4c6f-9	
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 11 / 02 / 2014	
Name of Federal Candidate Mr. Mark L Pryor		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>AR</u>	
Calendar Year-To-Date Per Election for Office Sought		292370.62	Disbursement For: ☐ Primary ☒ 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.				
Signature Ms. Emily Buchanan		[Electronically Filed]		Date M M M / D D D / Y Y Y Y Y Y 05 / 18 / 2015

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 2736 OF 3250
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC		FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on		M M M / D D D / Y Y Y Y Y Y	
Full Name of Payee Jonathan M Harris		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 11 / 02 / 2014	
Mailing Address 3654 Tara St		Amount 7.20	
City Springdale	State AR	Zip Code 72762	Transaction ID : 95eb1cff-74fb-4861-b
Purpose of Expenditure Mileage	Category/Type 002	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 11 / 02 / 2014	
Name of Federal Candidate Mr. Mark L Pryor		Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: AR	
Calendar Year-To-Date Per Election for Office Sought 292370.62		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Kaitlyn B Allen		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 11 / 02 / 2014	
Mailing Address 2121 Daniel Dr		Amount 110.00	
City Searcy	State AR	Zip Code 72143	Transaction ID : c5b7ebd9-4550-466a-9
Purpose of Expenditure Salary	Category/Type 001	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 11 / 02 / 2014	
Name of Federal Candidate Mr. Mark L Pryor		Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: AR	
Calendar Year-To-Date Per Election for Office Sought 292370.62		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶		117.20	
(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.			
Signature Ms. Emily Buchanan		Date M M M / D D D / Y Y Y Y Y Y 05 / 18 / 2015	
		[Electronically Filed]	

Full Name of Payee Rose M Aldapa		Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 03 / 2014	
Mailing Address 14817 E 29th N		Amount 15.00	
City Wichita	State KS	Zip Code 67228	Transaction ID : 1739b543-7be8-4209-9
Purpose of Expenditure Salary	Category/ Type	001	Date of Disbursement or Obligation MM / DD / YYYY 11 / 03 / 2014
Name of Federal Candidate Mr. Greg Orman	☐ Support ☒ Oppose	Office Sought: ☐ President ☒ Senate	District: 00 State: KS
Calendar Year-To-Date Per Election for Office Sought	261541.03		Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	38.40
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 2738 OF 3250
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC		FEC IDENTIFICATION NUMBER ▼ C C00530766
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on		MM / DD / YYYY

Full Name of Payee Rose M Aldapa		Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 03 / 2014
Mailing Address 14817 E 29th N		Amount 12.00
City Wichita	State KS	Zip Code 67228
Purpose of Expenditure Mileage	Category/Type 002	Transaction ID : c476c33b-9317-4ceb-8 Date of Disbursement or Obligation MM / DD / YYYY 11 / 03 / 2014
Name of Federal Candidate Mr. Greg Orman		Office Sought: ☐ House District: 00 ☒ Senate State: KS
Calendar Year-To-Date Per Election for Office Sought 261541.03		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶

Full Name of Payee Rose M Aldapa		Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 02 / 2014
Mailing Address 14817 E 29th N		Amount 35.00
City Wichita	State KS	Zip Code 67228
Purpose of Expenditure Salary	Category/Type 001	Transaction ID : 56bdb4e-cd80-4b76-b Date of Disbursement or Obligation MM / DD / YYYY 11 / 02 / 2014
Name of Federal Candidate Mr. Greg Orman		Office Sought: ☐ House District: 00 ☒ Senate State: KS
Calendar Year-To-Date Per Election for Office Sought 261541.03		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	47.00
(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]

Signature

Date

MM / DD / YYYY
05 / 18 / 2015

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 2739 OF 3250
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M M / D D D / Y Y Y Y Y Y					
Full Name of Payee Rose M Aldapa			Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 11 / 02 / 2014		
Mailing Address 14817 E 29th N			Amount 15.90		
City Wichita		State KS	Zip Code 67228		Transaction ID : efe54bcc-1126-4035-9
Purpose of Expenditure Mileage		Category/ Type 002		Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 11 / 02 / 2014	
Name of Federal Candidate Mr. Greg Orman			☐ Support ☒ Oppose Office Sought: ☐ House ☒ Senate District: 00 ☐ President State: KS		
Calendar Year-To-Date Per Election for Office Sought 261541.03			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
Full Name of Payee Caelan J Blair			Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 11 / 03 / 2014		
Mailing Address 510 Haymaker Hall			Amount 15.00		
City Manhattan		State KS	Zip Code 66506		Transaction ID : 0cdc9a4b-35b2-47fd-8
Purpose of Expenditure Salary		Category/ Type 001		Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 11 / 03 / 2014	
Name of Federal Candidate Mr. Greg Orman			☐ Support ☒ Oppose Office Sought: ☐ House ☒ Senate District: 00 ☐ President State: KS		
Calendar Year-To-Date Per Election for Office Sought 261541.03			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			30.90		
(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.					
Signature Ms. Emily Buchanan			Date M M M / D D D / Y Y Y Y Y Y 05 / 18 / 2015		
[Electronically Filed]					

Full Name of Payee Carol L Walters			Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 03 / 2014		
Mailing Address 1900 Glen West Way			Amount Amount 23.10		
City Fort Smith	State AR	Zip Code 72916	Transaction ID : 5790fb02-ce99-4177-9 Date of Disbursement or Obligation MM / DD / YYYY 11 / 03 / 2014		
Purpose of Expenditure Mileage		Category/ Type 002			
Name of Federal Candidate Mr. Mark L Pryor		☐ Support ☒ Oppose	Office Sought: ☐ House ☒ Senate ☐ President ☐ Other (specify) _____		
Calendar Year-To-Date Per Election for Office Sought		Amount 292370.62	Disbursement For: ☐ Primary ☒ General ☐ Other (specify) _____		

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	113.10
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

Ms. Emily Buchanan

[Electronically Filed]

Date 05 / 18 / 2015

Signature _____

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 2741 OF 3250
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M M / D D D / Y Y Y Y Y Y					
Full Name of Payee Hannah K Smith			Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 11 / 03 / 2014		
Mailing Address 633 Scott Dr			Amount 90.00		
City Gibsonville		State NC	Zip Code 27249		Transaction ID : 09f4a4c9-4469-44bc-8
Purpose of Expenditure Salary		Category/ Type 001		Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 11 / 03 / 2014	
Name of Federal Candidate Ms. Kay Hagan			☐ Support ☒ Oppose Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>NC</u>		
Calendar Year-To-Date Per Election for Office Sought 1095959.94			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶ _____		
Full Name of Payee Hannah K Smith			Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 11 / 03 / 2014		
Mailing Address 633 Scott Dr			Amount 17.40		
City Gibsonville		State NC	Zip Code 27249		Transaction ID : 2ff35760-b3dd-45cf-8
Purpose of Expenditure Mileage		Category/ Type 002		Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 11 / 03 / 2014	
Name of Federal Candidate Ms. Kay Hagan			☐ Support ☒ Oppose Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>NC</u>		
Calendar Year-To-Date Per Election for Office Sought 1095959.94			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶ _____		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶					107.40
(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.					
Signature Ms. Emily Buchanan			Date M M M / D D D / Y Y Y Y Y Y 05 / 18 / 2015		
			[Electronically Filed]		

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 2742 OF 3250
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC		FEC IDENTIFICATION NUMBER ▼ C C00530766
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on		MM / DD / YYYY

Full Name of Payee Kaylan N Swanson		Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 03 / 2014
Mailing Address 633 Scott Dr		Amount 90.00
City Gibsonville	State NC	Zip Code 27249
Purpose of Expenditure Salary	Category/Type 001	Transaction ID : c9e7003d-8fe8-4eba-9 Date of Disbursement or Obligation MM / DD / YYYY 11 / 03 / 2014
Name of Federal Candidate Ms. Kay Hagan		Office Sought: ☐ House District: 00 ☒ Senate State: NC
Calendar Year-To-Date Per Election for Office Sought 1095959.94		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶

Full Name of Payee Shantell R Taylor		Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 04 / 2014
Mailing Address PO Box 870610		Amount 50.00
City New Orleans	State LA	Zip Code 70186
Purpose of Expenditure Salary	Category/Type 001	Transaction ID : 626416b4-0f7d-4cc4-9 Date of Disbursement or Obligation MM / DD / YYYY 11 / 04 / 2014
Name of Federal Candidate Ms. Mary L Landrieu		Office Sought: ☐ House District: 00 ☒ Senate State: LA
Calendar Year-To-Date Per Election for Office Sought 554635.78		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	140.00
(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

MM / DD / YYYY
05 / 18 / 2015

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 2743 OF 3250
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M M / D D D / Y Y Y Y Y Y					
Full Name of Payee Shantell R Taylor			Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 11 / 04 / 2014		
Mailing Address PO Box 870610			Amount 0.56		
City New Orleans		State LA	Zip Code 70186		Transaction ID : eefb3327-8c23-47ac-a
Purpose of Expenditure Mileage		Category/ Type 002		Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 11 / 04 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu			☐ Support ☒ Oppose		Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>LA</u>
Calendar Year-To-Date Per Election for Office Sought 554635.78			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶ _____		
Full Name of Payee Sharon t Craig			Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 11 / 04 / 2014		
Mailing Address 1410 Bushville Dr			Amount 35.00		
City Lenoir		State NC	Zip Code 28645		Transaction ID : 22726be5-d2b6-4ab1-b
Purpose of Expenditure Salary		Category/ Type 001		Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 11 / 04 / 2014	
Name of Federal Candidate Ms. Kay Hagan			☐ Support ☒ Oppose		Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>NC</u>
Calendar Year-To-Date Per Election for Office Sought 1095959.94			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶ _____		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			35.56		
(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.					
Signature Ms. Emily Buchanan			[Electronically Filed]		Date M M M / D D D / Y Y Y Y Y Y 05 / 18 / 2015

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 2744 OF 3250
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on MM / DD / YYYY					
Full Name of Payee Sharon t Craig			Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 04 / 2014		
Mailing Address 1410 Bushville Dr			Amount 7.80		
City Lenoir	State NC	Zip Code 28645	Transaction ID : d5185e96-4b36-40a6-8 Date of Disbursement or Obligation MM / DD / YYYY 11 / 04 / 2014		
Purpose of Expenditure Mileage		Category/ Type 002			
Name of Federal Candidate Ms. Kay Hagan			☐ Support ☒ Oppose Office Sought: ☐ House ☒ Senate District: <u>00</u> ☐ President State: <u>NC</u>		
Calendar Year-To-Date Per Election for Office Sought 1095959.94			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
Full Name of Payee Lance Reichenberger			Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 03 / 2014		
Mailing Address 1426 N Glendale			Amount 50.00		
City Wichita	State KS	Zip Code 67208	Transaction ID : d229495d-c11e-4539-9 Date of Disbursement or Obligation MM / DD / YYYY 11 / 03 / 2014		
Purpose of Expenditure Salary		Category/ Type 001			
Name of Federal Candidate Mr. Greg Orman			☐ Support ☒ Oppose Office Sought: ☐ House ☒ Senate District: <u>00</u> ☐ President State: <u>KS</u>		
Calendar Year-To-Date Per Election for Office Sought 261541.03			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			57.80		
(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.					
Signature <u>Ms. Emily Buchanan</u> [Electronically Filed]			Date MM / DD / YYYY 05 / 18 / 2015		

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 2745 OF 3250
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC		FEC IDENTIFICATION NUMBER ▼ C C00530766
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on		MM / DD / YYYY

Full Name of Payee Lance Reichenberger		Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 03 / 2014
Mailing Address 1426 N Glendale		Amount 9.00
City Wichita	State KS	Zip Code 67208
Purpose of Expenditure Mileage	Category/Type 002	Transaction ID : 4f79504d-3b0e-4aa3-8 Date of Disbursement or Obligation MM / DD / YYYY 11 / 03 / 2014
Name of Federal Candidate Mr. Greg Orman		Office Sought: ☐ House District: 00 ☒ Senate State: KS
Calendar Year-To-Date Per Election for Office Sought 261541.03		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶

Full Name of Payee Deborah L Fulthorp		Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 04 / 2014
Mailing Address 4113 Melissa Dr		Amount 15.00
City Farmville	State NC	Zip Code 27828
Purpose of Expenditure Salary	Category/Type 001	Transaction ID : b451a2a6-0e07-4f80-a Date of Disbursement or Obligation MM / DD / YYYY 11 / 04 / 2014
Name of Federal Candidate Ms. Kay Hagan		Office Sought: ☐ House District: 00 ☒ Senate State: NC
Calendar Year-To-Date Per Election for Office Sought 1095959.94		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	24.00
(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]

Signature

Date

MM / DD / YYYY
05 / 18 / 2015

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 2746 OF 3250
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M M / D D D / Y Y Y Y Y Y					
Full Name of Payee Deborah L Fulthorp			Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 11 / 04 / 2014		
Mailing Address 4113 Melissa Dr			Amount 9.00		
City Farmville		State NC	Zip Code 27828		Transaction ID : 518230da-81f9-4472-b
Purpose of Expenditure Mileage		Category/ Type 002		Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 11 / 04 / 2014	
Name of Federal Candidate Ms. Kay Hagan			☐ Support ☒ Oppose		Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: NC
Calendar Year-To-Date Per Election for Office Sought			1095959.94 Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
Full Name of Payee Timothy Foley			Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 11 / 04 / 2014		
Mailing Address 20679 Glenbrook Terrace			Amount 10.00		
City Sterling		State VA	Zip Code 20165		Transaction ID : 270dbc5a-ee89-447c-8
Purpose of Expenditure Salary		Category/ Type 001		Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 11 / 04 / 2014	
Name of Federal Candidate Mr. Greg Orman			☐ Support ☒ Oppose		Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: KS
Calendar Year-To-Date Per Election for Office Sought			261541.03 Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			19.00		
(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.					
Signature Ms. Emily Buchanan			[Electronically Filed]		Date M M M / D D D / Y Y Y Y Y Y 05 / 18 / 2015

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 2747 OF 3250
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M M / D D D / Y Y Y Y Y Y					
Full Name of Payee James Kindstedt			Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 11 / 04 / 2014		
Mailing Address 5510 Dogwood Dr			Amount 31.00		
City Winston Salem		State NC	Zip Code 27105		Transaction ID : 2f2ff38d-e160-464f-8
Purpose of Expenditure Salary		Category/ Type 001		Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 11 / 04 / 2014	
Name of Federal Candidate Ms. Kay Hagan			☐ Support ☒ Oppose		Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: NC
Calendar Year-To-Date Per Election for Office Sought			1095959.94 Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
Full Name of Payee James Kindstedt			Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 11 / 04 / 2014		
Mailing Address 5510 Dogwood Dr			Amount 12.12		
City Winston Salem		State NC	Zip Code 27105		Transaction ID : a827252f-3c8a-4d21-b
Purpose of Expenditure Mileage		Category/ Type 002		Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 11 / 04 / 2014	
Name of Federal Candidate Ms. Kay Hagan			☐ Support ☒ Oppose		Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: NC
Calendar Year-To-Date Per Election for Office Sought			1095959.94 Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			43.12		
(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.					
Signature Ms. Emily Buchanan			[Electronically Filed]		Date M M M / D D D / Y Y Y Y Y Y 05 / 18 / 2015

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 2748 OF 3250
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC		FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on		M M M / D D D / Y Y Y Y Y Y	
Full Name of Payee Joanna Kindstedt		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 11 / 04 / 2014	
Mailing Address 2134 Tobaccoville Rd		Amount 31.00	
City Rural Hall	State NC	Zip Code 27045	Transaction ID : 9a05c0a7-3d74-484e-a
Purpose of Expenditure Salary		Category/Type 001	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 11 / 04 / 2014
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: NC
Calendar Year-To-Date Per Election for Office Sought 1095959.94		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Corey S McKnight		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 11 / 04 / 2014	
Mailing Address 1510 Bailey St		Amount 30.00	
City West Monroe	State LA	Zip Code 71292	Transaction ID : da051c8c-31a8-4615-b
Purpose of Expenditure Salary		Category/Type 001	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 11 / 04 / 2014
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: LA
Calendar Year-To-Date Per Election for Office Sought 554635.78		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶		61.00	
(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.			
Signature Ms. Emily Buchanan		[Electronically Filed] Date M M M / D D D / Y Y Y Y Y Y 05 / 18 / 2015	

Full Name of Payee Lorri Anderson			Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 04 / 2014		
Mailing Address 7214 Duchamp Dr			Amount 60.00		
City Charlotte	State NC	Zip Code 23215	Transaction ID : a79e7c48-c437-465f-a Date of Disbursement or Obligation MM / DD / YYYY 11 / 04 / 2014		
Purpose of Expenditure Salary		Category/ Type 001			
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: NC		
Calendar Year-To-Date Per Election for Office Sought		1095959.94	Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ►		

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	130.00
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

05 / 18 / 2015

FEC Schedule E (Form 3X) Rev. 09/2013

Full Name of Payee Leona Martin			Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 04 / 2014		
Mailing Address 9901 Floyd St			Amount 50.00		
City	State	Zip Code	Transaction ID : 22d6baba-b9a7-43db-9 Date of Disbursement or Obligation MM / DD / YYYY 11 / 04 / 2014		
Overland Park	KS	66212			
Purpose of Expenditure Salary		Category/ Type	MM / DD / YYYY 11 / 04 / 2014		
Name of Federal Candidate		☐ Support ☒ Oppose	Office Sought: ☐ House ☒ Senate ☐ President ☒ Other (specify) _____		
Mr. Greg Orman			District: <u>00</u> State: <u>KS</u>		
Calendar Year-To-Date Per Election for Office Sought		261541.03	Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ► _____		

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	57.20
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

FEC Schedule E (Form 3X) Rev. 09/2013

Full Name of Payee Anselma A Trinidad		Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 04 / 2014	
Mailing Address 7915 Curtina Ln		Amount 60.00	
City Lewisville	State NC	Zip Code 27023	Transaction ID : f3b4a7d0-e7a4-4064-8
Purpose of Expenditure Salary	Category/ Type	001	Date of Disbursement or Obligation MM / DD / YYYY 11 / 04 / 2014
Name of Federal Candidate Ms. Kay Hagan	☐ Support ☒ Oppose	Office Sought: ☐ President ☒ Senate	District: 00 State: NC
Calendar Year-To-Date Per Election for Office Sought	1095959.94		Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶ 68.70
(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.

Date _____

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 2752 OF 3250
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC		FEC IDENTIFICATION NUMBER ▼ C C00530766
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on		MM / DD / YYYY

Full Name of Payee Jordan L Randall		Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 04 / 2014
Mailing Address 27 Mesa St		Amount 30.00
City Kenner	State LA	Zip Code 70065
Purpose of Expenditure Salary	Category/Type 001	Transaction ID : 0c61ea37-3e3f-4685-a Date of Disbursement or Obligation MM / DD / YYYY 11 / 04 / 2014
Name of Federal Candidate Ms. Mary L Landrieu		Office Sought: ☐ House District: 00 ☒ Senate State: LA
Calendar Year-To-Date Per Election for Office Sought 554635.78		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶

Full Name of Payee Jordan L Randall		Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 04 / 2014
Mailing Address 27 Mesa St		Amount 4.20
City Kenner	State LA	Zip Code 70065
Purpose of Expenditure Mileage	Category/Type 002	Transaction ID : 541d8838-4b17-41eb-b Date of Disbursement or Obligation MM / DD / YYYY 11 / 04 / 2014
Name of Federal Candidate Ms. Mary L Landrieu		Office Sought: ☐ House District: 00 ☒ Senate State: LA
Calendar Year-To-Date Per Election for Office Sought 554635.78		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	34.20
(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]

Signature

Date

MM / DD / YYYY
05 / 18 / 2015

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 2753 OF 3250
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC		FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M M / D D D / Y Y Y Y Y Y			
Full Name of Payee Sarah Bassil		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 11 / 04 / 2014	
Mailing Address 7650 Fallswood Way		Amount 60.00	
City Lorton	State VA	Zip Code 22079	Transaction ID : ff69a459-378e-4994-b Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 11 / 04 / 2014
Purpose of Expenditure Salary		Category/ Type 001	
Name of Federal Candidate Mr. Greg Orman		Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: KS ☐ Support ☒ Oppose	
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
261541.03			
Full Name of Payee Lisa A Hackett		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 11 / 04 / 2014	
Mailing Address 137 S Palm ST		Amount 55.00	
City Winnabow	State NC	Zip Code 28479	Transaction ID : b12103fd-2934-46b0-b Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 11 / 04 / 2014
Purpose of Expenditure Salary		Category/ Type 001	
Name of Federal Candidate Ms. Kay Hagan		Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: NC ☐ Support ☒ Oppose	
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
1095959.94			
(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.			
Signature Ms. Emily Buchanan		Date M M M / D D D / Y Y Y Y Y Y 05 / 18 / 2015 [Electronically Filed]	

Full Name of Payee Dwayne C Smith		Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 04 / 2014	
Mailing Address 900 Bramblegate Rd		Amount 50.00	
City Hope Mills	State NC	Zip Code 28348	Transaction ID : d9d5874e-2e31-4b20-8
Purpose of Expenditure Salary	Category/ Type	001	Date of Disbursement or Obligation MM / DD / YYYY 11 / 04 / 2014
Name of Federal Candidate Ms. Kay Hagan	☐ Support ☒ Oppose	Office Sought: ☐ President ☒ Senate	District: 00 State: NC
Calendar Year-To-Date Per Election for Office Sought	1095959.94		Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ▶

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.

Signature

MM / DD / YYYY

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 2755 OF 3250
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M M / D D D / Y Y Y Y Y Y					
Full Name of Payee Dwayne C Smith			Date of Public Distribution/Dissemination 11 / 04 / 2014		
Mailing Address 900 Bramblegate Rd			Amount 9.87		
City Hope Mills		State NC	Zip Code 28348		Transaction ID : af9b98c1-5781-4809-8
Purpose of Expenditure Mileage		Category/ Type 002		Date of Disbursement or Obligation 11 / 04 / 2014	
Name of Federal Candidate Ms. Kay Hagan			Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>NC</u>		
Calendar Year-To-Date Per Election for Office Sought 1095959.94			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
Full Name of Payee Toni A Persinger-Buckler			Date of Public Distribution/Dissemination 11 / 04 / 2014		
Mailing Address 5330 Nestleway Dr			Amount 60.00		
City Clemmons		State NC	Zip Code 27012		Transaction ID : 3ebbb8cfe-c226-46d0-a
Purpose of Expenditure Salary		Category/ Type 001		Date of Disbursement or Obligation 11 / 04 / 2014	
Name of Federal Candidate Ms. Kay Hagan			Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>NC</u>		
Calendar Year-To-Date Per Election for Office Sought 1095959.94			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			69.87		
(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.					
Signature <i>Ms. Emily Buchanan</i>			Date 05 / 18 / 2015		
[Electronically Filed]					

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 2756 OF 3250
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC		FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on		M M M / D D D / Y Y Y Y Y Y	
Full Name of Payee Toni A Persinger-Buckler		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 11 / 04 / 2014	
Mailing Address 5330 Nestleway Dr		Amount 4.50	
City Clemmons	State NC	Zip Code 27012	Transaction ID : 57fa8728-0356-4e5f-a
Purpose of Expenditure Mileage	Category/ Type 002	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 11 / 04 / 2014	
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	
Office Sought: ☐ President ☒ Senate		District: 00 State: NC	
Calendar Year-To-Date Per Election for Office Sought 1095959.94		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Gabriela P Sosa		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 11 / 04 / 2014	
Mailing Address 2530 Brook Stone Dr		Amount 60.00	
City Clemmons	State NC	Zip Code 27012	Transaction ID : 19a46693-ef9b-42ad-a
Purpose of Expenditure Salary	Category/ Type 001	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 11 / 04 / 2014	
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	
Office Sought: ☐ President ☒ Senate		District: 00 State: NC	
Calendar Year-To-Date Per Election for Office Sought 1095959.94		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶		64.50	
(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]	
Signature		Date M M M / D D D / Y Y Y Y Y Y 05 / 18 / 2015	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 2757 OF 3250
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC		FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on		M M M / D D D / Y Y Y Y Y Y	
Full Name of Payee Gabriela P Sosa		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 11 / 04 / 2014	
Mailing Address 2530 Brook Stone Dr		Amount 12.00	
City Clemmons	State NC	Zip Code 27012	Transaction ID : 95f9232f-d7bb-4d13-9
Purpose of Expenditure Mileage	Category/ Type	002	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 11 / 04 / 2014
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: NC
Calendar Year-To-Date Per Election for Office Sought		1095959.94	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶
Full Name of Payee Heather A Smith		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 11 / 04 / 2014	
Mailing Address 995 Clairborne Rd		Amount 40.00	
City Calhoun	State LA	Zip Code 71225	Transaction ID : a98e8757-1f96-4700-b
Purpose of Expenditure Salary	Category/ Type	001	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 11 / 04 / 2014
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: LA
Calendar Year-To-Date Per Election for Office Sought		554635.78	Disbursement For: ☐ Primary ☒ 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]	
Signature		Date 05 / 18 / 2015	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 2758 OF 3250
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on MM / DD / YYYY				
Full Name of Payee Heather A Smith			Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 04 / 2014	
Mailing Address 995 Clairborne Rd			Amount 18.00	
City Calhoun	State LA	Zip Code 71225	Transaction ID : cde0cfc1-a08e-4036-b Date of Disbursement or Obligation MM / DD / YYYY 11 / 04 / 2014	
Purpose of Expenditure Mileage		Category/ Type 002		
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>LA</u>	
Calendar Year-To-Date Per Election for Office Sought		554635.78	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Jackson S Tuttle			Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 04 / 2014	
Mailing Address 404 Chancery Park Ct			Amount 70.00	
City Kernersville	State NC	Zip Code 27284	Transaction ID : 8d2e86ca-4f3e-4cd3-b Date of Disbursement or Obligation MM / DD / YYYY 11 / 04 / 2014	
Purpose of Expenditure Salary		Category/ Type 001		
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>NC</u>	
Calendar Year-To-Date Per Election for Office Sought		1095959.94	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures.....▶			88.00	
(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.				
Signature Ms. Emily Buchanan		[Electronically Filed]		Date MM / DD / YYYY 05 / 18 / 2015

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 2759 OF 3250
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on MM / DD / YYYY				
Full Name of Payee Jeanne Tribou			Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 04 / 2014	
Mailing Address 22369 Ponderosa Dr.			Amount 50.00	
City Mandeville	State LA	Zip Code 70471	Transaction ID : 39cbb209-882c-4ca9-b	
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation MM / DD / YYYY 11 / 04 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>LA</u>	
Calendar Year-To-Date Per Election for Office Sought		554635.78	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Jeanne Tribou			Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 04 / 2014	
Mailing Address 22369 Ponderosa Dr.			Amount 5.10	
City Mandeville	State LA	Zip Code 70471	Transaction ID : 5d065359-7279-40af-9	
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement or Obligation MM / DD / YYYY 11 / 04 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>LA</u>	
Calendar Year-To-Date Per Election for Office Sought		554635.78	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			55.10	
(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 MM / DD / YYYY 05 / 18 / 2015	
Signature				

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 2760 OF 3250
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on			MM / DD / YYYY	
Full Name of Payee Casey Stockton		Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 04 / 2014		
Mailing Address 105 South Dale St		Amount 80.00		
City Spruce Pine	State NC	Zip Code 28777	Transaction ID : 61f4801a-9738-43fb-9	
Purpose of Expenditure Salary		Category/Type 001	Date of Disbursement or Obligation MM / DD / YYYY 11 / 04 / 2014	
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: NC	
Calendar Year-To-Date Per Election for Office Sought		1095959.94	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Mary Johnson		Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 04 / 2014		
Mailing Address 105 South Dale St		Amount 70.00		
City Spruce Pine	State NC	Zip Code 28777	Transaction ID : 43d9a76f-0f9e-4b38-8	
Purpose of Expenditure Salary		Category/Type 001	Date of Disbursement or Obligation MM / DD / YYYY 11 / 04 / 2014	
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: NC	
Calendar Year-To-Date Per Election for Office Sought		1095959.94	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures.....		150.00		
(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.				
Signature Ms. Emily Buchanan		[Electronically Filed]		Date MM / DD / YYYY 05 / 18 / 2015

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 2762 OF 3250
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on MM / DD / YYYY				
Full Name of Payee Marsha Barnell			Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 04 / 2014	
Mailing Address 3847 SW Atwood Terrace			Amount 27.50	
City Topeka	State KS	Zip Code 66610	Transaction ID : 99817a78-d7f4-4e87-9 Date of Disbursement or Obligation MM / DD / YYYY 11 / 04 / 2014	
Purpose of Expenditure Salary		Category/ Type 001		
Name of Federal Candidate Mr. Greg Orman		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>KS</u>	
Calendar Year-To-Date Per Election for Office Sought		261541.03	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Marsha Barnell			Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 04 / 2014	
Mailing Address 3847 SW Atwood Terrace			Amount 2.10	
City Topeka	State KS	Zip Code 66610	Transaction ID : 4d867b6f-9999-429f-b Date of Disbursement or Obligation MM / DD / YYYY 11 / 04 / 2014	
Purpose of Expenditure Mileage		Category/ Type 002		
Name of Federal Candidate Mr. Greg Orman		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>KS</u>	
Calendar Year-To-Date Per Election for Office Sought		261541.03	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			29.60	
(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.				
Signature Ms. Emily Buchanan		[Electronically Filed]		Date MM / DD / YYYY 05 / 18 / 2015

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 2763 OF 3250
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M M / D D D / Y Y Y Y Y Y				
Full Name of Payee Alisha A Hauser			Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 11 / 04 / 2014	
Mailing Address 199 Raven Circle			Amount 62.00	
City Wilkesboro	State NC	Zip Code 28697	Transaction ID : bdad478f-65e2-4f3d-9 Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 11 / 04 / 2014	
Purpose of Expenditure Salary		Category/ Type 001		
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>NC</u>	
Calendar Year-To-Date Per Election for Office Sought 1095959.94			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶ _____	
Full Name of Payee Alisha A Hauser			Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 11 / 04 / 2014	
Mailing Address 199 Raven Circle			Amount 20.55	
City Wilkesboro	State NC	Zip Code 28697	Transaction ID : 72111aaa-aad9-4216-8 Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 11 / 04 / 2014	
Purpose of Expenditure Mileage		Category/ Type 002		
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>NC</u>	
Calendar Year-To-Date Per Election for Office Sought 1095959.94			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶ _____	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			82.55	
(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.				
Signature Ms. Emily Buchanan		[Electronically Filed]		Date M M M / D D D / Y Y Y Y Y Y 05 / 18 / 2015

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 2764 OF 3250
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M M / D D D / Y Y Y Y Y Y				
Full Name of Payee Jon Linch			Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 11 / 04 / 2014	
Mailing Address 6108 Harkins Ave			Amount 75.00	
City Little Rock	State AR	Zip Code 72210	Transaction ID : 8b7c74c0-f960-4dd4-b	
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 11 / 04 / 2014	
Name of Federal Candidate Mr. Mark L Pryor		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>AR</u>	
Calendar Year-To-Date Per Election for Office Sought		292370.62	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Jon Linch			Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 11 / 04 / 2014	
Mailing Address 6108 Harkins Ave			Amount 29.40	
City Little Rock	State AR	Zip Code 72210	Transaction ID : 6ee9cb73-b786-495a-8	
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 11 / 04 / 2014	
Name of Federal Candidate Mr. Mark L Pryor		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>AR</u>	
Calendar Year-To-Date Per Election for Office Sought		292370.62	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures.....▶			104.40	
(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.				
Signature Ms. Emily Buchanan		[Electronically Filed]		Date M M M / D D D / Y Y Y Y Y Y 05 / 18 / 2015

Full Name of Payee Alice K Salazar		Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 04 / 2014	
Mailing Address 605 W Houston St		Amount 56.10	
City Marshall	State TX	Zip Code 75633	Transaction ID : 8dc43c97-466d-4d7a-a Date of Disbursement or Obligation MM / DD / YYYY 11 / 04 / 2014
Purpose of Expenditure Mileage	Category/ Type	002	
Name of Federal Candidate Ms. Mary L Landrieu	☐ Support ☒ Oppose	Office Sought: ☐ President ☒ Senate	District: 00 State: LA
Calendar Year-To-Date Per Election for Office Sought	554635.78		Disbursement For: 2014 ☐ Other (specify) ▶
		☐ Primary ☒ General	

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	146.10
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

FEC Schedule E (Form 3X) Rev. 09/2013

Full Name of Payee Avery Rodriguez		Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 04 / 2014	
Mailing Address 11 Cooper Lane		Amount 15.30	
City Conway	State AR	Zip Code 72034	Transaction ID : 4cae69d7-2655-43fd-8 Date of Disbursement or Obligation MM / DD / YYYY 11 / 04 / 2014
Purpose of Expenditure Mileage	Category/ Type 002		
Name of Federal Candidate Mr. Mark L Pryor	☐ Support ☒ Oppose	Office Sought: ☐ President ☒ Senate	House District: 00 State: AR
Calendar Year-To-Date Per Election for Office Sought	292370.62	Disbursement For: 2014 ☐ Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	116.30
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

FEC Schedule E (Form 3X) Rev. 09/2013

Full Name of Payee Lisa Booth		Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 04 / 2014	
Mailing Address 1434 South Avenue		Amount 23.40	
City Eden	State NC	Zip Code 27288	Transaction ID : 55d0e3af-ecf1-45d5-a Date of Disbursement or Obligation MM / DD / YYYY 11 / 04 / 2014
Purpose of Expenditure Mileage	Category/ Type 002		
Name of Federal Candidate Ms. Kay Hagan	☐ Support ☒ Oppose	Office Sought: ☐ President ☒ Senate	District: 00 State: NC
Calendar Year-To-Date Per Election for Office Sought	1095959.94	Disbursement For: 2014 ☐ Primary ☒ General ☐ Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	123.40
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

FEC Schedule E (Form 3X) Rev. 09/2013

Full Name of Payee Phillip Williams		Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 04 / 2014	
Mailing Address 3007 Darden Rd		Amount 40.20	
City Greensboro	State NC	Zip Code 27407	Transaction ID : ce1b626a-32bd-445e-8 Date of Disbursement or Obligation MM / DD / YYYY 11 / 04 / 2014
Purpose of Expenditure Mileage	Category/ Type 002		
Name of Federal Candidate Ms. Kay Hagan	☐ Support ☒ Oppose	Office Sought: ☐ President ☒ Senate	District: 00 State: NC
Calendar Year-To-Date Per Election for Office Sought	1095959.94	Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ▶	

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.

Signature

FEC Schedule E (Form 3X) Rev. 09/2013

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 2769 OF 3250
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC		FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on		M M M / D D D / Y Y Y Y Y Y	
Full Name of Payee Dianna R Williams		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 11 / 04 / 2014	
Mailing Address 1510 W Pawnee Apt 2103		Amount 80.00	
City Wichita	State KS	Zip Code 67213	Transaction ID : 0bc1d567-0cfe-48c1-9
Purpose of Expenditure Salary	Category/Type 001	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 11 / 04 / 2014	
Name of Federal Candidate Mr. Greg Orman		☐ Support ☒ Oppose	
Office Sought: ☐ President ☒ Senate		District: 00 State: KS	
Calendar Year-To-Date Per Election for Office Sought 261541.03		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Dianna R Williams		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 11 / 04 / 2014	
Mailing Address 1510 W Pawnee Apt 2103		Amount 39.90	
City Wichita	State KS	Zip Code 67213	Transaction ID : 5f1b47de-4583-41e7-9
Purpose of Expenditure Mileage	Category/Type 002	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 11 / 04 / 2014	
Name of Federal Candidate Mr. Greg Orman		☐ Support ☒ Oppose	
Office Sought: ☐ President ☒ Senate		District: 00 State: KS	
Calendar Year-To-Date Per Election for Office Sought 261541.03		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶		119.90	
(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.			
Signature Ms. Emily Buchanan		Date M M M / D D D / Y Y Y Y Y Y 05 / 18 / 2015	
		[Electronically Filed]	

Full Name of Payee Marilyn Galliardt		Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 04 / 2014	
Mailing Address 410 Wedgewood Ct		Amount 60.00	
City Hesston	State KS	Zip Code 67062	Transaction ID : 8dc87a95-d7a7-4244-a Date of Disbursement or Obligation MM / DD / YYYY 11 / 04 / 2014
Purpose of Expenditure Salary		Category/ Type 001	
Name of Federal Candidate Mr. Greg Orman		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: KS
Calendar Year-To-Date Per Election for Office Sought		261541.03	Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	130.00
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

FEC Schedule E (Form 3X) Rev. 09/2013

Full Name of Payee Marilyn Galliardt		Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 04 / 2014	
Mailing Address 410 Wedgewood Ct		Amount 43.50	
City Hesston	State KS	Zip Code 67062	Transaction ID : 9da77933-7f36-478d-a Date of Disbursement or Obligation MM / DD / YYYY 11 / 04 / 2014
Purpose of Expenditure Mileage	Category/ Type	002	
Name of Federal Candidate Mr. Greg Orman	☐ Support ☒ Oppose	Office Sought: ☐ President ☒ Senate	District: 00 State: KS
Calendar Year-To-Date Per Election for Office Sought	261541.03	Disbursement For: 2014 ☐ Other (specify) ▶	☐ Primary ☒ General

Full Name of Payee Theresa a Youngblood		Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 04 / 2014	
Mailing Address 102 S Main Street Apt A2		Amount 70.00	
City Berryville	State VA	Zip Code 22611	Transaction ID : 6405a11b-5378-454c-a
Purpose of Expenditure Salary	Category/ Type 001	Date of Disbursement or Obligation MM / DD / YYYY 11 / 04 / 2014	
Name of Federal Candidate Mr. Greg Orman	☐ Support ☒ Oppose	Office Sought: ☐ President ☒ Senate	District: 00 State: KS
Calendar Year-To-Date Per Election for Office Sought 261541.03	Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ▶ _____		

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	113.50
(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.

Date / /

Signature

Full Name of Payee Krista J Smith		Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 04 / 2014	
Mailing Address 41176 Bertville Rd		Amount 5.70	
City Gonzales	State LA	Zip Code 70737	Transaction ID : bb0accdb-581c-4fff-b Date of Disbursement or Obligation MM / DD / YYYY 11 / 04 / 2014
Purpose of Expenditure Mileage	Category/ Type 002		
Name of Federal Candidate Ms. Mary L Landrieu	☐ Support ☒ Oppose	Office Sought: ☐ President ☒ Senate	District: 00 State: LA
Calendar Year-To-Date Per Election for Office Sought	554635.78	Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....	25.70
(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.

Date _____

Signature

Full Name of Payee Gary W Fuhrmann		Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 04 / 2014	
Mailing Address 9425 Jessica Drive		Amount 60.00	
City Shreveport	State LA	Zip Code 71106	Transaction ID : bba18a68-f30b-4658-8 Date of Disbursement or Obligation MM / DD / YYYY 11 / 04 / 2014
Purpose of Expenditure Salary	Category/ Type 001		
Name of Federal Candidate Ms. Mary L Landrieu	☐ Support ☒ Oppose	Office Sought: ☐ President ☒ Senate	District: 00 State: LA
Calendar Year-To-Date Per Election for Office Sought	554635.78	Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	105.00
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

05 / 18 / 2015

FEC Schedule E (Form 3X) Rev. 09/2013

Full Name of Payee Noah J Smith		Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 04 / 2014	
Mailing Address 41174 Bertville Rd		Amount 35.00	
City Gonzales	State LA	Zip Code 70737	Transaction ID : 97a3c772-fd89-44e1-a Date of Disbursement or Obligation MM / DD / YYYY 11 / 04 / 2014
Purpose of Expenditure Salary	Category/ Type	001	
Name of Federal Candidate Ms. Mary L Landrieu	☐ Support ☒ Oppose	Office Sought: ☐ President ☒ Senate	District: 00 State: LA
Calendar Year-To-Date Per Election for Office Sought	554635.78	Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ▶	

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.

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 2775 OF 3250
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on			MM / DD / YYYY	
Full Name of Payee James A Sears		Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 04 / 2014		
Mailing Address 305 Averroe Dr		Amount 30.00		
City Apex	State NC	Zip Code 27502	Transaction ID : 0265abee-e8e6-4c0f-9	
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation MM / DD / YYYY 11 / 04 / 2014	
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: NC	
Calendar Year-To-Date Per Election for Office Sought		1095959.94	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Ms. Tonya Boyd		Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 04 / 2014		
Mailing Address 2357 Fancy Cap Rd		Amount 65.00		
City Mt. Airy	State NC	Zip Code 27030	Transaction ID : 19a94ce1-7b29-447d-8	
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation MM / DD / YYYY 11 / 04 / 2014	
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: NC	
Calendar Year-To-Date Per Election for Office Sought		1095959.94	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures.....		95.00		
(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
Signature		MM / DD / YYYY 05 / 18 / 2015		

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 2776 OF 3250
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M M / D D D / Y Y Y Y Y Y				
Full Name of Payee Ms. Tonya Boyd			Date of Public Distribution/Dissemination 11 / 04 / 2014	
Mailing Address 2357 Fancy Cap Rd			Amount 9.24	
City Mt. Airy	State NC	Zip Code 27030	Transaction ID : ad081aca-2b77-48f1-b	
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement or Obligation 11 / 04 / 2014	
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>NC</u>	
Calendar Year-To-Date Per Election for Office Sought		1095959.94	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Antoinette Franklin			Date of Public Distribution/Dissemination 11 / 04 / 2014	
Mailing Address 8822 Apple St			Amount 60.00	
City New Orleans	State LA	Zip Code 70188	Transaction ID : 7fe3e478-3018-4b8d-9	
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation 11 / 04 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>LA</u>	
Calendar Year-To-Date Per Election for Office Sought		554635.78	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			69.24	
(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.				
Signature Ms. Emily Buchanan		[Electronically Filed]		Date 05 / 18 / 2015

Full Name of Payee Tammy Williams		Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 04 / 2014	
Mailing Address 924 N. Prieur St		Amount 60.00	
City New Orleans	State LA	Zip Code 70116	Transaction ID : e64ccce2-fc27-40ff-b Date of Disbursement or Obligation MM / DD / YYYY 11 / 04 / 2014
Purpose of Expenditure Salary	Category/ Type 001		
Name of Federal Candidate Ms. Mary L Landrieu	☐ Support ☒ Oppose	Office Sought: ☐ President ☒ Senate	House District: 00 State: LA
Calendar Year-To-Date Per Election for Office Sought	554635.78	Disbursement For: 2014 ☐ Other (specify) ►	

(a) SUBTOTAL of Itemized Independent Expenditures.....	76.50
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures.....	

05 / 18 / 2015

FEC Schedule E (Form 3X) Rev. 09/2013

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 2778 OF 3250
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC		FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M M / D D D / Y Y Y Y Y Y			
Full Name of Payee Tammy Williams		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 11 / 04 / 2014	
Mailing Address 924 N. Prieur St		Amount 16.50	
City New Orleans	State LA	Zip Code 70116	Transaction ID : 74d0dd9c-d6c9-4aef-9 Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 11 / 04 / 2014
Purpose of Expenditure Mileage		Category/ Type 002	
Name of Federal Candidate Ms. Mary L Landrieu		Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: LA ☐ Other (specify) ▶	
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Jacob W Joosten		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 11 / 04 / 2014	
Mailing Address 1906 S Pine Apt B		Amount 40.00	
City Pittsburg	State KS	Zip Code 66762	Transaction ID : fd438c6b-db0f-4a4e-9 Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 11 / 04 / 2014
Purpose of Expenditure Salary		Category/ Type 001	
Name of Federal Candidate Mr. Greg Orman		Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: KS ☐ Other (specify) ▶	
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶		56.50	
(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.			
Signature Ms. Emily Buchanan		Date M M M / D D D / Y Y Y Y Y Y 05 / 18 / 2015	
[Electronically Filed]			

Full Name of Payee Karen Congema			Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 04 / 2014		
Mailing Address 813 Worthington Way			Amount 30.00		
City Wilmington	State NC	Zip Code 28411	Transaction ID : f77ca134-8848-4f65-8 Date of Disbursement or Obligation MM / DD / YYYY 11 / 04 / 2014		
Purpose of Expenditure Salary		Category/ Type 001			
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House ☒ Senate ☐ President ☒ Senate District: 00 State: NC		
Calendar Year-To-Date Per Election for Office Sought		1095959.94	Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ▶		

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	33.90
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

05 / 18 / 2015

FEC Schedule E (Form 3X) Rev. 09/2013

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 2780 OF 3250
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M M / D D D / Y Y Y Y Y Y					
Full Name of Payee Karen Congema			Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 11 / 04 / 2014		
Mailing Address 813 Worthington Way			Amount 3.00		
City Wilmington	State NC	Zip Code 28411	Transaction ID : 5cb6c04a-8788-4418-b		
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 11 / 04 / 2014		
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>NC</u>		
Calendar Year-To-Date Per Election for Office Sought		1095959.94	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
Full Name of Payee Krystal A Wilson			Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 11 / 04 / 2014		
Mailing Address 448 Judson Dr			Amount 70.00		
City Wake Forest	State NC	Zip Code 27587	Transaction ID : c3e90dbe-7d64-4b61-9		
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 11 / 04 / 2014		
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>NC</u>		
Calendar Year-To-Date Per Election for Office Sought		1095959.94	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			73.00		
(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.					
Signature Ms. Emily Buchanan		[Electronically Filed]		Date M M M / D D D / Y Y Y Y Y Y 05 / 18 / 2015	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 2781 OF 3250
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC		FEC IDENTIFICATION NUMBER ▼ C C00530766
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on		MM / DD / YYYY

Full Name of Payee Krystal A Wilson		Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 04 / 2014
Mailing Address 448 Judson Dr		Amount 8.10
City Wake Forest	State NC	Zip Code 27587
Purpose of Expenditure Mileage	Category/Type 002	Transaction ID : 401715e8-b32e-4bd5-8 Date of Disbursement or Obligation MM / DD / YYYY 11 / 04 / 2014
Name of Federal Candidate Ms. Kay Hagan		Office Sought: ☐ House District: 00 ☒ Senate State: NC
Calendar Year-To-Date Per Election for Office Sought 1095959.94		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶

Full Name of Payee Logan B Piper		Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 04 / 2014
Mailing Address 3205 Pebble Beach Rd		Amount 88.00
City Conway	State AR	Zip Code 72034
Purpose of Expenditure Salary	Category/Type 001	Transaction ID : e25a8773-e446-4aad-b Date of Disbursement or Obligation MM / DD / YYYY 11 / 04 / 2014
Name of Federal Candidate Mr. Mark L Pryor		Office Sought: ☐ House District: 00 ☒ Senate State: AR
Calendar Year-To-Date Per Election for Office Sought 292370.62		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	96.10
(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]

Signature

Date

MM / DD / YYYY
05 / 18 / 2015

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 2782 OF 3250
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC		FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M M / D D D / Y Y Y Y Y Y			
Full Name of Payee Logan B Piper		Date of Public Distribution/Dissemination 11 / 04 / 2014	
Mailing Address 3205 Pebble Beach Rd		Amount 16.08	
City Conway	State AR	Zip Code 72034	Transaction ID : 2224e35b-bcab-4bf8-b Date of Disbursement or Obligation 11 / 04 / 2014
Purpose of Expenditure Mileage		Category/ Type 002	
Name of Federal Candidate Mr. Mark L Pryor		Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: AR ☐ Support ☒ Oppose	
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Lee R Carter		Date of Public Distribution/Dissemination 11 / 04 / 2014	
Mailing Address 3110 Brentwood Rd		Amount 90.00	
City Raleigh	State NC	Zip Code 27604	Transaction ID : af2013e4-665f-42fe-9 Date of Disbursement or Obligation 11 / 04 / 2014
Purpose of Expenditure Salary		Category/ Type 001	
Name of Federal Candidate Ms. Kay Hagan		Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: NC ☐ Support ☒ Oppose	
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶		106.08	
(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.			
Signature <i>Ms. Emily Buchanan</i>		Date 05 / 18 / 2015 [Electronically Filed]	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 2783 OF 3250
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M / D D / Y Y Y Y					
Full Name of Payee Lee R Carter			Date of Public Distribution/Dissemination 11 / 04 / 2014		
Mailing Address 3110 Brentwood Rd			Amount 16.20		
City Raleigh	State NC	Zip Code 27604	Transaction ID : a5eb28c1-ae50-4bcc-a		
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement or Obligation 11 / 04 / 2014		
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>NC</u>		
Calendar Year-To-Date Per Election for Office Sought		1095959.94	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
Full Name of Payee Jenny N Brown			Date of Public Distribution/Dissemination 11 / 04 / 2014		
Mailing Address 1270 Lovelady Rd			Amount 30.00		
City West Monroe	State LA	Zip Code 71292	Transaction ID : e8798eea-f266-42a2-a		
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation 11 / 04 / 2014		
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>LA</u>		
Calendar Year-To-Date Per Election for Office Sought		554635.78	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			46.20		
(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.					
Signature <i>Ms. Emily Buchanan</i>		[Electronically Filed]		Date 05 / 18 / 2015	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 2784 OF 3250
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on MM / DD / YYYY					
Full Name of Payee Jenny N Brown			Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 04 / 2014		
Mailing Address 1270 Lovelady Rd			Amount 4.50		
City West Monroe	State LA	Zip Code 71292	Transaction ID : 0fa98473-be8f-4e36-a Date of Disbursement or Obligation MM / DD / YYYY 11 / 04 / 2014		
Purpose of Expenditure Mileage		Category/ Type 002			
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>LA</u>		
Calendar Year-To-Date Per Election for Office Sought		554635.78	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
Full Name of Payee Francesca Blom			Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 04 / 2014		
Mailing Address 101 Asbury Ct			Amount 75.00		
City Winchester	State VA	Zip Code 22602	Transaction ID : f4f0e3be-4199-4b4a-9 Date of Disbursement or Obligation MM / DD / YYYY 11 / 04 / 2014		
Purpose of Expenditure Salary		Category/ Type 001			
Name of Federal Candidate Mr. Greg Orman		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>KS</u>		
Calendar Year-To-Date Per Election for Office Sought		261541.03	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			79.50		
(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.					
Signature Ms. Emily Buchanan		[Electronically Filed]		Date MM / DD / YYYY 05 / 18 / 2015	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 2785 OF 3250
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC		FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on		M M M / D D D / Y Y Y Y Y Y	
Full Name of Payee Benjamin L Heitman		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 11 / 04 / 2014	
Mailing Address 2520 Helmstetler Rd		Amount 75.00	
City Lexington	State NC	Zip Code 27295	Transaction ID : a77c3add-926a-4d3f-b
Purpose of Expenditure Salary	Category/ Type	001	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 11 / 04 / 2014
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>NC</u>
Calendar Year-To-Date Per Election for Office Sought		1095959.94	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶
Full Name of Payee Benjamin L Heitman		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 11 / 04 / 2014	
Mailing Address 2520 Helmstetler Rd		Amount 4.80	
City Lexington	State NC	Zip Code 27295	Transaction ID : 7095827f-99af-4e16-a
Purpose of Expenditure Mileage	Category/ Type	002	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 11 / 04 / 2014
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>NC</u>
Calendar Year-To-Date Per Election for Office Sought		1095959.94	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures.....▶		79.80	
(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.			
Signature <i>Ms. Emily Buchanan</i>		Date M M M / D D D / Y Y Y Y Y Y 05 / 18 / 2015	
		[Electronically Filed]	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 2786 OF 3250
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M M / D D D / Y Y Y Y Y Y				
Full Name of Payee James W Blevins			Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 11 / 04 / 2014	
Mailing Address 108 East Clinton St PO Box 410			Amount 51.00	
City Salemberg		State NC	Zip Code 28385	
Purpose of Expenditure Salary		Category/ Type	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 11 / 04 / 2014	
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: NC	
Calendar Year-To-Date Per Election for Office Sought			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee James W Blevins			Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 11 / 04 / 2014	
Mailing Address 108 East Clinton St PO Box 410			Amount 10.05	
City Salemberg		State NC	Zip Code 28385	
Purpose of Expenditure Mileage		Category/ Type	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 11 / 04 / 2014	
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: NC	
Calendar Year-To-Date Per Election for Office Sought			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			61.05	
(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.				
Signature Ms. Emily Buchanan		[Electronically Filed]		Date M M M / D D D / Y Y Y Y Y Y 05 / 18 / 2015

Full Name of Payee Jennifer E Smith		Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 04 / 2014	
Mailing Address 4967 Dysartsville Rd		Amount 75.00	
City Morganton	State NC	Zip Code 28655	Transaction ID : ff0fbb90-629d-40c8-b Date of Disbursement or Obligation MM / DD / YYYY 11 / 04 / 2014
Purpose of Expenditure Salary		Category/ Type 001	
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: NC
Calendar Year-To-Date Per Election for Office Sought		1095959.94	Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ►

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	150.00
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

05 / 18 / 2015

FEC Schedule E (Form 3X) Rev. 09/2013

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 2788 OF 3250
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC		FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on		M M M / D D D / Y Y Y Y Y Y	
Full Name of Payee Jennifer E Smith		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 11 / 04 / 2014	
Mailing Address 4967 Dysartsville Rd		Amount 10.20	
City Morganton	State NC	Zip Code 28655	Transaction ID : dad8aa54-eb5f-4d83-8
Purpose of Expenditure Mileage	Category/ Type 002	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 11 / 04 / 2014	
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	
Office Sought: ☐ President ☒ Senate		District: 00 State: NC	
Calendar Year-To-Date Per Election for Office Sought 1095959.94		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Leslie D Moore		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 11 / 04 / 2014	
Mailing Address 1903 Swan Dr		Amount 100.00	
City Lenoir	State NC	Zip Code 28645	Transaction ID : ee75862f-d891-4eb1-b
Purpose of Expenditure Salary	Category/ Type 001	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 11 / 04 / 2014	
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	
Office Sought: ☐ President ☒ Senate		District: 00 State: NC	
Calendar Year-To-Date Per Election for Office Sought 1095959.94		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶		110.20	
(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.			
Signature Ms. Emily Buchanan		Date M M M / D D D / Y Y Y Y Y Y 05 / 18 / 2015	
[Electronically Filed]			

Full Name of Payee Zachary R McCleese		Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 04 / 2014	
Mailing Address 323 Rolling Pines Dr		Amount 40.00	
City Spring Lake	State NC	Zip Code 28390	Transaction ID : 1b193b25-5409-442d-a
Purpose of Expenditure Salary	Category/ Type	001	Date of Disbursement or Obligation MM / DD / YYYY 11 / 04 / 2014
Name of Federal Candidate Mr. Mark L Pryor	☐ Support ☒ Oppose	Office Sought: ☐ President ☒ Senate	District: 00 State: AR
Calendar Year-To-Date Per Election for Office Sought	292370.62		Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	55.90
(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.

Signature

Full Name of Payee Zachary R McCleese			Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 04 / 2014		
Mailing Address 323 Rolling Pines Dr			Amount 23.10		
City Spring Lake	State NC	Zip Code 28390	Transaction ID : 07ae1ad2-fee2-4512-a		
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement or Obligation MM / DD / YYYY 11 / 04 / 2014		
Name of Federal Candidate Mr. Mark L Pryor		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: AR		
Calendar Year-To-Date Per Election for Office Sought		292370.62	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		

Full Name of Payee Cathy Longtin		Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 04 / 2014	
Mailing Address 827 Navavre Ave		Amount 50.00	
City New Orleans	State LA	Zip Code 70124	Transaction ID : d02a72db-7d2f-4d12-9 Date of Disbursement or Obligation MM / DD / YYYY 11 / 04 / 2014
Purpose of Expenditure Salary	Category/ Type 001		
Name of Federal Candidate Ms. Mary L Landrieu	☐ Support ☒ Oppose	Office Sought: ☐ President ☒ Senate ☐ Other (specify) ▶	District: 00 State: LA ☐ Primary ☒ General
Calendar Year-To-Date Per Election for Office Sought	554635.78		

(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.

Date _____

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 2791 OF 3250
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M M / D D D / Y Y Y Y Y Y					
Full Name of Payee Cathy Longtin			Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 11 / 04 / 2014		
Mailing Address 827 Navavre Ave			Amount 4.05		
City New Orleans		State LA	Zip Code 70124		Transaction ID : 75b3200d-9681-4429-9
Purpose of Expenditure Mileage		Category/ Type 002		Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 11 / 04 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu			Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: LA ☐ Oppose		
Calendar Year-To-Date Per Election for Office Sought			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
Full Name of Payee Cynthia N Schmit			Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 11 / 04 / 2014		
Mailing Address 2226 Taft Circle Apt 1			Amount 7.50		
City Winchester		State VA	Zip Code 22601		Transaction ID : f11a595a-d997-48be-b
Purpose of Expenditure Salary		Category/ Type 001		Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 11 / 04 / 2014	
Name of Federal Candidate Mr. Greg Orman			Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: KS ☐ Oppose		
Calendar Year-To-Date Per Election for Office Sought			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			11.55		
(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.					
Signature Ms. Emily Buchanan			Date M M M / D D D / Y Y Y Y Y Y 05 / 18 / 2015 [Electronically Filed]		

Full Name of Payee Christopher Marquess		Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 04 / 2014	
Mailing Address 110 W Pecan St		Amount 23.40	
City Ville Platte	State LA	Zip Code 70586	Transaction ID : 64968025-8fd2-419c-8
Purpose of Expenditure Mileage	Category/ Type	002	Date of Disbursement or Obligation MM / DD / YYYY 11 / 04 / 2014
Name of Federal Candidate Ms. Mary L Landrieu	☐ Support ☒ Oppose	Office Sought: ☐ President ☒ Senate	District: 00 State: LA
Calendar Year-To-Date Per Election for Office Sought	554635.78	Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....		88.40
(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.

Date _____

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 2793 OF 3250
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC		FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on		M M M / D D D / Y Y Y Y Y Y	
Full Name of Payee Michael A Toomey		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 11 / 04 / 2014	
Mailing Address 4120 Bon Aire Dr Apt 6307		Amount 60.00	
City Monroe	State LA	Zip Code 71212	Transaction ID : ccc356bc-dec2-482d-9
Purpose of Expenditure Salary	Category/ Type 001	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 11 / 04 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	
Office Sought: ☐ President ☒ Senate		District: 00 State: LA	
Calendar Year-To-Date Per Election for Office Sought 554635.78		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Michael A Toomey		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 11 / 04 / 2014	
Mailing Address 4120 Bon Aire Dr Apt 6307		Amount 7.20	
City Monroe	State LA	Zip Code 71212	Transaction ID : 3d784cb0-95e7-45a2-9
Purpose of Expenditure Mileage	Category/ Type 002	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 11 / 04 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	
Office Sought: ☐ President ☒ Senate		District: 00 State: LA	
Calendar Year-To-Date Per Election for Office Sought 554635.78		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶		67.20	
(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]	
Signature		Date M M M / D D D / Y Y Y Y Y Y 05 / 18 / 2015	

Full Name of Payee Joshua D Syrotchen		Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 04 / 2014	
Mailing Address 915 East Market Ave		Amount 9999999999 54.90	
City	State	Zip Code	Transaction ID : 502aa1a9-67f2-433a-a Date of Disbursement or Obligation MM / DD / YYYY 11 / 04 / 2014
Searcy	AR	72149	
Purpose of Expenditure Mileage		Category/ Type	002
Name of Federal Candidate Mr. Mark L Pryor		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: AR
Calendar Year-To-Date Per Election for Office Sought		9999999999 292370.62	
		Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	134.90
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

Signature

Full Name of Payee Matt Curran		Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 04 / 2014	
Mailing Address 1537 Country Lane		Amount 32.00	
City Kernersville	State NC	Zip Code 27284	Transaction ID : 67270747-ea2b-4ba7-b Date of Disbursement or Obligation MM / DD / YYYY 11 / 04 / 2014
Purpose of Expenditure Salary		Category/ Type 001	
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: NC
Calendar Year-To-Date Per Election for Office Sought 1095959.94		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	

Full Name of Payee Matt Curran			Date of Public Distribution/Dissemination M M / D D / Y Y Y Y 11 / 04 / 2014		
Mailing Address 1537 Country Lane			Amount 12.00		
City Kernersville	State NC	Zip Code 27284	Transaction ID : f484c5b1-3b96-40d2-a Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 11 / 04 / 2014		
Purpose of Expenditure Mileage		Category/ Type	002		
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House ☒ Senate ☐ President ☐ Other (specify) _____		
Calendar Year-To-Date Per Election for Office Sought		1095959.94	Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ► _____		

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	44.00
(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.

Date _____

Signature

05 / 18 / 2015

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 2796 OF 3250
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on MM / DD / YYYY				
Full Name of Payee Sommer E Cox			Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 04 / 2014	
Mailing Address 1519 Walshtown Rd			Amount 70.80	
City Boomer	State NC	Zip Code 28606	Transaction ID : 7a69ac7c-2579-47b5-a	
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation MM / DD / YYYY 11 / 04 / 2014	
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>NC</u>	
Calendar Year-To-Date Per Election for Office Sought		1095959.94	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Sommer E Cox			Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 04 / 2014	
Mailing Address 1519 Walshtown Rd			Amount 9.00	
City Boomer	State NC	Zip Code 28606	Transaction ID : 7dd949f8-f9b0-400b-a	
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement or Obligation MM / DD / YYYY 11 / 04 / 2014	
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>NC</u>	
Calendar Year-To-Date Per Election for Office Sought		1095959.94	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			79.80	
(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.				
Signature <i>Ms. Emily Buchanan</i>		[Electronically Filed]		Date MM / DD / YYYY 05 / 18 / 2015

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 2797 OF 3250
 FOR LINE 24 OF FORM 3X

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

Full Name of Payee Heather N Montgomery		Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 04 / 2014	
Mailing Address 106 Wyncrest Ct		Amount 51.50	
City Hendersonville	State TN	Zip Code 37075	Transaction ID : 816bbd4c-7a2d-4133-9
Purpose of Expenditure Salary	Category/Type 001	Date of Disbursement or Obligation MM / DD / YYYY 11 / 04 / 2014	
Name of Federal Candidate Mr. Mark L Pryor		☐ Support ☒ Oppose Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: AR	
Calendar Year-To-Date Per Election for Office Sought 292370.62		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	

Full Name of Payee Heather N Montgomery		Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 04 / 2014	
Mailing Address 106 Wyncrest Ct		Amount 3.30	
City Hendersonville	State TN	Zip Code 37075	Transaction ID : 7d1ca665-cf08-4a31-b
Purpose of Expenditure Mileage	Category/Type 002	Date of Disbursement or Obligation MM / DD / YYYY 11 / 04 / 2014	
Name of Federal Candidate Mr. Mark L Pryor		☐ Support ☒ Oppose Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: AR	
Calendar Year-To-Date Per Election for Office Sought 292370.62		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	54.80
(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

MM / DD / YYYY
05 / 18 / 2015

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 2798 OF 3250
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M M / D D D / Y Y Y Y Y Y				
Full Name of Payee Kinsey E Beck			Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 11 / 04 / 2014	
Mailing Address 103 Glenhaven Ct			Amount 65.00	
City Harvest	State AL	Zip Code 35749	Transaction ID : 54f424ad-f311-42fc-8 Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 11 / 04 / 2014	
Purpose of Expenditure Salary		Category/ Type 001		
Name of Federal Candidate Mr. Mark L Pryor		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>AR</u>	
Calendar Year-To-Date Per Election for Office Sought		292370.62	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Kinsey E Beck			Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 11 / 04 / 2014	
Mailing Address 103 Glenhaven Ct			Amount 25.20	
City Harvest	State AL	Zip Code 35749	Transaction ID : 5e018bac-1d66-43ee-8 Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 11 / 04 / 2014	
Purpose of Expenditure Mileage		Category/ Type 002		
Name of Federal Candidate Mr. Mark L Pryor		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>AR</u>	
Calendar Year-To-Date Per Election for Office Sought		292370.62	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			90.20	
(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 M M M / D D D / Y Y Y Y Y Y 05 / 18 / 2015	
Signature				

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 2799 OF 3250
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on MM / DD / YYYY				
Full Name of Payee Carla K Pilgreen			Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 04 / 2014	
Mailing Address 212 Stonecliff Dr			Amount 999999.99 30.00	
City West Monro	State LA	Zip Code 71291	Transaction ID : 3174a27c-658d-4fb4-9	
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation MM / DD / YYYY 11 / 04 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>LA</u>	
Calendar Year-To-Date Per Election for Office Sought		99999999.99 554635.78	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Todd Ellis			Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 04 / 2014	
Mailing Address P.O. Box 712			Amount 999999.99 95.00	
City Alexander	State AR	Zip Code 72002	Transaction ID : 299bca71-f692-484a-9	
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation MM / DD / YYYY 11 / 04 / 2014	
Name of Federal Candidate Mr. Mark L Pryor		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>AR</u>	
Calendar Year-To-Date Per Election for Office Sought		99999999.99 292370.62	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			99999999.99 125.00	
(b) SUBTOTAL of Unitemized Independent Expenditures ▶			99999999.99	
(c) TOTAL Independent Expenditures..... ▶			99999999.99	
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.				
Signature Ms. Emily Buchanan		[Electronically Filed]		Date MM / DD / YYYY 05 / 18 / 2015

Full Name of Payee Cecilia A Rebrick		Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 04 / 2014	
Mailing Address 5003 Allison Lane		Amount 30.00	
City Ft. Smith	State AR	Zip Code 72901	Transaction ID : 117cf896-a80c-4c06-9 Date of Disbursement or Obligation MM / DD / YYYY 11 / 04 / 2014
Purpose of Expenditure Salary		Category/ Type 001	
Name of Federal Candidate Mr. Mark L Pryor		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: AR
Calendar Year-To-Date Per Election for Office Sought 292370.62		Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	65.10
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

05 / 18 / 2015

FEC Schedule E (Form 3X) Rev. 09/2013

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 2801 OF 3250
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on MM / DD / YYYY					
Full Name of Payee Cecilia A Rebrick			Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 04 / 2014		
Mailing Address 5003 Allison Lane			Amount 0.60		
City Ft. Smith	State AR	Zip Code 72901	Transaction ID : da3b73c9-fece-465f-a Date of Disbursement or Obligation MM / DD / YYYY 11 / 04 / 2014		
Purpose of Expenditure Mileage		Category/ Type 002			
Name of Federal Candidate Mr. Mark L Pryor		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>AR</u>		
Calendar Year-To-Date Per Election for Office Sought		292370.62	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
Full Name of Payee Julia Perry			Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 04 / 2014		
Mailing Address 2046 Perrin St Apt C			Amount 100.00		
City Shreveport	State LA	Zip Code 71101	Transaction ID : 3172c6c6-ad25-4ef3-8 Date of Disbursement or Obligation MM / DD / YYYY 11 / 04 / 2014		
Purpose of Expenditure Salary		Category/ Type 001			
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>LA</u>		
Calendar Year-To-Date Per Election for Office Sought		554635.78	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			100.60		
(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.					
Signature Ms. Emily Buchanan		[Electronically Filed]		Date MM / DD / YYYY 05 / 18 / 2015	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 2802 OF 3250
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC	FEC IDENTIFICATION NUMBER ▼ C C00530766
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M M / D D D / Y Y Y Y Y Y	

Full Name of Payee Julia Perry			Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 11 / 04 / 2014	
Mailing Address 2046 Perrin St Apt C			Amount 6.00	
City Shreveport	State LA	Zip Code 71101	Transaction ID : 61ba97dc-1710-43d1-a Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 11 / 04 / 2014	
Purpose of Expenditure Mileage		Category/ Type 002		
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>LA</u>	
Calendar Year-To-Date Per Election for Office Sought		554635.78	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	

Full Name of Payee Ron K Lassiter			Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 11 / 04 / 2014	
Mailing Address 3846 SW Wood Valley Dr			Amount 50.00	
City Topeka	State KS	Zip Code 66610	Transaction ID : a9211ed1-cf86-463e-a Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 11 / 04 / 2014	
Purpose of Expenditure Salary		Category/ Type 001		
Name of Federal Candidate Mr. Greg Orman		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>KS</u>	
Calendar Year-To-Date Per Election for Office Sought		261541.03	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	56.00
(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

M M M / D D D / Y Y Y Y Y Y
05 / 18 / 2015

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 2803 OF 3250
 FOR LINE 24 OF FORM 3X

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

Full Name of Payee Ron K Lassiter			Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 04 / 2014	
Mailing Address 3846 SW Wood Valley Dr			Amount 4.20	
City Topeka	State KS	Zip Code 66610	Transaction ID : cc06765c-bb5e-4faa-a Date of Disbursement or Obligation MM / DD / YYYY 11 / 04 / 2014	
Purpose of Expenditure Mileage		Category/ Type 002		
Name of Federal Candidate Mr. Greg Orman		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>KS</u>	
Calendar Year-To-Date Per Election for Office Sought		261541.03	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶ _____	

Full Name of Payee Joseph R Rys			Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 04 / 2014	
Mailing Address 160 #50 Pompano Dr			Amount 95.00	
City New Bern	State NC	Zip Code 28560	Transaction ID : d363f92a-a2d4-46e4-8 Date of Disbursement or Obligation MM / DD / YYYY 11 / 04 / 2014	
Purpose of Expenditure Salary		Category/ Type 001		
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>NC</u>	
Calendar Year-To-Date Per Election for Office Sought		1095959.94	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶ _____	

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	99.20
(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

 MM / DD / YYYY
05 / 18 / 2015

Signature

Full Name of Payee Philip Elkins			Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 04 / 2014		
Mailing Address 227 Lincoln Dr			Amount 60.00		
City Bossier City	State LA	Zip Code 71111	Transaction ID : eac089ce-46da-4694-b Date of Disbursement or Obligation MM / DD / YYYY 11 / 04 / 2014		
Purpose of Expenditure Salary		Category/ Type 001			
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House ☒ Senate ☐ President ☒ Senate		
Calendar Year-To-Date Per Election for Office Sought		554635.78	Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ►		
District: 00			State: LA		

(a) SUBTOTAL of Itemized Independent Expenditures.....	75.45
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures.....	

05 / 18 / 2015

FEC Schedule E (Form 3X) Rev. 09/2013

Full Name of Payee Philip Elkins			Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 04 / 2014		
Mailing Address 227 Lincoln Dr			Amount 16.29		
City Bossier City	State LA	Zip Code 71111	Transaction ID : dc29c542-548b-4b45-a		
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement or Obligation MM / DD / YYYY 11 / 04 / 2014		
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House ☒ Senate ☐ President District: 00 State: LA		
Calendar Year-To-Date Per Election for Office Sought		554635.78	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		

Full Name of Payee Brittany A Frederick		Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 04 / 2014	
Mailing Address 18793 Hilltop Ln		Amount 80.00	
City Nevada	State TX	Zip Code 75173	Transaction ID : 07baa47c-be6d-45d4-9 Date of Disbursement or Obligation MM / DD / YYYY 11 / 04 / 2014
Purpose of Expenditure Salary		Category/ Type 001	
Name of Federal Candidate Mr. Mark L Pryor		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: AR
Calendar Year-To-Date Per Election for Office Sought		292370.62	Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	96.29
(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.

Date _____

Signature

Three digital display units are shown, each with a 7-segment display. The first unit shows '05' with 'M' indicators above the segments. The second unit shows '18' with 'D' indicators above the segments. The third unit shows '2015' with 'Y' indicators above the segments. The units are separated by slashes.

Full Name of Payee Dylan J Sparks		Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 04 / 2014	
Mailing Address 915 East Market Ave		Amount 80.00	
City	State	Zip Code	Transaction ID : 44d59735-acbd-466c-9 Date of Disbursement or Obligation MM / DD / YYYY 11 / 04 / 2014
Searcy	AR	72149	
Purpose of Expenditure Salary		Category/ Type	001
Name of Federal Candidate Mr. Mark L Pryor		☐ Support ☒ Oppose	Office Sought: ☐ House ☒ Senate ☐ President District: 00 State: AR
Calendar Year-To-Date Per Election for Office Sought		292370.62	Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	110.00
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

05 / 18 / 2015

FEC Schedule E (Form 3X) Rev. 09/2013

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 2807 OF 3250
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on MM / DD / YYYY					
Full Name of Payee Dylan J Sparks			Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 04 / 2014		
Mailing Address 915 East Market Ave			Amount 52.80		
City Searcy	State AR	Zip Code 72149	Transaction ID : a406f4fd-c892-4ac5-b		
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement or Obligation MM / DD / YYYY 11 / 04 / 2014		
Name of Federal Candidate Mr. Mark L Pryor		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>AR</u>		
Calendar Year-To-Date Per Election for Office Sought		292370.62	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
Full Name of Payee Felicia A Jones			Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 04 / 2014		
Mailing Address 4106 Martha St			Amount 90.00		
City Shreveport	State LA	Zip Code 71109	Transaction ID : df3a9c85-f956-4f14-9		
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation MM / DD / YYYY 11 / 04 / 2014		
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>LA</u>		
Calendar Year-To-Date Per Election for Office Sought		554635.78	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			142.80		
(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.					
Signature <i>Ms. Emily Buchanan</i>		[Electronically Filed]		Date MM / DD / YYYY 05 / 18 / 2015	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 2808 OF 3250
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M M / D D D / Y Y Y Y Y Y					
Full Name of Payee Felicia A Jones			Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 11 / 04 / 2014		
Mailing Address 4106 Martha St			Amount 8.10		
City Shreveport		State LA	Zip Code 71109		Transaction ID : 56589c57-5f7b-4d14-8
Purpose of Expenditure Mileage		Category/ Type 002		Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 11 / 04 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu			☐ Support ☒ Oppose		Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: LA
Calendar Year-To-Date Per Election for Office Sought			554635.78 Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
Full Name of Payee Laura U Logie			Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 11 / 04 / 2014		
Mailing Address 2565 Shire Circle			Amount 70.00		
City Harrisonburg		State VA	Zip Code 22801		Transaction ID : d15e5e83-8343-4d99-8
Purpose of Expenditure Salary		Category/ Type 001		Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 11 / 04 / 2014	
Name of Federal Candidate Mr. Greg Orman			☐ Support ☒ Oppose		Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: KS
Calendar Year-To-Date Per Election for Office Sought			261541.03 Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			78.10		
(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.					
Signature Ms. Emily Buchanan			[Electronically Filed]		Date M M M / D D D / Y Y Y Y Y Y 05 / 18 / 2015

Full Name of Payee Brandy Starns			Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 04 / 2014		
Mailing Address 300 Evangeline St			Amount 39.30		
City Monroe	State LA	Zip Code 71201	Transaction ID : 285cbc74-a970-47df-a Date of Disbursement or Obligation MM / DD / YYYY 11 / 04 / 2014		
Purpose of Expenditure Mileage		Category/ Type 002			
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: LA		
Calendar Year-To-Date Per Election for Office Sought		554635.78	Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ►		

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	129.30
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

Signature

Full Name of Payee Daniel M Qauckenbush		Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 04 / 2014	
Mailing Address 12062 NC 902 Hwy		Amount 30.60	
City Bear Creek	State NC	Zip Code 27207	Transaction ID : 57afa54f-0fef-47f2-9 Date of Disbursement or Obligation MM / DD / YYYY 11 / 04 / 2014
Purpose of Expenditure Mileage	Category/ Type 002		
Name of Federal Candidate Ms. Kay Hagan	☐ Support ☒ Oppose	Office Sought: ☐ President ☒ Senate	District: 00 State: NC
Calendar Year-To-Date Per Election for Office Sought	1095959.94	Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	110.60
(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.

Date _____

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 2811 OF 3250
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on MM / DD / YYYY				
Full Name of Payee Christopher L Gilbert			Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 04 / 2014	
Mailing Address 55 Lovell Johnson Rd			Amount 85.00	
City Picayune	State MS	Zip Code 39466	Transaction ID : 8d36275d-36f8-4848-9	
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation MM / DD / YYYY 11 / 04 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>LA</u>	
Calendar Year-To-Date Per Election for Office Sought		554635.78	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Christopher L Gilbert			Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 04 / 2014	
Mailing Address 55 Lovell Johnson Rd			Amount 47.10	
City Picayune	State MS	Zip Code 39466	Transaction ID : e8862c2d-818f-4fa1-a	
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement or Obligation MM / DD / YYYY 11 / 04 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>LA</u>	
Calendar Year-To-Date Per Election for Office Sought		554635.78	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			132.10	
(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.				
Signature Ms. Emily Buchanan		[Electronically Filed]		Date MM / DD / YYYY 05 / 18 / 2015

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 2812 OF 3250
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on MM / DD / YYYY					
Full Name of Payee Katie A Barros			Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 04 / 2014		
Mailing Address PO Box 398			Amount 50.00		
City Neosho	State MO	Zip Code 64850	Transaction ID : 1d62bace-00ae-4a9e-b Date of Disbursement or Obligation MM / DD / YYYY 11 / 04 / 2014		
Purpose of Expenditure Salary		Category/ Type 001			
Name of Federal Candidate Mr. Mark L Pryor			Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>AR</u>		
Calendar Year-To-Date Per Election for Office Sought 292370.62			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
Full Name of Payee Katie A Barros			Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 04 / 2014		
Mailing Address PO Box 398			Amount 37.50		
City Neosho	State MO	Zip Code 64850	Transaction ID : 8b68c760-fcc5-4333-8 Date of Disbursement or Obligation MM / DD / YYYY 11 / 04 / 2014		
Purpose of Expenditure Mileage		Category/ Type 002			
Name of Federal Candidate Mr. Mark L Pryor			Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>AR</u>		
Calendar Year-To-Date Per Election for Office Sought 292370.62			Disbursement For: ☐ Primary ☒ 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.					
Signature <i>Ms. Emily Buchanan</i>			Date MM / DD / YYYY 05 / 18 / 2015		
[Electronically Filed]					

Full Name of Payee Jessica R Resendiz			Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 04 / 2014		
Mailing Address 9685 Paula St			Amount 40.80		
City Keithville	State LA	Zip Code 71047	Transaction ID : 6ac607ed-2ad9-4d62-a Date of Disbursement or Obligation MM / DD / YYYY 11 / 04 / 2014		
Purpose of Expenditure Mileage		Category/ Type 002			
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: LA		
Calendar Year-To-Date Per Election for Office Sought		554635.78	Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ▶		

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	125.80
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 2814 OF 3250
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on MM / DD / YYYY					
Full Name of Payee Mary D Meens			Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 04 / 2014		
Mailing Address 5724 SW Arrowhead Ct			Amount 35.00		
City Topeka	State KS	Zip Code 66614	Transaction ID : b6623f59-6d0e-4bef-b Date of Disbursement or Obligation MM / DD / YYYY 11 / 04 / 2014		
Purpose of Expenditure Salary		Category/ Type 001			
Name of Federal Candidate Mr. Greg Orman			Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>KS</u> ☐ Support ☒ Oppose		
Calendar Year-To-Date Per Election for Office Sought 261541.03			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶ _____		
Full Name of Payee Mary D Meens			Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 04 / 2014		
Mailing Address 5724 SW Arrowhead Ct			Amount 1.20		
City Topeka	State KS	Zip Code 66614	Transaction ID : fe824f76-d239-4b10-b Date of Disbursement or Obligation MM / DD / YYYY 11 / 04 / 2014		
Purpose of Expenditure Mileage		Category/ Type 002			
Name of Federal Candidate Ms. Kay Hagan			Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>NC</u> ☐ Support ☒ Oppose		
Calendar Year-To-Date Per Election for Office Sought 1095959.94			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶ _____		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			36.20		
(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.					
Signature <u>Ms. Emily Buchanan</u> [Electronically Filed]			Date MM / DD / YYYY 05 / 18 / 2015		

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 2815 OF 3250
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on MM / DD / YYYY					
Full Name of Payee Lucas H Hoyle			Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 04 / 2014		
Mailing Address 282 Falls Ave			Amount 20.00		
City Granite Falls	State NC	Zip Code 28630	Transaction ID : 61f87657-a05c-48aa-9		
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation MM / DD / YYYY 11 / 04 / 2014		
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>NC</u>		
Calendar Year-To-Date Per Election for Office Sought		1095959.94	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
Full Name of Payee Lucas H Hoyle			Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 04 / 2014		
Mailing Address 282 Falls Ave			Amount 4.50		
City Granite Falls	State NC	Zip Code 28630	Transaction ID : ae20a7dc-5bd7-413e-9		
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement or Obligation MM / DD / YYYY 11 / 04 / 2014		
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>NC</u>		
Calendar Year-To-Date Per Election for Office Sought		1095959.94	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			24.50		
(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.					
Signature Ms. Emily Buchanan		[Electronically Filed]		Date MM / DD / YYYY 05 / 18 / 2015	

Full Name of Payee Ashley n Thompson		Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 04 / 2014	
Mailing Address 272 Westgate Ct Apt 6		Amount 7.50	
City Lexington	State NC	Zip Code 27295	Transaction ID : 1a5f3c90-e83b-45b7-a
Purpose of Expenditure Mileage	Category/ Type	002	Date of Disbursement or Obligation MM / DD / YYYY 11 / 04 / 2014
Name of Federal Candidate Ms. Kay Hagan	☐ Support ☒ Oppose	Office Sought: ☐ President ☒ Senate	District: 00 State: NC
Calendar Year-To-Date Per Election for Office Sought	1095959.94	Disbursement For: ☐ Primary ☒ General	☐ Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	37.50
(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.

Date _____

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 2817 OF 3250
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M M / D D D / Y Y Y Y Y Y					
Full Name of Payee Andrea L Hammond			Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 11 / 04 / 2014		
Mailing Address 12920 Kneeland Ln			Amount 60.00		
City Neosho	State MO	Zip Code 64850	Transaction ID : 6c0c523e-7543-4515-8		
Purpose of Expenditure Salary		Category/Type 001	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 11 / 04 / 2014		
Name of Federal Candidate Mr. Mark L Pryor			Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>AR</u>		
Calendar Year-To-Date Per Election for Office Sought 292370.62			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶ _____		
Full Name of Payee Andrea L Hammond			Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 11 / 04 / 2014		
Mailing Address 12920 Kneeland Ln			Amount 33.60		
City Neosho	State MO	Zip Code 64850	Transaction ID : 5be160b4-aa7d-4761-b		
Purpose of Expenditure Mileage		Category/Type 002	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 11 / 04 / 2014		
Name of Federal Candidate Mr. Mark L Pryor			Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>AR</u>		
Calendar Year-To-Date Per Election for Office Sought 292370.62			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶ _____		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			93.60		
(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.					
Signature <u>Ms. Emily Buchanan</u> [Electronically Filed]			Date M M M / D D D / Y Y Y Y Y Y 05 / 18 / 2015		

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 2818 OF 3250
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC		FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on		M M M / D D D / Y Y Y Y Y Y	
Full Name of Payee Randy G Lookabill		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 11 / 04 / 2014	
Mailing Address 200 Carawood Lane		Amount 87.50	
City Lexington	State NC	Zip Code 27295	Transaction ID : 8aea01f2-1a59-45a2-9
Purpose of Expenditure Salary	Category/ Type	001	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 11 / 04 / 2014
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>NC</u>
Calendar Year-To-Date Per Election for Office Sought		1095959.94	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶
Full Name of Payee Randy G Lookabill		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 11 / 04 / 2014	
Mailing Address 200 Carawood Lane		Amount 31.50	
City Lexington	State NC	Zip Code 27295	Transaction ID : 4155b070-9f3e-4bfc-b
Purpose of Expenditure Mileage	Category/ Type	002	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 11 / 04 / 2014
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>NC</u>
Calendar Year-To-Date Per Election for Office Sought		1095959.94	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures.....		119.00	
(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]	
Signature		Date M M M / D D D / Y Y Y Y Y Y 05 / 18 / 2015	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 2819 OF 3250
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M / D D / Y Y Y Y Y Y				
Full Name of Payee Brogan A Benoit			Date of Public Distribution/Dissemination 11 / 04 / 2014	
Mailing Address 7144 South River Rd			Amount 60.00	
City Addis	State LA	Zip Code 70710	Transaction ID : e3f5853d-9fd2-4acd-9 Date of Disbursement or Obligation 11 / 04 / 2014	
Purpose of Expenditure Salary		Category/ Type 001		
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: LA	
Calendar Year-To-Date Per Election for Office Sought		554635.78	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Brogan A Benoit			Date of Public Distribution/Dissemination 11 / 04 / 2014	
Mailing Address 7144 South River Rd			Amount 6.60	
City Addis	State LA	Zip Code 70710	Transaction ID : 5ab352f2-905b-4a5c-b Date of Disbursement or Obligation 11 / 04 / 2014	
Purpose of Expenditure Mileage		Category/ Type 002		
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: LA	
Calendar Year-To-Date Per Election for Office Sought		554635.78	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			66.60	
(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 05 / 18 / 2015	
Signature				

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 2820 OF 3250
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M M / D D D / Y Y Y Y Y Y					
Full Name of Payee Mary R Kirkland			Date of Public Distribution/Dissemination 11 / 04 / 2014		
Mailing Address 504 Green Meadow Dr			Amount 50.00		
City Boyd		State TX	Zip Code 76023		Transaction ID : 5e044836-d042-4590-8
Purpose of Expenditure Salary		Category/ Type 001		Date of Disbursement or Obligation 11 / 04 / 2014	
Name of Federal Candidate Mr. Mark L Pryor			Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: AR		
Calendar Year-To-Date Per Election for Office Sought 292370.62			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
Full Name of Payee Gregory Green			Date of Public Distribution/Dissemination 11 / 04 / 2014		
Mailing Address 2506 Bolch Street			Amount 40.00		
City Shreveport		State LA	Zip Code 71104		Transaction ID : 078faffa-6827-4424-a
Purpose of Expenditure Salary		Category/ Type 001		Date of Disbursement or Obligation 11 / 04 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu			Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: LA		
Calendar Year-To-Date Per Election for Office Sought 554635.78			Disbursement For: ☐ Primary ☒ 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.					
Signature Ms. Emily Buchanan			Date 05 / 18 / 2015		
[Electronically Filed]					

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 2821 OF 3250
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC		FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on		M M M / D D D / Y Y Y Y Y Y	
Full Name of Payee Gregory Green		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 11 / 04 / 2014	
Mailing Address 2506 Bolch Street		Amount 21.60	
City Shreveport	State LA	Zip Code 71104	Transaction ID : 609f9e2e-82c0-4023-8
Purpose of Expenditure Mileage	Category/ Type	002	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 11 / 04 / 2014
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>LA</u>
Calendar Year-To-Date Per Election for Office Sought		554635.78	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶
Full Name of Payee Lilly Green		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 11 / 04 / 2014	
Mailing Address 205 Medallion Circle		Amount 50.00	
City Shreveport	State LA	Zip Code 71119	Transaction ID : a90784de-d1e8-4373-a
Purpose of Expenditure Salary	Category/ Type	001	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 11 / 04 / 2014
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>LA</u>
Calendar Year-To-Date Per Election for Office Sought		554635.78	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures.....		71.60	
(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]	
Signature		Date M M M / D D D / Y Y Y Y Y Y 05 / 18 / 2015	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 2822 OF 3250
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on MM / DD / YYYY					
Full Name of Payee Lilly Green			Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 04 / 2014		
Mailing Address 205 Medallion Circle			Amount 12.30		
City Shreveport	State LA	Zip Code 71119	Transaction ID : 16f86b98-aa06-4050-b		
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement or Obligation MM / DD / YYYY 11 / 04 / 2014		
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>LA</u>		
Calendar Year-To-Date Per Election for Office Sought		554635.78	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
Full Name of Payee Kevin L Battle			Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 04 / 2014		
Mailing Address 3300 Asher Ave			Amount 80.00		
City Little Rock	State AR	Zip Code 72204	Transaction ID : 1f167a67-300a-46b1-b		
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation MM / DD / YYYY 11 / 04 / 2014		
Name of Federal Candidate Mr. Mark L Pryor		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>AR</u>		
Calendar Year-To-Date Per Election for Office Sought		292370.62	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			92.30		
(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.					
Signature <i>Ms. Emily Buchanan</i>		[Electronically Filed]		Date MM / DD / YYYY 05 / 18 / 2015	

Full Name of Payee Kevin L Battle		Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 04 / 2014	
Mailing Address 3300 Asher Ave		Amount 33.00	
City Little Rock	State AR	Zip Code 72204	Transaction ID : 6ead774c-8f06-4c5d-a Date of Disbursement or Obligation MM / DD / YYYY 11 / 04 / 2014
Purpose of Expenditure Mileage		Category/ Type 002	
Name of Federal Candidate Mr. Mark L Pryor		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: AR
Calendar Year-To-Date Per Election for Office Sought 292370.62		Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ▶	

Full Name of Payee Debra Lindsey		Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 04 / 2014	
Mailing Address 119 Goldenwood Dr		Amount 30.00	
City Slidell	State LA	Zip Code 70461	Transaction ID : 6acbbbdd-b983-4020-a Date of Disbursement or Obligation MM / DD / YYYY 11 / 04 / 2014
Purpose of Expenditure Salary		Category/ Type 001	
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: LA
Calendar Year-To-Date Per Election for Office Sought		554635.78	Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	63.00
(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.

Date _____

Signature

Full Name of Payee Suzanna M Bradley		Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 04 / 2014	
Mailing Address 1002 W Spring St		Amount 45.00	
City Collinsville	State OK	Zip Code 74021	Transaction ID : 49c025fb-52cd-42ea-8
Purpose of Expenditure Salary	Category/ Type	001	Date of Disbursement or Obligation MM / DD / YYYY 11 / 04 / 2014
Name of Federal Candidate Mr. Mark L Pryor	☐ Support ☒ Oppose	Office Sought: ☐ President ☒ Senate	District: 00 State: AR
Calendar Year-To-Date Per Election for Office Sought	292370.62		Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	49.50
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

FEC Schedule E (Form 3X) Rev. 09/2013

Full Name of Payee ERIC TABARY		Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 04 / 2014	
Mailing Address 6101 NORA ST		Amount 55.00	
City METAIRIE	State LA	Zip Code 70003	Transaction ID : b74b5bc8-ec59-489a-b
Purpose of Expenditure Salary	Category/ Type	001	Date of Disbursement or Obligation MM / DD / YYYY 11 / 04 / 2014
Name of Federal Candidate Ms. Mary L Landrieu	☐ Support ☒ Oppose	Office Sought: ☐ President ☒ Senate	District: 00 State: LA
Calendar Year-To-Date Per Election for Office Sought	554635.78	Disbursement For: ☐ Primary ☒ General	☐ Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	97.00
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

FEC Schedule E (Form 3X) Rev. 09/2013

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 2826 OF 3250
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC		FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on		MM / DD / YYYY	
Full Name of Payee ERIC TABARY		Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 04 / 2014	
Mailing Address 6101 NORA ST		Amount 0.60	
City METAIRIE	State LA	Zip Code 70003	Transaction ID : 675ecf1b-4c3a-44da-a
Purpose of Expenditure Mileage	Category/ Type	002	Date of Disbursement or Obligation MM / DD / YYYY 11 / 04 / 2014
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: LA
Calendar Year-To-Date Per Election for Office Sought		554635.78	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶
Full Name of Payee David Ford		Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 04 / 2014	
Mailing Address 106 Hillside St		Amount 82.50	
City Spindale	State NC	Zip Code 28160	Transaction ID : 5f1d0b07-4307-41f7-b
Purpose of Expenditure Salary	Category/ Type	001	Date of Disbursement or Obligation MM / DD / YYYY 11 / 04 / 2014
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: NC
Calendar Year-To-Date Per Election for Office Sought		1095959.94	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶		83.10	
(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.			
Signature Ms. Emily Buchanan		Date MM / DD / YYYY 05 / 18 / 2015	
		[Electronically Filed]	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 2827 OF 3250
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M / D D / Y Y Y Y				
Full Name of Payee David Ford			Date of Public Distribution/Dissemination M M / D D / Y Y Y Y 11 / 04 / 2014	
Mailing Address 106 Hillside St			Amount 39.69	
City Spindale	State NC	Zip Code 28160	Transaction ID : 865630a8-4b07-4f9f-9	
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement or Obligation M M / D D / Y Y Y Y 11 / 04 / 2014	
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: NC	
Calendar Year-To-Date Per Election for Office Sought		1095959.94	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Zachary W Jackson			Date of Public Distribution/Dissemination M M / D D / Y Y Y Y 11 / 04 / 2014	
Mailing Address 3513 Elizabeth St			Amount 45.00	
City Choctaw	State OK	Zip Code 73020	Transaction ID : 00331105-6a2a-4eb4-a	
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation M M / D D / Y Y Y Y 11 / 04 / 2014	
Name of Federal Candidate Mr. Mark L Pryor		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: AR	
Calendar Year-To-Date Per Election for Office Sought		292370.62	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			84.69	
(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.				
Signature Ms. Emily Buchanan		[Electronically Filed]		Date M M / D D / Y Y Y Y 05 / 18 / 2015

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 2828 OF 3250
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M M / D D D / Y Y Y Y Y Y					
Full Name of Payee Vonniqua Jackson			Date of Public Distribution/Dissemination 11 / 04 / 2014		
Mailing Address 111 Westchester Blvd Apt D4			Amount 50.00		
City Slidell		State LA	Zip Code 70458		Transaction ID : 9109c65e-44df-4261-8
Purpose of Expenditure Salary		Category/ Type	Date of Disbursement or Obligation 11 / 04 / 2014		
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: LA		
Calendar Year-To-Date Per Election for Office Sought		554635.78		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Carl Brent			Date of Public Distribution/Dissemination 11 / 03 / 2014		
Mailing Address 6718 Lake Willow Dr			Amount 80.00		
City New Orleans		State LA	Zip Code 70126		Transaction ID : 3bb1acbc-7392-4ebd-8
Purpose of Expenditure Salary		Category/ Type	Date of Disbursement or Obligation 11 / 03 / 2014		
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: LA		
Calendar Year-To-Date Per Election for Office Sought		554635.78		Disbursement For: ☐ Primary ☒ 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.					
Signature Ms. Emily Buchanan		[Electronically Filed]		Date 05 / 18 / 2015	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 2829 OF 3250
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC	FEC IDENTIFICATION NUMBER ▼ C C00530766
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M / D D / Y Y Y Y Y Y	

Full Name of Payee Carl Brent			Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 11 / 03 / 2014	
Mailing Address 6718 Lake Willow Dr			Amount 24.00	
City New Orleans	State LA	Zip Code 70126	Transaction ID : 6b5bcb36-f531-4a78-9	
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 11 / 03 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>LA</u>	
Calendar Year-To-Date Per Election for Office Sought		554635.78	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	

Full Name of Payee Ryan Drake			Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 11 / 04 / 2014	
Mailing Address 29637 Park St			Amount 25.00	
City Walker	State LA	Zip Code 70785	Transaction ID : c54022ad-9383-4ac0-a	
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 11 / 04 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>LA</u>	
Calendar Year-To-Date Per Election for Office Sought		554635.78	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	49.00
(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]

Signature

Date

M M / D D / Y Y Y Y Y Y
05 / 18 / 2015

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 2830 OF 3250
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC		FEC IDENTIFICATION NUMBER ▼ C C00530766
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on		MM / DD / YYYY

Full Name of Payee Ryan Drake		Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 04 / 2014
Mailing Address 29637 Park St		Amount 3.30
City Walker	State LA	Zip Code 70785
Purpose of Expenditure Mileage	Category/Type 002	Transaction ID : 27c59a6d-e41e-4a8a-8 Date of Disbursement or Obligation MM / DD / YYYY 11 / 04 / 2014
Name of Federal Candidate Ms. Mary L Landrieu		Office Sought: ☐ House District: 00 ☒ Senate State: LA
Calendar Year-To-Date Per Election for Office Sought 554635.78		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶

Full Name of Payee Robert B Johnson		Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 04 / 2014
Mailing Address 804 Worthington Way		Amount 40.00
City Wilmington	State NC	Zip Code 28411
Purpose of Expenditure Salary	Category/Type 001	Transaction ID : cc1e194b-fe44-4920-a Date of Disbursement or Obligation MM / DD / YYYY 11 / 04 / 2014
Name of Federal Candidate Ms. Kay Hagan		Office Sought: ☐ House District: 00 ☒ Senate State: NC
Calendar Year-To-Date Per Election for Office Sought 1095959.94		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	43.30
(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]

Signature

Date

MM / DD / YYYY
05 / 18 / 2015

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 2831 OF 3250
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on MM / DD / YYYY				
Full Name of Payee Evelyn Lesaicherre			Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 04 / 2014	
Mailing Address 629 Radiance Ave			Amount 45.00	
City Metairie	State LA	Zip Code 70001	Transaction ID : c979eb2b-b2a5-4901-9	
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation MM / DD / YYYY 11 / 04 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>LA</u>	
Calendar Year-To-Date Per Election for Office Sought		554635.78	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Evelyn Lesaicherre			Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 04 / 2014	
Mailing Address 629 Radiance Ave			Amount 5.40	
City Metairie	State LA	Zip Code 70001	Transaction ID : 14bd5cb6-e1f3-4a01-a	
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement or Obligation MM / DD / YYYY 11 / 04 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>LA</u>	
Calendar Year-To-Date Per Election for Office Sought		554635.78	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			50.40	
(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 MM / DD / YYYY 05 / 18 / 2015	
Signature				

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 2832 OF 3250
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC		FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on		M M M / D D D / Y Y Y Y Y Y	
Full Name of Payee Xavier Miller		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 11 / 04 / 2014	
Mailing Address 407 randall Dr		Amount 75.00	
City Searcy	State AR	Zip Code 72143	Transaction ID : 81a5ea81-848b-4dda-9
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 11 / 04 / 2014
Name of Federal Candidate Mr. Mark L Pryor		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: AR
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Xavier Miller		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 11 / 04 / 2014	
Mailing Address 407 randall Dr		Amount 30.00	
City Searcy	State AR	Zip Code 72143	Transaction ID : 510c7aa6-09fa-4507-9
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 11 / 04 / 2014
Name of Federal Candidate Mr. Mark L Pryor		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: AR
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶		105.00	
(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]	
Signature		Date 05 / 18 / 2015	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 2833 OF 3250
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M M / D D D / Y Y Y Y Y Y					
Full Name of Payee Lauren N Hamel			Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 11 / 04 / 2014		
Mailing Address PO Box 398			Amount 40.00		
City Neosho		State MO	Zip Code 64850		
Purpose of Expenditure Salary		Category/Type 001		Transaction ID : 6072afc6-1401-489d-b Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 11 / 04 / 2014	
Name of Federal Candidate Mr. Mark L Pryor			Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>AR</u> ☐ Support ☒ Oppose		
Calendar Year-To-Date Per Election for Office Sought 292370.62			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶ _____		
Full Name of Payee Lauren N Hamel			Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 11 / 04 / 2014		
Mailing Address PO Box 398			Amount 37.50		
City Neosho		State MO	Zip Code 64850		
Purpose of Expenditure Mileage		Category/Type 002		Transaction ID : fdd934ed-50f7-49c8-b Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 11 / 04 / 2014	
Name of Federal Candidate Mr. Mark L Pryor			Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>AR</u> ☐ Support ☒ Oppose		
Calendar Year-To-Date Per Election for Office Sought 292370.62			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶ _____		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			77.50		
(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.					
Signature <u>Ms. Emily Buchanan</u> [Electronically Filed]			Date M M M / D D D / Y Y Y Y Y Y 05 / 18 / 2015		

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 2834 OF 3250
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC		FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on		M M M / D D D / Y Y Y Y Y Y	
Full Name of Payee Chris McCoy		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 11 / 04 / 2014	
Mailing Address 1025 Cayley Ct		Amount 85.00	
City High Point	State NC	Zip Code 27260	Transaction ID : 3efc01ce-bc4d-4619-8
Purpose of Expenditure Salary		Category/Type 001	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 11 / 04 / 2014
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: NC
Calendar Year-To-Date Per Election for Office Sought 1095959.94		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Benjamin J Crosser		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 11 / 04 / 2014	
Mailing Address PO Box 398		Amount 40.00	
City Neosho	State AR	Zip Code 64850	Transaction ID : 567b9317-3e9e-4ce1-8
Purpose of Expenditure Salary		Category/Type 001	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 11 / 04 / 2014
Name of Federal Candidate Mr. Mark L Pryor		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: AR
Calendar Year-To-Date Per Election for Office Sought 292370.62		Disbursement For: ☐ Primary ☒ 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.			
Signature Ms. Emily Buchanan		Date M M M / D D D / Y Y Y Y Y Y 05 / 18 / 2015	
		[Electronically Filed]	

Full Name of Payee Benjamin J Crosser		Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 04 / 2014	
Mailing Address PO Box 398		Amount 36.00	
City Neosho	State AR	Zip Code 64850	Transaction ID : a29905eb-3c8e-4da8-9
Purpose of Expenditure Mileage	Category/ Type	002	Date of Disbursement or Obligation MM / DD / YYYY 11 / 04 / 2014
Name of Federal Candidate Mr. Mark L Pryor		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: AR
Calendar Year-To-Date Per Election for Office Sought		292370.62	Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....		63.30
(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.

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 2836 OF 3250
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC		FEC IDENTIFICATION NUMBER ▼ C C00530766
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on		MM / DD / YYYY

Full Name of Payee Danielle McCoy		Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 04 / 2014
Mailing Address 1025 Cayley Ct		Amount 87.50
City High Point	State NC	Zip Code 27260
Purpose of Expenditure Salary	Category/Type 001	Transaction ID : 1f25a957-8658-4b2d-b Date of Disbursement or Obligation MM / DD / YYYY 11 / 04 / 2014
Name of Federal Candidate Ms. Kay Hagan		Office Sought: ☐ House District: 00 ☒ Senate State: NC
Calendar Year-To-Date Per Election for Office Sought 1095959.94		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶

Full Name of Payee Danielle McCoy		Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 04 / 2014
Mailing Address 1025 Cayley Ct		Amount 25.80
City High Point	State NC	Zip Code 27260
Purpose of Expenditure Mileage	Category/Type 002	Transaction ID : d34af19e-c012-44d9-9 Date of Disbursement or Obligation MM / DD / YYYY 11 / 04 / 2014
Name of Federal Candidate Ms. Kay Hagan		Office Sought: ☐ House District: 00 ☒ Senate State: NC
Calendar Year-To-Date Per Election for Office Sought 1095959.94		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	113.30
(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]

Signature

Date

MM / DD / YYYY
05 / 18 / 2015

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 2837 OF 3250
 FOR LINE 24 OF FORM 3X

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

Full Name of Payee Eleanor McCoy		Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 04 / 2014	
Mailing Address 4902 Catawba Dr		Amount 85.00	
City Greensboro	State NC	Zip Code 27407	Transaction ID : d860a428-30e8-473a-b Date of Disbursement or Obligation MM / DD / YYYY 11 / 04 / 2014
Purpose of Expenditure Salary		Category/Type 001	
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: NC
Calendar Year-To-Date Per Election for Office Sought		1095959.94	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶

Full Name of Payee Eleanor McCoy		Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 04 / 2014	
Mailing Address 4902 Catawba Dr		Amount 28.20	
City Greensboro	State NC	Zip Code 27407	Transaction ID : 6961c492-e0ea-4fef-9 Date of Disbursement or Obligation MM / DD / YYYY 11 / 04 / 2014
Purpose of Expenditure Mileage		Category/Type 002	
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: NC
Calendar Year-To-Date Per Election for Office Sought		1095959.94	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	113.20
(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

MM / DD / YYYY

05 / 18 / 2015

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 2838 OF 3250
 FOR LINE 24 OF FORM 3X

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

Full Name of Payee Danielle E Grindstaff		Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 04 / 2014	
Mailing Address 147 Possum Trot Rd		Amount 80.00	
City Bakersville	State NC	Zip Code 28705	Transaction ID : ccab4f11-27d7-4e9c-8
Purpose of Expenditure Salary	Category/ Type	Date of Disbursement or Obligation MM / DD / YYYY 11 / 04 / 2014	
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>NC</u>	
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	

Full Name of Payee Danielle E Grindstaff		Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 04 / 2014	
Mailing Address 147 Possum Trot Rd		Amount 12.60	
City Bakersville	State NC	Zip Code 28705	Transaction ID : 848521d4-2ae3-436a-9
Purpose of Expenditure Mileage	Category/ Type	Date of Disbursement or Obligation MM / DD / YYYY 11 / 04 / 2014	
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>NC</u>	
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	92.60
(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

MM / DD / YYYY
05 / 18 / 2015

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 2839 OF 3250
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M M / D D D / Y Y Y Y Y Y					
Full Name of Payee Amelia Brackett			Date of Public Distribution/Dissemination 11 / 04 / 2014		
Mailing Address 804 Roundabout Circle			Amount 40.00		
City Searcy	State AR	Zip Code 72143	Transaction ID : 0bf3eede-90c5-4ee0-8 Date of Disbursement or Obligation 11 / 04 / 2014		
Purpose of Expenditure Salary		Category/ Type 001			
Name of Federal Candidate Mr. Mark L Pryor			Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: AR ☐ Support ☒ Oppose		
Calendar Year-To-Date Per Election for Office Sought 292370.62			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
Full Name of Payee Jordyn Kilbury			Date of Public Distribution/Dissemination 11 / 04 / 2014		
Mailing Address 5416 S Santa Fe Street			Amount 90.00		
City Wichita	State KS	Zip Code 67216	Transaction ID : 7853ea79-6552-45f5-8 Date of Disbursement or Obligation 11 / 04 / 2014		
Purpose of Expenditure Salary		Category/ Type 001			
Name of Federal Candidate Mr. Greg Orman			Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: KS ☐ Support ☒ Oppose		
Calendar Year-To-Date Per Election for Office Sought 261541.03			Disbursement For: ☐ Primary ☒ 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.					
Signature <u>Ms. Emily Buchanan</u> [Electronically Filed]			Date 05 / 18 / 2015		

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 2840 OF 3250
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M M / D D D / Y Y Y Y Y Y				
Full Name of Payee Jordyn Kilbury			Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 11 / 04 / 2014	
Mailing Address 5416 S Santa Fe Street			Amount 15.30	
City Wichita	State KS	Zip Code 67216	Transaction ID : d7ad847c-9278-4446-8	
Purpose of Expenditure Mileage		Category/Type 002	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 11 / 04 / 2014	
Name of Federal Candidate Mr. Greg Orman		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>KS</u>	
Calendar Year-To-Date Per Election for Office Sought		261541.03	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Caleb Craig			Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 11 / 04 / 2014	
Mailing Address 1410 Bushville drive			Amount 120.00	
City Lenoir	State NC	Zip Code 28645	Transaction ID : 18bf7fc6-0b6d-444a-b	
Purpose of Expenditure Salary		Category/Type 001	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 11 / 05 / 2014	
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>NC</u>	
Calendar Year-To-Date Per Election for Office Sought		1095959.94	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures.....▶			135.30	
(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.				
Signature <i>Ms. Emily Buchanan</i>		[Electronically Filed]		Date M M M / D D D / Y Y Y Y Y Y 05 / 18 / 2015

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 2841 OF 3250
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M M / D D D / Y Y Y Y Y Y				
Full Name of Payee Caleb Craig			Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 11 / 04 / 2014	
Mailing Address 1410 Bushville drive			Amount 25.80	
City Lenoir	State NC	Zip Code 28645	Transaction ID : eebb04a2-031a-4951-9	
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 11 / 04 / 2014	
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>NC</u>	
Calendar Year-To-Date Per Election for Office Sought		1095959.94	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Christine Stevens			Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 11 / 04 / 2014	
Mailing Address 100 Asbury Ct			Amount 90.00	
City Winchester	State VA	Zip Code 22602	Transaction ID : 96127c86-4955-4da8-9	
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 11 / 04 / 2014	
Name of Federal Candidate Mr. Greg Orman		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>KS</u>	
Calendar Year-To-Date Per Election for Office Sought		261541.03	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			115.80	
(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.				
Signature Ms. Emily Buchanan		[Electronically Filed]		Date M M M / D D D / Y Y Y Y Y Y 05 / 18 / 2015

Full Name of Payee Jon E Conner		Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 04 / 2014	
Mailing Address 100 Asbury Ct		Amount 99.99 90.00	
City Winchester	State VA	Zip Code 22602	Transaction ID : e9a04aaf-91e3-4469-8 Date of Disbursement or Obligation MM / DD / YYYY 11 / 04 / 2014
Purpose of Expenditure Salary		Category/ Type	001
Name of Federal Candidate Mr. Greg Orman		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>KS</u>
Calendar Year-To-Date Per Election for Office Sought		261541.03	Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ▶ _____

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	
(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.

Date _____

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 2843 OF 3250
 FOR LINE 24 OF FORM 3X

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

Full Name of Payee Rodney O Culbreath		Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 04 / 2014	
Mailing Address 100 Asbury Ct		Amount 90.00	
City Winchester	State VA	Zip Code 22602	Transaction ID : 90bc3537-a681-495c-8
Purpose of Expenditure Salary	Category/ Type	001	Date of Disbursement or Obligation MM / DD / YYYY 11 / 04 / 2014
Name of Federal Candidate Mr. Greg Orman		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: KS
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	

Full Name of Payee Rodney D Culbreth		Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 04 / 2014	
Mailing Address 100 Asbury CT 3200 Dam Neck Rd		Amount 90.00	
City Winchester	State VA	Zip Code 22602	Transaction ID : 658e9e6c-95a4-48ac-9
Purpose of Expenditure Salary	Category/ Type	001	Date of Disbursement or Obligation MM / DD / YYYY 11 / 04 / 2014
Name of Federal Candidate Mr. Greg Orman		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: KS
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: ☐ Primary ☒ 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

MM / DD / YYYY
05 / 18 / 2015

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 2844 OF 3250
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC		FEC IDENTIFICATION NUMBER ▼ C C00530766
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on		MM / DD / YYYY

Full Name of Payee Rze Culbreath		Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 04 / 2014	
Mailing Address 100 Asbury Ct		Amount 90.00	
City Winchester	State VA	Zip Code 22602	Transaction ID : 2b50b24f-5d12-4c2a-b
Purpose of Expenditure Salary	Category/ Type	001	Date of Disbursement or Obligation MM / DD / YYYY 11 / 04 / 2014
Name of Federal Candidate Mr. Greg Orman		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: KS
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
		261541.03	

Full Name of Payee Ralph Smith		Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 04 / 2014	
Mailing Address 2090 Fancy Gap Rd		Amount 65.00	
City Mt. Airy	State NC	Zip Code 27030	Transaction ID : 2b3ee288-9eb8-4e26-b
Purpose of Expenditure Salary	Category/ Type	001	Date of Disbursement or Obligation MM / DD / YYYY 11 / 04 / 2014
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: NC
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
		1095959.94	

(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]

Signature

Date

MM / DD / YYYY
05 / 18 / 2015

Full Name of Payee Brieshauna M Stevens		Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 04 / 2014	
Mailing Address 1703 Torrey Pines Ct		Amount 30.00	
City Reston	State VA	Zip Code 20190	Transaction ID : 728c89f1-ac07-4312-8 Date of Disbursement or Obligation MM / DD / YYYY 11 / 04 / 2014
Purpose of Expenditure Salary	Category/ Type 001		
Name of Federal Candidate Mr. Greg Orman	☐ Support ☒ Oppose	Office Sought: ☐ President ☒ Senate ☐ Other (specify) ▶	District: 00 State: KS ☐ Primary ☒ General
Calendar Year-To-Date Per Election for Office Sought	261541.03		

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	39.24
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

Ms. Emily Buchanan

[Electronically Filed]

Date 05 / 18 / 2015

Signature _____

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 2846 OF 3250
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M / D D / Y Y Y Y				
Full Name of Payee Mattie Harris			Date of Public Distribution/Dissemination 11 / 04 / 2014	
Mailing Address 3654 Tara St			Amount 60.00	
City springdale	State AR	Zip Code 72762	Transaction ID : 031a1bd1-b1a3-494a-b	
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation 11 / 04 / 2014	
Name of Federal Candidate Mr. Mark L Pryor		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: AR	
Calendar Year-To-Date Per Election for Office Sought		292370.62	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Mattie Harris			Date of Public Distribution/Dissemination 11 / 04 / 2014	
Mailing Address 3654 Tara St			Amount 36.00	
City springdale	State AR	Zip Code 72762	Transaction ID : 55b2a08a-a662-4667-b	
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement or Obligation 11 / 04 / 2014	
Name of Federal Candidate Mr. Mark L Pryor		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: AR	
Calendar Year-To-Date Per Election for Office Sought		292370.62	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures.....▶			96.00	
(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 05 / 18 / 2015	
Signature				

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 2847 OF 3250
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC		FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on		M M M / D D D / Y Y Y Y Y Y	
Full Name of Payee Jonathan M Harris		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 11 / 04 / 2014	
Mailing Address 3654 Tara St		Amount 55.00	
City Springdale	State AR	Zip Code 72762	Transaction ID : b7f7e254-8ab1-46c9-9
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 11 / 04 / 2014
Name of Federal Candidate Mr. Mark L Pryor		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: AR
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Jonathan M Harris		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 11 / 04 / 2014	
Mailing Address 3654 Tara St		Amount 7.20	
City Springdale	State AR	Zip Code 72762	Transaction ID : 0b1897d6-2077-493d-9
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 11 / 04 / 2014
Name of Federal Candidate Mr. Mark L Pryor		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: AR
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: ☐ Primary ☒ 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.			
Ms. Emily Buchanan		[Electronically Filed]	
Signature		Date M M M / D D D / Y Y Y Y Y Y 05 / 18 / 2015	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 2848 OF 3250
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on MM / DD / YYYY				
Full Name of Payee John P Hilkert			Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 04 / 2014	
Mailing Address 7 Bards Lane			Amount 80.00	
City Fletcher	State NC	Zip Code 28732	Transaction ID : e7427ea8-4dcb-4836-b Date of Disbursement or Obligation MM / DD / YYYY 11 / 04 / 2014	
Purpose of Expenditure Salary		Category/ Type 001		
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>NC</u>	
Calendar Year-To-Date Per Election for Office Sought		1095959.94	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee John P Hilkert			Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 04 / 2014	
Mailing Address 7 Bards Lane			Amount 16.20	
City Fletcher	State NC	Zip Code 28732	Transaction ID : 12239996-da93-4dcf-8 Date of Disbursement or Obligation MM / DD / YYYY 11 / 04 / 2014	
Purpose of Expenditure Mileage		Category/ Type 002		
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>NC</u>	
Calendar Year-To-Date Per Election for Office Sought		1095959.94	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			96.20	
(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.				
Signature Ms. Emily Buchanan		[Electronically Filed]		Date MM / DD / YYYY 05 / 18 / 2015

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 2849 OF 3250
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC		FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on		M M M / D D D / Y Y Y Y Y Y	
Full Name of Payee Hannah K Smith		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 11 / 04 / 2014	
Mailing Address 633 Scott Dr		Amount 110.00	
City Gibsonville	State NC	Zip Code 27249	Transaction ID : d54a3346-8579-4e9c-8
Purpose of Expenditure Salary	Category/Type 001	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 11 / 04 / 2014	
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose Office Sought: ☐ House ☒ Senate ☐ President ☒ Senate District: 00 State: NC	
Calendar Year-To-Date Per Election for Office Sought 1095959.94		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Hannah K Smith		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 11 / 04 / 2014	
Mailing Address 633 Scott Dr		Amount 21.30	
City Gibsonville	State NC	Zip Code 27249	Transaction ID : 4a732465-51c2-43d6-b
Purpose of Expenditure Mileage	Category/Type 002	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 11 / 04 / 2014	
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose Office Sought: ☐ House ☒ Senate ☐ President ☒ Senate District: 00 State: NC	
Calendar Year-To-Date Per Election for Office Sought 1095959.94		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶		131.30	
(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.			
Signature Ms. Emily Buchanan		Date M M M / D D D / Y Y Y Y Y Y 05 / 18 / 2015	
		[Electronically Filed]	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 2850 OF 3250
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC		FEC IDENTIFICATION NUMBER ▼ C C00530766
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M M / D D D / Y Y Y Y Y Y		

Full Name of Payee Kaylan N Swanson		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 11 / 04 / 2014
Mailing Address 633 Scott Dr		Amount 110.00
City Gibsonville	State NC	Zip Code 27249
Purpose of Expenditure Salary	Category/Type 001	Transaction ID : dae6457f-7501-412b-9 Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 11 / 04 / 2014
Name of Federal Candidate Ms. Kay Hagan		Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>NC</u>
Calendar Year-To-Date Per Election for Office Sought 1095959.94		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶

Full Name of Payee Kaylan N Swanson		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 11 / 04 / 2014
Mailing Address 633 Scott Dr		Amount 21.30
City Gibsonville	State NC	Zip Code 27249
Purpose of Expenditure Mileage	Category/Type 002	Transaction ID : 269b8384-f605-4d12-a Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 11 / 04 / 2014
Name of Federal Candidate Ms. Kay Hagan		Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>NC</u>
Calendar Year-To-Date Per Election for Office Sought 1095959.94		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	131.30
(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]

Signature

Date

M M M / D D D / Y Y Y Y Y Y
05 / 18 / 2015

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

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 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M / D D / Y Y Y Y Y Y					
Full Name of Payee Joseph R English			Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 11 / 04 / 2014		
Mailing Address 915 East Market Ave Apt 4			Amount 100.00		
City Searcy		State AR	Zip Code 72143		Transaction ID : b6e635e2-0e86-4dfd-8
Purpose of Expenditure Salary		Category/Type 001		Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 11 / 04 / 2014	
Name of Federal Candidate Mr. Mark L Pryor			☐ Support ☒ Oppose Office Sought: ☐ House ☒ Senate District: <u>00</u> ☐ President State: <u>AR</u>		
Calendar Year-To-Date Per Election for Office Sought 292370.62			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶ _____		
Full Name of Payee Joseph R English			Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 11 / 04 / 2014		
Mailing Address 915 East Market Ave Apt 4			Amount 51.00		
City Searcy		State AR	Zip Code 72143		Transaction ID : 61784bfa-62a0-43ff-a
Purpose of Expenditure Mileage		Category/Type 002		Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 11 / 04 / 2014	
Name of Federal Candidate Mr. Mark L Pryor			☐ Support ☒ Oppose Office Sought: ☐ House ☒ Senate District: <u>00</u> ☐ President State: <u>AR</u>		
Calendar Year-To-Date Per Election for Office Sought 292370.62			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶ _____		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			151.00		
(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.					
Signature <u>Ms. Emily Buchanan</u> [Electronically Filed]			Date M M / D D / Y Y Y Y Y Y 05 / 18 / 2015		

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 2852 OF 3250
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC		FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on		M M M / D D D / Y Y Y Y Y Y	
Full Name of Payee Colton R Overcash		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 11 / 04 / 2014	
Mailing Address 121 Ohara Dr		Amount 105.00	
City Salisbury	State NC	Zip Code 28147	Transaction ID : af987004-767e-4ae6-a
Purpose of Expenditure Salary	Category/Type 001	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 11 / 04 / 2014	
Name of Federal Candidate Ms. Kay Hagan		Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: NC	
Calendar Year-To-Date Per Election for Office Sought 1095959.94		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Colton R Overcash		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 11 / 04 / 2014	
Mailing Address 121 Ohara Dr		Amount 176.70	
City Salisbury	State NC	Zip Code 28147	Transaction ID : 087f8cb1-0416-4b76-8
Purpose of Expenditure Mileage	Category/Type 002	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 11 / 04 / 2014	
Name of Federal Candidate Ms. Kay Hagan		Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: NC	
Calendar Year-To-Date Per Election for Office Sought 1095959.94		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶		281.70	
(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.			
Signature Ms. Emily Buchanan		Date M M M / D D D / Y Y Y Y Y Y 05 / 18 / 2015	
		[Electronically Filed]	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 2853 OF 3250
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M M / D D D / Y Y Y Y Y Y					
Full Name of Payee Kristina M Jinkens			Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 11 / 04 / 2014		
Mailing Address 2138 N 1000 Rd			Amount 40.00		
City Eudora		State KS	Zip Code 66025		Transaction ID : 17ba6ad6-b25c-4f1f-b
Purpose of Expenditure Salary		Category/ Type 001		Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 11 / 04 / 2014	
Name of Federal Candidate Mr. Greg Orman			☐ Support ☒ Oppose		Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>KS</u>
Calendar Year-To-Date Per Election for Office Sought 261541.03			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
Full Name of Payee Staci J Ingram			Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 11 / 04 / 2014		
Mailing Address 2 Crest Knolls Dr Apt 16B			Amount 135.00		
City Taylorsville		State NC	Zip Code 28681		Transaction ID : 52097490-e1a7-4765-a
Purpose of Expenditure Salary		Category/ Type 001		Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 11 / 04 / 2014	
Name of Federal Candidate Ms. Kay Hagan			☐ Support ☒ Oppose		Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>NC</u>
Calendar Year-To-Date Per Election for Office Sought 1095959.94			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			175.00		
(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.					
Signature Ms. Emily Buchanan			[Electronically Filed]		Date M M M / D D D / Y Y Y Y Y Y 05 / 18 / 2015

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 2854 OF 3250
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M M / D D D / Y Y Y Y Y Y				
Full Name of Payee Staci J Ingram			Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 11 / 04 / 2014	
Mailing Address 2 Crest Knolls Dr Apt 16B			Amount 86.57	
City Taylorsville	State NC	Zip Code 28681	Transaction ID : f4b38a80-43e4-404c-a	
Purpose of Expenditure Mileage		Category/Type 002	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 11 / 04 / 2014	
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>NC</u>	
Calendar Year-To-Date Per Election for Office Sought		1095959.94	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Aleksandra B Padua			Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 11 / 04 / 2014	
Mailing Address 110 Bridge gate Dr			Amount 47.50	
City Cary	State NC	Zip Code 27519	Transaction ID : fcf96b85-3314-47a8-a	
Purpose of Expenditure Salary		Category/Type 001	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 11 / 04 / 2014	
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>NC</u>	
Calendar Year-To-Date Per Election for Office Sought		1095959.94	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			134.07	
(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.				
Signature <i>Ms. Emily Buchanan</i>		[Electronically Filed]		Date M M M / D D D / Y Y Y Y Y Y 05 / 18 / 2015

Full Name of Payee Aleksandra B Padua		Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 04 / 2014	
Mailing Address 110 Bridge gate Dr		Amount 22.68	
City Cary	State NC	Zip Code 27519	Transaction ID : 53256112-f795-4f03-a Date of Disbursement or Obligation MM / DD / YYYY 11 / 04 / 2014
Purpose of Expenditure Mileage		Category/ Type 002	
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: NC
Calendar Year-To-Date Per Election for Office Sought		1095959.94	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶

Full Name of Payee Laurel Littler		Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 04 / 2014	
Mailing Address 145 Bradford Circle		Amount 30.00	
City Clayton	State NC	Zip Code 27527	Transaction ID : 325c92ae-d294-4ede-a
Purpose of Expenditure Salary	Category/ Type	001	Date of Disbursement or Obligation MM / DD / YYYY 11 / 04 / 2014
Name of Federal Candidate Ms. Kay Hagan	☐ Support ☒ Oppose	Office Sought: ☐ President ☒ Senate ☐ Other (specify) ▶	District: 00 State: NC Disbursement For: ☐ Primary ☒ General
Calendar Year-To-Date Per Election for Office Sought		1095959.94	

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	52.68
(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.

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 2856 OF 3250
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M M / D D D / Y Y Y Y Y Y					
Full Name of Payee Laurel Littler			Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 11 / 04 / 2014		
Mailing Address 145 Bradford Circle			Amount 7.50		
City Clayton	State NC	Zip Code 27527	Transaction ID : 5173d4ff-4d67-4bd1-9 Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 11 / 04 / 2014		
Purpose of Expenditure Mileage		Category/ Type 002			
Name of Federal Candidate Ms. Kay Hagan			Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>NC</u> ☐ Support ☒ Oppose		
Calendar Year-To-Date Per Election for Office Sought 1095959.94			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶ _____		
Full Name of Payee Cynthia J Christmas			Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 11 / 04 / 2014		
Mailing Address 1731 Frenchmen St			Amount 90.00		
City New Orleans	State LA	Zip Code 70116	Transaction ID : d001ba1c-b7bc-4e9b-8 Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 11 / 04 / 2014		
Purpose of Expenditure Salary		Category/ Type 001			
Name of Federal Candidate Ms. Mary L Landrieu			Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>LA</u> ☐ Support ☒ Oppose		
Calendar Year-To-Date Per Election for Office Sought 554635.78			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶ _____		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			97.50		
(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.					
Signature <u>Ms. Emily Buchanan</u>			Date M M M / D D D / Y Y Y Y Y Y 05 / 18 / 2015		
[Electronically Filed]					

Full Name of Payee Carol L Walters		Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 04 / 2014	
Mailing Address 1900 Glen West Way		Amount 22.20	
City Fort Smith	State AR	Zip Code 72916	Transaction ID : 5ac19771-83bd-42b1-a Date of Disbursement or Obligation MM / DD / YYYY 11 / 04 / 2014
Purpose of Expenditure Mileage	Category/ Type 002		
Name of Federal Candidate Mr. Mark L Pryor	☐ Support ☒ Oppose	Office Sought: ☐ President ☒ Senate	District: 00 State: AR
Calendar Year-To-Date Per Election for Office Sought	292370.62	Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	82.20
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

05 / 18 / 2015

FEC Schedule E (Form 3X) Rev. 09/2013

Full Name of Payee Paulette M Carrieri		Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 04 / 2014	
Mailing Address 4805 TuPenny Lane		Amount 7.50	
City Raleigh	State NC	Zip Code 27606	Transaction ID : c66e4935-86cd-4e32-a Date of Disbursement or Obligation MM / DD / YYYY 11 / 04 / 2014
Purpose of Expenditure Mileage	Category/ Type 002		
Name of Federal Candidate Ms. Kay Hagan	☐ Support ☒ Oppose	Office Sought: ☐ President ☒ Senate	District: 00 State: NC
Calendar Year-To-Date Per Election for Office Sought	1095959.94	Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶		47.50
(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.

Date _____

Signature

Full Name of Payee LaVonna A Brown			Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 04 / 2014		
Mailing Address 1211 Treaty Rd			Amount 22.50		
City Delphos	State KS	Zip Code 67436	Transaction ID : fd11470a-ad16-4b1e-b Date of Disbursement or Obligation MM / DD / YYYY 11 / 04 / 2014		
Purpose of Expenditure Mileage		Category/ Type 002			
Name of Federal Candidate Mr. Greg Orman		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: KS		
Calendar Year-To-Date Per Election for Office Sought		261541.03	Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ►		

(a) SUBTOTAL of Itemized Independent Expenditures.....	72.50
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures.....	

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 2860 OF 3250
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on MM / DD / YYYY				
Full Name of Payee Windy Hageman			Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 04 / 2014	
Mailing Address 5521 Randolph St.			Amount 45.00	
City Marrero	State LA	Zip Code 70072	Transaction ID : ef35407a-cc9a-4512-9	
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation MM / DD / YYYY 11 / 04 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>LA</u>	
Calendar Year-To-Date Per Election for Office Sought		554635.78	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Windy Hageman			Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 04 / 2014	
Mailing Address 5521 Randolph St.			Amount 6.60	
City Marrero	State LA	Zip Code 70072	Transaction ID : 123220e6-a0b4-4434-b	
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement or Obligation MM / DD / YYYY 11 / 04 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>LA</u>	
Calendar Year-To-Date Per Election for Office Sought		554635.78	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			51.60	
(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 MM / DD / YYYY 05 / 18 / 2015	
Signature				

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 2861 OF 3250
 FOR LINE 24 OF FORM 3X

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

Full Name of Payee Sherry D Cranor		Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 04 / 2014	
Mailing Address 815 Lulu		Amount 145.00	
City Augusta	State KS	Zip Code 67010	Transaction ID : 480848ce-eb92-4a23-b
Purpose of Expenditure Salary	Category/ Type	001	Date of Disbursement or Obligation MM / DD / YYYY 11 / 04 / 2014
Name of Federal Candidate Mr. Greg Orman		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: KS
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	

Full Name of Payee Sherry D Cranor		Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 04 / 2014	
Mailing Address 815 Lulu		Amount 34.20	
City Augusta	State KS	Zip Code 67010	Transaction ID : bbc79189-a40e-43b9-a
Purpose of Expenditure Mileage	Category/ Type	002	Date of Disbursement or Obligation MM / DD / YYYY 11 / 04 / 2014
Name of Federal Candidate Mr. Greg Orman		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: KS
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	179.20
(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

MM / DD / YYYY
05 / 18 / 2015

Signature

Full Name of Payee Eva M Johnston		Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 05 / 2014	
Mailing Address 2517 N 47th St		Amount 50.00	
City Milwaukee	State WI	Zip Code 53210	Transaction ID : 62825bff-2fe6-43c6-9
Purpose of Expenditure Salary	Category/ Type	001	Date of Disbursement or Obligation MM / DD / YYYY 11 / 05 / 2014
Name of Federal Candidate Ms. Mary L Landrieu	☐ Support ☒ Oppose	Office Sought: ☐ President ☒ Senate	District: 00 State: LA
Calendar Year-To-Date Per Election for Office Sought	554635.78	Disbursement For: 2014	☐ Primary ☒ General ☐ Other (specify) ▶

Full Name of Payee Christopher Marquess		Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 05 / 2014	
Mailing Address 110 W Pecan St		Amount 55.00	
City Ville Platte	State LA	Zip Code 70586	Transaction ID : fa6fdb8-ee8b-4f6b-a Date of Disbursement or Obligation MM / DD / YYYY 11 / 05 / 2014
Purpose of Expenditure Salary		Category/ Type 001	
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: LA
Calendar Year-To-Date Per Election for Office Sought 554635.78		Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	105.00
(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.

Date _____

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 2863 OF 3250
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC		FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on		M M M / D D D / Y Y Y Y Y Y	
Full Name of Payee Christopher Marquess		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 11 / 05 / 2014	
Mailing Address 110 W Pecan St		Amount 28.80	
City Ville Platte	State LA	Zip Code 70586	Transaction ID : 3655fdcf-17c4-442b-a
Purpose of Expenditure Mileage	Category/Type 002	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 11 / 05 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	
Office Sought: ☐ President ☒ Senate		District: 00 State: LA	
Calendar Year-To-Date Per Election for Office Sought 554635.78		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Tammy Williams		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 11 / 05 / 2014	
Mailing Address 924 N. Prieur St		Amount 40.00	
City New Orleans	State LA	Zip Code 70116	Transaction ID : 85938227-7874-48d5-8
Purpose of Expenditure Salary	Category/Type 001	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 11 / 05 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	
Office Sought: ☐ President ☒ Senate		District: 00 State: LA	
Calendar Year-To-Date Per Election for Office Sought 554635.78		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶		68.80	
(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.			
Signature Ms. Emily Buchanan		Date M M M / D D D / Y Y Y Y Y Y 05 / 18 / 2015	
		[Electronically Filed]	

Full Name of Payee Antoinette Franklin		Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 05 / 2014	
Mailing Address 8822 Apple St		Amount MM / DD / YYYY 40.00	
City New Orleans	State LA	Zip Code 70188	Transaction ID : 55c516c6-5084-49f1-8 Date of Disbursement or Obligation MM / DD / YYYY 11 / 05 / 2014
Purpose of Expenditure Salary		Category/ Type 001	
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: LA
Calendar Year-To-Date Per Election for Office Sought		MM / DD / YYYY 554635.78	Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ▶

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.

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 2865 OF 3250
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC		FEC IDENTIFICATION NUMBER ▼ C C00530766
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on		MM / DD / YYYY

Full Name of Payee Antoinette Franklin		Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 05 / 2014
Mailing Address 8822 Apple St		Amount 12.00
City New Orleans	State LA	Zip Code 70188
Purpose of Expenditure Mileage	Category/Type 002	Transaction ID : 4621df31-66ba-418b-b Date of Disbursement or Obligation MM / DD / YYYY 11 / 05 / 2014
Name of Federal Candidate Ms. Mary L Landrieu		Office Sought: ☐ House District: 00 ☒ Senate State: LA
Calendar Year-To-Date Per Election for Office Sought 554635.78		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶

Full Name of Payee Joneisha Stewart		Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 05 / 2014
Mailing Address 2329 Runnymede Dr		Amount 30.00
City Marrero	State LA	Zip Code 70072
Purpose of Expenditure Salary	Category/Type 001	Transaction ID : 79bdaf6c-a422-4d62-a Date of Disbursement or Obligation MM / DD / YYYY 11 / 05 / 2014
Name of Federal Candidate Ms. Mary L Landrieu		Office Sought: ☐ House District: 00 ☒ Senate State: LA
Calendar Year-To-Date Per Election for Office Sought 554635.78		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	42.00
(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

MM / DD / YYYY
05 / 18 / 2015

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 2866 OF 3250
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC		FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on		M M M / D D D / Y Y Y Y Y Y	

Full Name of Payee Joneisha Stewart		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 11 / 05 / 2014	
Mailing Address 2329 Runnymede Dr		Amount 7.80	
City Marrero	State LA	Zip Code 70072	Transaction ID : b479339a-2564-47fb-b Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 11 / 05 / 2014
Purpose of Expenditure Mileage		Category/ Type 002	
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>LA</u>
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	

Full Name of Payee Sarah Bassil		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 11 / 05 / 2014	
Mailing Address 7650 Fallswood Way		Amount 30.00	
City Lorton	State VA	Zip Code 22079	Transaction ID : 12d179ba-61c9-49c0-a Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 11 / 05 / 2014
Purpose of Expenditure Salary		Category/ Type 001	
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>LA</u>
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	37.80
(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

M M M / D D D / Y Y Y Y Y Y
05 / 18 / 2015

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 2867 OF 3250
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC		FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on		M M M / D D D / Y Y Y Y Y Y	
Full Name of Payee Julia Perry		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 11 / 05 / 2014	
Mailing Address 2046 Perrin St Apt C		Amount 60.00	
City Shreveport	State LA	Zip Code 71101	Transaction ID : 4db464a0-9f2f-4e2c-a
Purpose of Expenditure Salary	Category/ Type	001	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 11 / 05 / 2014
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>LA</u>
Calendar Year-To-Date Per Election for Office Sought		554635.78	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶
Full Name of Payee Julia Perry		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 11 / 05 / 2014	
Mailing Address 2046 Perrin St Apt C		Amount 6.00	
City Shreveport	State LA	Zip Code 71101	Transaction ID : e41a0c80-ccb5-41ac-a
Purpose of Expenditure Mileage	Category/ Type	002	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 11 / 05 / 2014
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>LA</u>
Calendar Year-To-Date Per Election for Office Sought		554635.78	Disbursement For: ☐ Primary ☒ 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.			
Signature <i>Ms. Emily Buchanan</i>		Date M M M / D D D / Y Y Y Y Y Y 05 / 18 / 2015	
		[Electronically Filed]	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 2868 OF 3250
 FOR LINE 24 OF FORM 3X

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

Full Name of Payee Brandy Starns		Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 05 / 2014	
Mailing Address 300 Evangeline St		Amount 60.00	
City Monroe	State LA	Zip Code 71201	Transaction ID : ace6783-6625-4dba-b
Purpose of Expenditure Salary	Category/ Type	Date of Disbursement or Obligation MM / DD / YYYY 11 / 05 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>LA</u>	
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	

Full Name of Payee Brandy Starns		Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 05 / 2014	
Mailing Address 300 Evangeline St		Amount 6.60	
City Monroe	State LA	Zip Code 71201	Transaction ID : 4b61699b-6d1c-49ad-9
Purpose of Expenditure Mileage	Category/ Type	Date of Disbursement or Obligation MM / DD / YYYY 11 / 05 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>LA</u>	
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	66.60
(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

MM / DD / YYYY
05 / 18 / 2015

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 2869 OF 3250
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on MM / DD / YYYY				
Full Name of Payee Ryan Drake			Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 05 / 2014	
Mailing Address 29637 Park St			Amount 22.50	
City Walker	State LA	Zip Code 70785	Transaction ID : d110af24-43b6-4e5a-a	
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation MM / DD / YYYY 11 / 05 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>LA</u>	
Calendar Year-To-Date Per Election for Office Sought		554635.78	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Ryan Drake			Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 05 / 2014	
Mailing Address 29637 Park St			Amount 4.50	
City Walker	State LA	Zip Code 70785	Transaction ID : caebdfe6-e49b-42fb-a	
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement or Obligation MM / DD / YYYY 11 / 05 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>LA</u>	
Calendar Year-To-Date Per Election for Office Sought		554635.78	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			27.00	
(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 MM / DD / YYYY 05 / 18 / 2015	
Signature				

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 2870 OF 3250
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC		FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on		MM / DD / YYYY	
Full Name of Payee Francis Richardson		Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 05 / 2014	
Mailing Address 220 Doucet Rd		Amount 15.00	
City Lafayette	State LA	Zip Code 70503	Transaction ID : 84553bdd-07ef-48ae-8
Purpose of Expenditure Salary	Category/ Type	001	Date of Disbursement or Obligation MM / DD / YYYY 11 / 05 / 2014
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: LA
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Francis Richardson		Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 05 / 2014	
Mailing Address 220 Doucet Rd		Amount 0.72	
City Lafayette	State LA	Zip Code 70503	Transaction ID : 65972c6e-8af5-4fe6-a
Purpose of Expenditure Mileage	Category/ Type	002	Date of Disbursement or Obligation MM / DD / YYYY 11 / 05 / 2014
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: LA
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(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]	
Signature		Date MM / DD / YYYY 05 / 18 / 2015	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 2872 OF 3250
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC	FEC IDENTIFICATION NUMBER ▼ C C00530766
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M / D D / Y Y Y Y Y Y	

Full Name of Payee Michael A Toomey			Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 11 / 05 / 2014	
Mailing Address 4120 Bon Aire Dr Apt 6307			Amount 50.00	
City Monroe	State LA	Zip Code 71212	Transaction ID : 9d567151-6bd7-4bd1-8	
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 11 / 05 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>LA</u>	
Calendar Year-To-Date Per Election for Office Sought		554635.78	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	

Full Name of Payee Michael A Toomey			Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 11 / 05 / 2014	
Mailing Address 4120 Bon Aire Dr Apt 6307			Amount 9.30	
City Monroe	State LA	Zip Code 71212	Transaction ID : ea7f0083-7f3a-49dd-9	
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 11 / 05 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>LA</u>	
Calendar Year-To-Date Per Election for Office Sought		554635.78	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	59.30
(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]

Signature

Date

M M / D D / Y Y Y Y Y Y
05 / 18 / 2015

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 2873 OF 3250
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M M / D D D / Y Y Y Y Y Y				
Full Name of Payee Gregory Green			Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 11 / 05 / 2014	
Mailing Address 2506 Bolch Street			Amount 80.00	
City Shreveport	State LA	Zip Code 71104	Transaction ID : bdb1761b-863d-4725-a	
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 11 / 05 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>LA</u>	
Calendar Year-To-Date Per Election for Office Sought		554635.78	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Gregory Green			Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 11 / 05 / 2014	
Mailing Address 2506 Bolch Street			Amount 82.50	
City Shreveport	State LA	Zip Code 71104	Transaction ID : d55f7e32-05d7-46e7-a	
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 11 / 05 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>LA</u>	
Calendar Year-To-Date Per Election for Office Sought		554635.78	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			162.50	
(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.				
Signature Ms. Emily Buchanan		[Electronically Filed]		Date M M M / D D D / Y Y Y Y Y Y 05 / 18 / 2015

Full Name of Payee Lilly Green		Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 05 / 2014	
Mailing Address 205 Medallion Circle		Amount 64.50	
City Shreveport	State LA	Zip Code 71119	Transaction ID : 0878ca20-5160-41f9-a Date of Disbursement or Obligation MM / DD / YYYY 11 / 05 / 2014
Purpose of Expenditure Mileage	Category/ Type 002		
Name of Federal Candidate Ms. Mary L Landrieu	☐ Support ☒ Oppose	Office Sought: ☐ President ☒ Senate	District: 00 State: LA
Calendar Year-To-Date Per Election for Office Sought	554635.78	Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	144.50
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 2875 OF 3250
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC		FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on		MM / DD / YYYY	
Full Name of Payee Felicia A Jones		Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 05 / 2014	
Mailing Address 4106 Martha St		Amount 60.00	
City Shreveport	State LA	Zip Code 71109	Transaction ID : fd7b6cb1-dfd0-4d46-a
Purpose of Expenditure Salary	Category/Type 001	Date of Disbursement or Obligation MM / DD / YYYY 11 / 05 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	
Office Sought: ☐ House ☒ Senate		District: 00 State: LA	
Calendar Year-To-Date Per Election for Office Sought 554635.78		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Felicia A Jones		Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 05 / 2014	
Mailing Address 4106 Martha St		Amount 6.30	
City Shreveport	State LA	Zip Code 71109	Transaction ID : f74c910c-2bff-4bcc-a
Purpose of Expenditure Mileage	Category/Type 002	Date of Disbursement or Obligation MM / DD / YYYY 11 / 05 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	
Office Sought: ☐ House ☒ Senate		District: 00 State: LA	
Calendar Year-To-Date Per Election for Office Sought 554635.78		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶		66.30	
(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.			
Signature Ms. Emily Buchanan		Date MM / DD / YYYY 05 / 18 / 2015	
		[Electronically Filed]	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 2876 OF 3250
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on MM / DD / YYYY				
Full Name of Payee Laura U Logie			Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 05 / 2014	
Mailing Address 2565 Shire Circle			Amount 30.00	
City Harrisonburg	State VA	Zip Code 22801	Transaction ID : c4a2ffa7-e471-4596-8	
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation MM / DD / YYYY 11 / 05 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>LA</u>	
Calendar Year-To-Date Per Election for Office Sought		554635.78	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Timothy Foley			Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 05 / 2014	
Mailing Address 20679 Glenbrook Terrace			Amount 25.00	
City Sterling	State VA	Zip Code 20165	Transaction ID : 8937c757-e10e-4c17-8	
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation MM / DD / YYYY 11 / 05 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>LA</u>	
Calendar Year-To-Date Per Election for Office Sought		554635.78	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			55.00	
(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.				
Signature Ms. Emily Buchanan		[Electronically Filed]		Date MM / DD / YYYY 05 / 18 / 2015

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 2877 OF 3250
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC		FEC IDENTIFICATION NUMBER ▼ C C00530766
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M M / D D D / Y Y Y Y Y Y		

Full Name of Payee Kenny Wallis		Date of Public Distribution/Dissemination 11 / 04 / 2014
Mailing Address 6412 Osage Dr		Amount 70.00
City North Little rock	State AR	Zip Code 72116
Purpose of Expenditure Salary	Category/ Type 001	Transaction ID : 1a5f236d-0d76-40da-a Date of Disbursement or Obligation 11 / 04 / 2014
Name of Federal Candidate Mr. Mark L Pryor		Office Sought: ☐ House District: 00 ☒ Senate State: AR
Calendar Year-To-Date Per Election for Office Sought 292370.62		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶

Full Name of Payee Kenny Wallis		Date of Public Distribution/Dissemination 11 / 04 / 2014
Mailing Address 6412 Osage Dr		Amount 19.47
City North Little rock	State AR	Zip Code 72116
Purpose of Expenditure Mileage	Category/ Type 002	Transaction ID : 670ec3d7-ac47-4cf3-a Date of Disbursement or Obligation 11 / 04 / 2014
Name of Federal Candidate Mr. Mark L Pryor		Office Sought: ☐ House District: 00 ☒ Senate State: AR
Calendar Year-To-Date Per Election for Office Sought 292370.62		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	89.47
(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

05 / 18 / 2015

Signature

Full Name of Payee Brogan A Benoit		Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 05 / 2014	
Mailing Address 7144 South River Rd		Amount 14.70	
City	State	Zip Code	Transaction ID : 4dbbd847-3101-4153-9 Date of Disbursement or Obligation MM / DD / YYYY 11 / 05 / 2014
Addis	LA	70710	
Purpose of Expenditure Mileage	Category/ Type	002	
Name of Federal Candidate	☐ Support ☒ Oppose	Office Sought:	☐ House District: 00 ☐ President ☒ Senate State: LA
Ms. Mary L Landrieu			
Calendar Year-To-Date Per Election for Office Sought	554635.78		Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	84.70
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

Signature

Full Name of Payee Michael Vidrine			Date of Public Distribution/Dissemination M M / D D / Y Y Y Y 11 / 05 / 2014		
Mailing Address 1103 West Wilson Street			Amount 29.40		
City Ville Platte	State LA	Zip Code 70586	Transaction ID : 4a7d16f9-c034-4dc6-8 Date of Disbursement or Obligation M M / D D / Y Y Y Y 11 / 05 / 2014		
Purpose of Expenditure Mileage		Category/ Type 002			
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: LA		
Calendar Year-To-Date Per Election for Office Sought		554635.78	Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ►		

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	99.40
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

Signature

Full Name of Payee Kaitlyn B Allen		Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 04 / 2014	
Mailing Address 2121 Daniel Dr		Amount 73.14	
City	State	Zip Code	Transaction ID : ec5bc9b4-4913-4618-8
Searcy	AR	72143	
Purpose of Expenditure Mileage		Category/ Type	Date of Disbursement or Obligation MM / DD / YYYY 11 / 04 / 2014
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House ☒ Senate District: 00 ☐ President ☒ Senate State: NC
Calendar Year-To-Date Per Election for Office Sought		1095959.94	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	113.14
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

Signature

Full Name of Payee Kelly Dolan		Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 05 / 2014	
Mailing Address 543 S 2nd St		Amount 7.80	
City Bellaire	State NC	Zip Code 77401	Transaction ID : 572e795f-b87a-41bb-b Date of Disbursement or Obligation MM / DD / YYYY 11 / 05 / 2014
Purpose of Expenditure Mileage	Category/ Type 002		
Name of Federal Candidate Ms. Mary L Landrieu	☐ Support ☒ Oppose	Office Sought: ☐ President ☒ Senate ☐ Other (specify) ▶	District: 00 State: LA ☐ Primary ☒ General
Calendar Year-To-Date Per Election for Office Sought	554635.78		

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	87.80
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

Ms. Emily Buchanan

[Electronically Filed]

Date 05 / 18 / 2015

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 2882 OF 3250
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on MM / DD / YYYY				
Full Name of Payee Christine Stevens			Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 05 / 2014	
Mailing Address 100 Asbury Ct			Amount 40.00	
City Winchester	State VA	Zip Code 22602	Transaction ID : e8226066-5ed0-4857-8	
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation MM / DD / YYYY 11 / 05 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>LA</u>	
Calendar Year-To-Date Per Election for Office Sought		554635.78	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Jazmine d Conner			Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 05 / 2014	
Mailing Address 100 ASBURY CT			Amount 40.00	
City WINCHESTER	State VA	Zip Code 22602	Transaction ID : 0f94d5c0-84d5-49d0-b	
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation MM / DD / YYYY 11 / 05 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>LA</u>	
Calendar Year-To-Date Per Election for Office Sought		554635.78	Disbursement For: ☐ Primary ☒ 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.				
Signature Ms. Emily Buchanan		[Electronically Filed]		Date MM / DD / YYYY 05 / 18 / 2015

Full Name of Payee Jon E Conner		Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 05 / 2014	
Mailing Address 100 Asbury Ct		Amount 40.00	
City Winchester	State VA	Zip Code 22602	Transaction ID : 35c57620-3ea9-4aab-8
Purpose of Expenditure Salary	Category/ Type	001	Date of Disbursement or Obligation MM / DD / YYYY 11 / 05 / 2014
Name of Federal Candidate Ms. Mary L Landrieu	☐ Support ☒ Oppose	Office Sought: ☐ House ☒ Senate	District: 00 State: LA
Calendar Year-To-Date Per Election for Office Sought	554635.78	Disbursement For: ☐ Primary ☒ General	2014 ☐ Other (specify) ▶

Full Name of Payee Rodney O Culbreath		Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 05 / 2014	
Mailing Address 100 Asbury Ct		Amount 40.00	
City Winchester	State VA	Zip Code 22602	Transaction ID : 79fedd00-8216-4f9c-8 Date of Disbursement or Obligation MM / DD / YYYY 11 / 05 / 2014
Purpose of Expenditure Salary	Category/ Type 001		
Name of Federal Candidate Ms. Mary L Landrieu	☐ Support ☒ Oppose	Office Sought: ☐ President ☒ Senate ☐ Other (specify) ▶	District: 00 State: LA ☐ Primary ☒ General
Calendar Year-To-Date Per Election for Office Sought	554635.78		

(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.

Date _____

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 2884 OF 3250
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on MM / DD / YYYY					
Full Name of Payee Rodney D Culbreth			Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 05 / 2014		
Mailing Address 100 Asbury CT 3200 Dam Neck Rd			Amount 40.00		
City Winchester		State VA	Zip Code 22602		Transaction ID : 9116394c-3e68-49dd-9
Purpose of Expenditure Salary		Category/Type 001		Date of Disbursement or Obligation MM / DD / YYYY 11 / 05 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu			Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: LA ☐ Support ☒ Oppose		
Calendar Year-To-Date Per Election for Office Sought			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
Full Name of Payee Rze Culbreath			Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 05 / 2014		
Mailing Address 100 Asbury Ct			Amount 40.00		
City Winchester		State VA	Zip Code 22602		Transaction ID : eb05f4ad-8dc8-43f7-8
Purpose of Expenditure Salary		Category/Type 001		Date of Disbursement or Obligation MM / DD / YYYY 11 / 05 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu			Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: LA ☐ Support ☒ Oppose		
Calendar Year-To-Date Per Election for Office Sought			Disbursement For: ☐ Primary ☒ 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.					
Signature <u>Ms. Emily Buchanan</u> [Electronically Filed]			Date MM / DD / YYYY 05 / 18 / 2015		

Full Name of Payee Hannah J Landry		Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 05 / 2014	
Mailing Address 1110 N Coolidge		Amount 12.06	
City Gonzales	State LA	Zip Code 70737	Transaction ID : 9c522f20-5df7-400f-a Date of Disbursement or Obligation MM / DD / YYYY 11 / 05 / 2014
Purpose of Expenditure Mileage		Category/ Type 002	
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: LA
Calendar Year-To-Date Per Election for Office Sought 554635.78		Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	47.06
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 2886 OF 3250
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC		FEC IDENTIFICATION NUMBER ▼ C C00530766
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on		MM / DD / YYYY

Full Name of Payee Mary C Lee		Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 05 / 2014
Mailing Address 1030 N Coolidge Ave		Amount 35.00
City Gonzales	State LA	Zip Code 70737
Purpose of Expenditure Salary	Category/ Type 001	Transaction ID : bb40090f-dce0-4619-a Date of Disbursement or Obligation MM / DD / YYYY 11 / 05 / 2014
Name of Federal Candidate Ms. Mary L Landrieu		Office Sought: ☐ House District: 00 ☒ Senate State: LA
Calendar Year-To-Date Per Election for Office Sought 554635.78		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶

Full Name of Payee Mary C Lee		Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 05 / 2014
Mailing Address 1030 N Coolidge Ave		Amount 12.06
City Gonzales	State LA	Zip Code 70737
Purpose of Expenditure Mileage	Category/ Type 002	Transaction ID : b19dfc9f-464d-4258-b Date of Disbursement or Obligation MM / DD / YYYY 11 / 05 / 2014
Name of Federal Candidate Ms. Mary L Landrieu		Office Sought: ☐ House District: 00 ☒ Senate State: LA
Calendar Year-To-Date Per Election for Office Sought 554635.78		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	47.06
(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]

Signature

Date

MM / DD / YYYY
05 / 18 / 2015

Full Name of Payee Cynthia J Christmas			Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 05 / 2014		
Mailing Address 1731 Frenchmen St			Amount 20.10		
City New Orleans	State LA	Zip Code 70116	Transaction ID : 7c06f753-b288-4ccc-8 Date of Disbursement or Obligation MM / DD / YYYY 11 / 05 / 2014		
Purpose of Expenditure Mileage		Category/ Type 002			
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: LA		
Calendar Year-To-Date Per Election for Office Sought		554635.78	Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ▶		

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	80.10
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

Ms. Emily Buchanan

[Electronically Filed]

Date 05 / 18 / 2015

Signature _____

Full Name of Payee Corban L Barnett		Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 04 / 2014	
Mailing Address 1001 N Prospect		Amount 20.00	
City Liberal	State KS	Zip Code 67901	Transaction ID : 1301b145-cfb5-4ab0-9
Purpose of Expenditure Salary	Category/ Type	001	Date of Disbursement or Obligation MM / DD / YYYY 11 / 04 / 2014
Name of Federal Candidate Mr. Greg Orman		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: KS
Calendar Year-To-Date Per Election for Office Sought		261541.03	Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ▶

Full Name of Payee Corban L Barnett		Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 04 / 2014	
Mailing Address 1001 N Prospect		Amount 1.50	
City Liberal	State KS	Zip Code 67901	Transaction ID : 96c9299a-5050-4c87-a
Purpose of Expenditure Mileage	Category/ Type	002	Date of Disbursement or Obligation MM / DD / YYYY 11 / 04 / 2014
Name of Federal Candidate Mr. Greg Orman		☐ Support ☒ Oppose	Office Sought: ☐ House ☒ Senate ☐ President ☒ Senate District: 00 State: KS
Calendar Year-To-Date Per Election for Office Sought		261541.03	Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	21.50
(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.

Date _____

Signature

Full Name of Payee Heather A Smith		Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 06 / 2014	
Mailing Address 995 Clairborne Rd		Amount 45.00	
City Calhoun	State LA	Zip Code 71225	Transaction ID : 27f19e6c-cce9-4563-9 Date of Disbursement or Obligation MM / DD / YYYY 11 / 06 / 2014
Purpose of Expenditure Salary	Category/ Type 001		
Name of Federal Candidate Ms. Mary L Landrieu	☐ Support ☒ Oppose	Office Sought: ☐ President ☒ Senate	District: 00 State: LA
Calendar Year-To-Date Per Election for Office Sought	554635.78	Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶		155.00
(b) SUBTOTAL of Unitemized Independent Expenditures	▶		
(c) TOTAL Independent Expenditures.....	▶		

05 / 18 / 2015

FEC Schedule E (Form 3X) Rev. 09/2013

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 2890 OF 3250
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M M / D D D / Y Y Y Y Y Y					
Full Name of Payee Heather A Smith			Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 11 / 06 / 2014		
Mailing Address 995 Clairborne Rd			Amount 19.80		
City Calhoun		State LA	Zip Code 71225		Transaction ID : ca40ce3a-e8a2-400e-8
Purpose of Expenditure Mileage		Category/ Type 002		Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 11 / 06 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu			☐ Support ☒ Oppose Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>LA</u>		
Calendar Year-To-Date Per Election for Office Sought 554635.78			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶ _____		
Full Name of Payee Jenny N Brown			Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 11 / 06 / 2014		
Mailing Address 1270 Lovelady Rd			Amount 30.00		
City West Monroe		State LA	Zip Code 71292		Transaction ID : 9ccc9e18-fa12-4a2d-8
Purpose of Expenditure Salary		Category/ Type 001		Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 11 / 06 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu			☐ Support ☒ Oppose Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>LA</u>		
Calendar Year-To-Date Per Election for Office Sought 554635.78			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶ _____		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶					49.80
(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.					
Signature <i>Ms. Emily Buchanan</i>			Date M M M / D D D / Y Y Y Y Y Y 05 / 18 / 2015		
			[Electronically Filed]		

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 2891 OF 3250
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC		FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on		MM / DD / YYYY	
Full Name of Payee Jenny N Brown		Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 06 / 2014	
Mailing Address 1270 Lovelady Rd		Amount 4.50	
City West Monroe	State LA	Zip Code 71292	Transaction ID : d59bda85-47e9-4cb7-a
Purpose of Expenditure Mileage	Category/ Type	002	Date of Disbursement or Obligation MM / DD / YYYY 11 / 06 / 2014
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: LA
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Carla K Pilgreen		Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 06 / 2014	
Mailing Address 212 Stonecliff Dr		Amount 60.00	
City West Monro	State LA	Zip Code 71291	Transaction ID : 4bbe97a4-c9ee-42af-8
Purpose of Expenditure Salary	Category/ Type	001	Date of Disbursement or Obligation MM / DD / YYYY 11 / 06 / 2014
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: LA
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶		64.50	
(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]	
Signature		Date MM / DD / YYYY 05 / 18 / 2015	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 2892 OF 3250
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on MM / DD / YYYY				
Full Name of Payee Carla K Pilgreen			Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 06 / 2014	
Mailing Address 212 Stonecliff Dr			Amount 8.43	
City West Monro	State LA	Zip Code 71291	Transaction ID : 2f7253c4-c628-4d19-b	
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement or Obligation MM / DD / YYYY 11 / 06 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>LA</u>	
Calendar Year-To-Date Per Election for Office Sought		554635.78	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Jeanne Tribou			Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 06 / 2014	
Mailing Address 22369 Ponderosa Dr.			Amount 40.00	
City Mandeville	State LA	Zip Code 70471	Transaction ID : 859c29c4-00af-4653-a	
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation MM / DD / YYYY 11 / 06 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>LA</u>	
Calendar Year-To-Date Per Election for Office Sought		554635.78	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			48.43	
(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 MM / DD / YYYY 05 / 18 / 2015	
Signature				

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 2893 OF 3250
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC		FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on		MM / DD / YYYY	
Full Name of Payee Jeanne Tribou		Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 06 / 2014	
Mailing Address 22369 Ponderosa Dr.		Amount 3.60	
City Mandeville	State LA	Zip Code 70471	Transaction ID : bd7f82ec-cd2b-45df-a
Purpose of Expenditure Mileage	Category/ Type	002	Date of Disbursement or Obligation MM / DD / YYYY 11 / 06 / 2014
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: LA
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Tammay Williams		Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 06 / 2014	
Mailing Address 924 N. Prieur St		Amount 50.00	
City New Orleans	State LA	Zip Code 70116	Transaction ID : 6aa9a7a8-1869-4136-a
Purpose of Expenditure Salary	Category/ Type	001	Date of Disbursement or Obligation MM / DD / YYYY 11 / 06 / 2014
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: LA
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: ☐ Primary ☒ 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]	
Signature		Date MM / DD / YYYY 05 / 18 / 2015	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 2894 OF 3250
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on MM / DD / YYYYYY					
Full Name of Payee Tammy Williams			Date of Public Distribution/Dissemination MM / DD / YYYYYY 11 / 06 / 2014		
Mailing Address 924 N. Prieur St			Amount 12.00		
City New Orleans	State LA	Zip Code 70116	Transaction ID : 2956860b-d1ed-43a8-b		
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement or Obligation MM / DD / YYYYYY 11 / 06 / 2014		
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>LA</u>		
Calendar Year-To-Date Per Election for Office Sought		554635.78	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
Full Name of Payee Antoinette Franklin			Date of Public Distribution/Dissemination MM / DD / YYYYYY 11 / 06 / 2014		
Mailing Address 8822 Apple St			Amount 50.00		
City New Orleans	State LA	Zip Code 70188	Transaction ID : 74dc3bd1-4c13-4d8f-a		
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation MM / DD / YYYYYY 11 / 06 / 2014		
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>LA</u>		
Calendar Year-To-Date Per Election for Office Sought		554635.78	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			62.00		
(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.					
Signature Ms. Emily Buchanan		[Electronically Filed]		Date MM / DD / YYYYYY 05 / 18 / 2015	

Full Name of Payee Antoinette Franklin		Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 06 / 2014	
Mailing Address 8822 Apple St		Amount 50.00	
City New Orleans	State LA	Zip Code 70188	Transaction ID : 74ed2e33-4801-4008-b Date of Disbursement or Obligation MM / DD / YYYY 11 / 06 / 2014
Purpose of Expenditure Salary	Category/ Type 001		
Name of Federal Candidate Ms. Mary L Landrieu	☐ Support ☒ Oppose	Office Sought: ☐ President ☒ Senate	District: 00 State: LA
Calendar Year-To-Date Per Election for Office Sought	554635.78	Disbursement For: 2014 ☐ Other (specify) ▶	
		☐ Primary ☒ General	

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	62.00
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

05 / 18 / 2015

FEC Schedule E (Form 3X) Rev. 09/2013

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 2896 OF 3250
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC		FEC IDENTIFICATION NUMBER ▼ C C00530766
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on		MM / DD / YYYY

Full Name of Payee Antoinette Franklin		Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 06 / 2014
Mailing Address 8822 Apple St		Amount 12.00
City New Orleans	State LA	Zip Code 70188
Purpose of Expenditure Mileage	Category/ Type 002	Transaction ID : df26879c-4acd-45e6-8 Date of Disbursement or Obligation MM / DD / YYYY 11 / 06 / 2014
Name of Federal Candidate Ms. Mary L Landrieu		Office Sought: ☐ House District: 00 ☒ Senate State: LA
Calendar Year-To-Date Per Election for Office Sought 554635.78		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶

Full Name of Payee Antoinette Franklin		Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 06 / 2014
Mailing Address 8822 Apple St		Amount 50.00
City New Orleans	State LA	Zip Code 70188
Purpose of Expenditure Salary	Category/ Type 001	Transaction ID : a7e1799d-a646-4dea-a Date of Disbursement or Obligation MM / DD / YYYY 11 / 06 / 2014
Name of Federal Candidate Ms. Mary L Landrieu		Office Sought: ☐ House District: 00 ☒ Senate State: LA
Calendar Year-To-Date Per Election for Office Sought 554635.78		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	62.00
(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

MM / DD / YYYY
05 / 18 / 2015

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 2897 OF 3250
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on MM / DD / YYYY				
Full Name of Payee Antoinette Franklin			Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 06 / 2014	
Mailing Address 8822 Apple St			Amount 12.00	
City New Orleans	State LA	Zip Code 70188	Transaction ID : 3ea64b8a-9dfb-4d89-8	
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement or Obligation MM / DD / YYYY 11 / 06 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>LA</u>	
Calendar Year-To-Date Per Election for Office Sought		554635.78	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Cathy Longtin			Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 06 / 2014	
Mailing Address 827 Navavre Ave			Amount 40.00	
City New Orleans	State LA	Zip Code 70124	Transaction ID : 9b8a4816-cadd-4963-b	
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation MM / DD / YYYY 11 / 06 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>LA</u>	
Calendar Year-To-Date Per Election for Office Sought		554635.78	Disbursement For: ☐ Primary ☒ 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 MM / DD / YYYY 05 / 18 / 2015	
Signature				

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 2898 OF 3250
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M / D D / Y Y Y Y Y Y				
Full Name of Payee Cathy Longtin			Date of Public Distribution/Dissemination 11 / 06 / 2014	
Mailing Address 827 Navavre Ave			Amount 3.30	
City New Orleans	State LA	Zip Code 70124	Transaction ID : 27209f3d-0c4c-4ffa-b	
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement or Obligation 11 / 06 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: LA	
Calendar Year-To-Date Per Election for Office Sought		554635.78	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Felicia A Jones			Date of Public Distribution/Dissemination 11 / 06 / 2014	
Mailing Address 4106 Martha St			Amount 80.00	
City Shreveport	State LA	Zip Code 71109	Transaction ID : d453c4e4-5681-459b-8	
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation 11 / 06 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: LA	
Calendar Year-To-Date Per Election for Office Sought		554635.78	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			83.30	
(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 05 / 18 / 2015	
Signature				

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 2899 OF 3250
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M / D D / Y Y Y Y					
Full Name of Payee Felicia A Jones			Date of Public Distribution/Dissemination 11 / 06 / 2014		
Mailing Address 4106 Martha St			Amount 7.50		
City Shreveport	State LA	Zip Code 71109	Transaction ID : a4ff3d6a-35de-4f38-b Date of Disbursement or Obligation 11 / 06 / 2014		
Purpose of Expenditure Mileage		Category/ Type 002			
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: LA		
Calendar Year-To-Date Per Election for Office Sought		554635.78	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
Full Name of Payee Gary W Fuhrmann			Date of Public Distribution/Dissemination 11 / 06 / 2014		
Mailing Address 9425 Jessica Drive			Amount 47.50		
City Shreveport	State LA	Zip Code 71106	Transaction ID : 12c6aa6a-f4d8-40f0-8 Date of Disbursement or Obligation 11 / 06 / 2014		
Purpose of Expenditure Salary		Category/ Type 001			
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: LA		
Calendar Year-To-Date Per Election for Office Sought		554635.78	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			55.00		
(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 05 / 18 / 2015		
Signature					

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 2900 OF 3250
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M M / D D D / Y Y Y Y Y Y					
Full Name of Payee Gary W Fuhrmann			Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 11 / 06 / 2014		
Mailing Address 9425 Jessica Drive			Amount 9.30		
City Shreveport		State LA	Zip Code 71106		Transaction ID : 30f69be4-4f3b-4118-8
Purpose of Expenditure Mileage		Category/ Type 002		Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 11 / 06 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu			Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: LA		
Calendar Year-To-Date Per Election for Office Sought 554635.78			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
Full Name of Payee Hannah J Landry			Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 11 / 06 / 2014		
Mailing Address 1110 N Coolidge			Amount 55.00		
City Gonzales		State LA	Zip Code 70737		Transaction ID : 8b43b7e7-57ee-4713-b
Purpose of Expenditure Salary		Category/ Type 001		Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 11 / 06 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu			Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: LA		
Calendar Year-To-Date Per Election for Office Sought 554635.78			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			64.30		
(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.					
Signature Ms. Emily Buchanan			Date M M M / D D D / Y Y Y Y Y Y 05 / 18 / 2015		
[Electronically Filed]					

Full Name of Payee Julia Perry		Date of Public Distribution/Dissemination 11 06 2014	
Mailing Address 2046 Perrin St Apt C		Amount 80.00	
City Shreveport	State LA	Zip Code 71101	Transaction ID : b875d1b5-bf79-4803-b Date of Disbursement or Obligation 11 06 2014
Purpose of Expenditure Salary		Category/Type 001	
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House ☒ Senate ☐ President
Calendar Year-To-Date Per Election for Office Sought 554635.78		District: 00 State: LA Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	84.86
(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 _____

Signature

Full Name of Payee Julia Perry		Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 06 / 2014	
Mailing Address 2046 Perrin St Apt C		Amount Amount 10.80	
City Shreveport	State LA	Zip Code 71101	Transaction ID : 102c9b8c-4c56-4e62-a Date of Disbursement or Obligation MM / DD / YYYY 11 / 06 / 2014
Purpose of Expenditure Mileage		Category/ Type	002
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>LA</u>
Calendar Year-To-Date Per Election for Office Sought		554635.78	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶

Full Name of Payee Billy Martin		Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 04 / 2014	
Mailing Address 250 JS Brewton rd		Amount 30.00	
City goldonna	State LA	Zip Code 71031	Transaction ID : d678a30c-ae74-4d22-9
Purpose of Expenditure Salary	Category/ Type	001	Date of Disbursement or Obligation MM / DD / YYYY 11 / 04 / 2014
Name of Federal Candidate Ms. Kay Hagan	☐ Support ☒ Oppose	Office Sought: ☐ President ☒ Senate	District: 00 State: NC
Calendar Year-To-Date Per Election for Office Sought	1095959.94	Disbursement For: 2014 ☐ Other (specify) ▶	☐ Primary ☒ General

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	40.80
(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.

Date _____

Signature

Full Name of Payee Billy Martin		Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 04 / 2014	
Mailing Address 250 JS Brewton rd		Amount 3.60	
City goldonna	State LA	Zip Code 71031	Transaction ID : b0ef46cf-56d8-45f2-8 Date of Disbursement or Obligation MM / DD / YYYY 11 / 04 / 2014
Purpose of Expenditure Mileage		Category/ Type 002	
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: NC
Calendar Year-To-Date Per Election for Office Sought 1095959.94		Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ▶	

Full Name of Payee ERIC TABARY		Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 06 / 2014	
Mailing Address 6101 NORA ST		Amount 50.00	
City METAIRIE	State LA	Zip Code 70003	Transaction ID : f8b6a738-f8f6-4756-a Date of Disbursement or Obligation MM / DD / YYYY 11 / 06 / 2014
Purpose of Expenditure Salary	Category/ Type	001	
Name of Federal Candidate Ms. Mary L Landrieu	☐ Support ☒ Oppose	Office Sought: ☐ President ☒ Senate	District: 00 State: LA
Calendar Year-To-Date Per Election for Office Sought	554635.78	Disbursement For: 2014 ☐ Other (specify) ▶	☐ Primary ☒ General

(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.

Date _____

Signature

Three digital displays are shown side-by-side, separated by slashes. The first display shows '05' under 'MM' labels. The second display shows '18' under 'DD' labels. The third display shows '2015' under 'YYYY' labels.

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 2905 OF 3250
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M M / D D D / Y Y Y Y Y Y					
Full Name of Payee ERIC TABARY			Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 11 / 06 / 2014		
Mailing Address 6101 NORA ST			Amount 1.20		
City METAIRIE		State LA	Zip Code 70003		Transaction ID : b78e90b4-5875-43c8-8
Purpose of Expenditure Mileage		Category/ Type 002		Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 11 / 06 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu			☐ Support ☒ Oppose Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: LA		
Calendar Year-To-Date Per Election for Office Sought 554635.78			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
Full Name of Payee Philip Elkins			Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 11 / 06 / 2014		
Mailing Address 227 Lincoln Dr			Amount 20.00		
City Bossier City		State LA	Zip Code 71111		Transaction ID : 4bf38135-531e-4c22-a
Purpose of Expenditure Salary		Category/ Type 001		Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 11 / 06 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu			☐ Support ☒ Oppose Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: LA		
Calendar Year-To-Date Per Election for Office Sought 554635.78			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			21.20		
(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.					
Signature Ms. Emily Buchanan			Date M M M / D D D / Y Y Y Y Y Y 05 / 18 / 2015		
			[Electronically Filed]		

Full Name of Payee Philip Elkins		Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 06 / 2014	
Mailing Address 227 Lincoln Dr		Amount 8.61	
City Bossier City	State LA	Zip Code 71111	Transaction ID : c861f2c7-bd49-4391-9
Purpose of Expenditure Mileage	Category/ Type	002	Date of Disbursement or Obligation MM / DD / YYYY 11 / 06 / 2014
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House ☒ Senate ☐ President ☒ Senate District: 00 State: LA
Calendar Year-To-Date Per Election for Office Sought		554635.78	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶

Full Name of Payee Brogan A Benoit		Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 06 / 2014	
Mailing Address 7144 South River Rd		Amount 30.00	
City	State	Zip Code	Transaction ID : 434419ac-7764-41aa-a Date of Disbursement or Obligation MM / DD / YYYY 11 / 06 / 2014
Addis	LA	70710	
Purpose of Expenditure Salary		Category/ Type	001
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: LA
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
		554635.78	

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	38.61
(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.

Date _____

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 2907 OF 3250
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M M / D D D / Y Y Y Y Y Y					
Full Name of Payee Brogan A Benoit			Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 11 / 06 / 2014		
Mailing Address 7144 South River Rd			Amount 11.10		
City Addis		State LA	Zip Code 70710		Transaction ID : 34fec4b7-dd99-447f-9
Purpose of Expenditure Mileage		Category/ Type		Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 11 / 06 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu			Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: LA		
Calendar Year-To-Date Per Election for Office Sought			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
Full Name of Payee Evelyn Lesaicherre			Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 11 / 06 / 2014		
Mailing Address 629 Radiance Ave			Amount 80.00		
City Metairie		State LA	Zip Code 70001		Transaction ID : 1381c873-0e92-4915-9
Purpose of Expenditure Salary		Category/ Type		Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 11 / 06 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu			Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: LA		
Calendar Year-To-Date Per Election for Office Sought			Disbursement For: ☐ Primary ☒ 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.					
Signature Ms. Emily Buchanan			Date M M M / D D D / Y Y Y Y Y Y 05 / 18 / 2015		
[Electronically Filed]					

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 2908 OF 3250
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC		FEC IDENTIFICATION NUMBER ▼ C C00530766
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on		MM / DD / YYYY

Full Name of Payee Evelyn Lesaicherre		Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 06 / 2014
Mailing Address 629 Radiance Ave		Amount 10.50
City Metairie	State LA	Zip Code 70001
Purpose of Expenditure Mileage	Category/ Type 002	Transaction ID : bf23d57d-9b6b-495b-9 Date of Disbursement or Obligation MM / DD / YYYY 11 / 06 / 2014
Name of Federal Candidate Ms. Mary L Landrieu		Office Sought: ☐ House District: 00 ☒ Senate State: LA
Calendar Year-To-Date Per Election for Office Sought 554635.78		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶

Full Name of Payee Carl Brent		Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 06 / 2014
Mailing Address 6718 Lake Willow Dr		Amount 80.00
City New Orleans	State LA	Zip Code 70126
Purpose of Expenditure Salary	Category/ Type 001	Transaction ID : b9c1c189-c21d-418e-9 Date of Disbursement or Obligation MM / DD / YYYY 11 / 06 / 2014
Name of Federal Candidate Ms. Mary L Landrieu		Office Sought: ☐ House District: 00 ☒ Senate State: LA
Calendar Year-To-Date Per Election for Office Sought 554635.78		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	90.50
(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

MM / DD / YYYY
05 / 18 / 2015

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 2909 OF 3250
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M / D D / Y Y Y Y					
Full Name of Payee Carl Brent			Date of Public Distribution/Dissemination 11 / 06 / 2014		
Mailing Address 6718 Lake Willow Dr			Amount 33.60		
City New Orleans	State LA	Zip Code 70126	Transaction ID : e58b530b-9c7b-450e-a		
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement or Obligation 11 / 06 / 2014		
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: LA		
Calendar Year-To-Date Per Election for Office Sought		554635.78	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
Full Name of Payee Laura U Logie			Date of Public Distribution/Dissemination 11 / 06 / 2014		
Mailing Address 2565 Shire Circle			Amount 45.00		
City Harrisonburg	State VA	Zip Code 22801	Transaction ID : 0416f863-0be5-46e1-9		
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation 11 / 06 / 2014		
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: LA		
Calendar Year-To-Date Per Election for Office Sought		554635.78	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			78.60		
(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 05 / 18 / 2015		
Signature					

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 2910 OF 3250
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on			M M M / D D D / Y Y Y Y Y Y	
Full Name of Payee Sarah Bassil		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 11 / 06 / 2014		
Mailing Address 7650 Fallswood Way		Amount 30.00		
City Lorton	State VA	Zip Code 22079	Transaction ID : 55ce462d-b5df-4267-9	
Purpose of Expenditure Salary		Category/Type 001	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 11 / 06 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: LA	
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
Full Name of Payee Ryan Drake		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 11 / 06 / 2014		
Mailing Address 29637 Park St		Amount 65.00		
City Walker	State LA	Zip Code 70785	Transaction ID : fe9546d9-7361-4f70-8	
Purpose of Expenditure Salary		Category/Type 001	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 11 / 06 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: LA	
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶		95.00		
(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.				
Signature Ms. Emily Buchanan		[Electronically Filed]		Date M M M / D D D / Y Y Y Y Y Y 05 / 18 / 2015

Full Name of Payee Timothy Foley		Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 06 / 2014	
Mailing Address 20679 Glenbrook Terrace		Amount 40.00	
City Sterling	State VA	Zip Code 20165	Transaction ID : 189294b6-54ef-4339-b Date of Disbursement or Obligation MM / DD / YYYY 11 / 06 / 2014
Purpose of Expenditure Salary	Category/ Type	001	
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House ☒ Senate ☐ President ☐ Other
Calendar Year-To-Date Per Election for Office Sought		554635.78	District: 00 State: LA Disbursement For: ☐ Primary ☒ General ☐ Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	55.00
(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.

Date _____

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 2912 OF 3250
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on MM / DD / YYYY				
Full Name of Payee Brieshauna M Stevens			Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 06 / 2014	
Mailing Address 1703 Torrey Pines Ct			Amount 60.00	
City Reston	State VA	Zip Code 20190	Transaction ID : c9efced4-9e01-452f-a Date of Disbursement or Obligation MM / DD / YYYY 11 / 06 / 2014	
Purpose of Expenditure Salary		Category/ Type 001		
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>LA</u>	
Calendar Year-To-Date Per Election for Office Sought		554635.78	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶ _____	
Full Name of Payee Kelly Dolan			Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 06 / 2014	
Mailing Address 543 S 2nd St			Amount 80.00	
City Bellaire	State NC	Zip Code 77401	Transaction ID : 2be0a258-e0b1-411a-8 Date of Disbursement or Obligation MM / DD / YYYY 11 / 06 / 2014	
Purpose of Expenditure Salary		Category/ Type 001		
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>LA</u>	
Calendar Year-To-Date Per Election for Office Sought		554635.78	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶ _____	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			140.00	
(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 MM / DD / YYYY 05 / 18 / 2015	
Signature _____				

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 2913 OF 3250
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC		FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on		M M M / D D D / Y Y Y Y Y Y	
Full Name of Payee Kelly Dolan		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 11 / 06 / 2014	
Mailing Address 543 S 2nd St		Amount 6.00	
City Bellaire	State NC	Zip Code 77401	Transaction ID : 3e3a9ff7-d4ac-4f3f-a
Purpose of Expenditure Mileage	Category/ Type 002	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 11 / 06 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	
Office Sought: ☐ President ☒ Senate		District: 00 State: LA	
Calendar Year-To-Date Per Election for Office Sought 554635.78		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Cathy Longtin		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 11 / 04 / 2014	
Mailing Address 827 Navavre Ave		Amount 40.00	
City New Orleans	State LA	Zip Code 70124	Transaction ID : 29c13023-0f1b-4f2e-b
Purpose of Expenditure Salary	Category/ Type 001	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 11 / 04 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	
Office Sought: ☐ President ☒ Senate		District: 00 State: LA	
Calendar Year-To-Date Per Election for Office Sought 554635.78		Disbursement For: ☐ Primary ☒ 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.			
Signature Ms. Emily Buchanan		Date M M M / D D D / Y Y Y Y Y Y 05 / 18 / 2015	
		[Electronically Filed]	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 2914 OF 3250
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC		FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on		M M M / D D D / Y Y Y Y Y Y	
Full Name of Payee Cathy Longtin		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 11 / 04 / 2014	
Mailing Address 827 Navavre Ave		Amount 3.60	
City New Orleans	State LA	Zip Code 70124	Transaction ID : 0868310c-b923-46f7-8
Purpose of Expenditure Mileage	Category/ Type	002	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 11 / 04 / 2014
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: LA
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Joshua J Huffman		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 11 / 07 / 2014	
Mailing Address 211 Dixie Ave		Amount 35.00	
City Harrisonburg	State VA	Zip Code 22801	Transaction ID : a8d2fb72-c332-4272-8
Purpose of Expenditure Salary	Category/ Type	001	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 11 / 07 / 2014
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: LA
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶		38.60	
(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]	
Signature		Date M M M / D D D / Y Y Y Y Y Y 05 / 18 / 2015	

Full Name of Payee Heather A Smith		Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 07 / 2014	
Mailing Address 995 Clairborne Rd		Amount 37.00	
City Calhoun	State LA	Zip Code 71225	Transaction ID : 54f4d092-86c0-4584-8
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation MM / DD / YYYY 11 / 07 / 2014
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: LA
Calendar Year-To-Date Per Election for Office Sought 554635.78		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	

Full Name of Payee Heather A Smith		Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 07 / 2014	
Mailing Address 995 Clairborne Rd		Amount 11.10	
City Calhoun	State LA	Zip Code 71225	Transaction ID : e6ad6bed-2bd1-4302-a Date of Disbursement or Obligation MM / DD / YYYY 11 / 07 / 2014
Purpose of Expenditure Mileage	Category/ Type 002		
Name of Federal Candidate Ms. Mary L Landrieu	☐ Support ☒ Oppose	Office Sought: ☐ President ☒ Senate	District: 00 State: LA
Calendar Year-To-Date Per Election for Office Sought	554635.78	Disbursement For: 2014 ☐ Primary ☒ General ☐ Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	48.10
(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.

Date _____

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 2916 OF 3250
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M / D D / Y Y Y Y				
Full Name of Payee Alice K Salazar			Date of Public Distribution/Dissemination 11 / 07 / 2014	
Mailing Address 605 W Houston St			Amount 50.00	
City Marshall	State TX	Zip Code 75633	Transaction ID : 1802d861-0520-43f3-a	
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation 11 / 07 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: LA	
Calendar Year-To-Date Per Election for Office Sought		554635.78	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Alice K Salazar			Date of Public Distribution/Dissemination 11 / 07 / 2014	
Mailing Address 605 W Houston St			Amount 40.20	
City Marshall	State TX	Zip Code 75633	Transaction ID : c519f100-74f5-455b-8	
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement or Obligation 11 / 07 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: LA	
Calendar Year-To-Date Per Election for Office Sought		554635.78	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			90.20	
(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.				
Signature Ms. Emily Buchanan		[Electronically Filed]		Date 05 / 18 / 2015

Full Name of Payee Laura U Logie		Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 07 / 2014	
Mailing Address 2565 Shire Circle		Amount 55.00	
City Harrisonburg	State VA	Zip Code 22801	Transaction ID : 4b424736-23e8-4051-8
Purpose of Expenditure Salary	Category/ Type	001	Date of Disbursement or Obligation MM / DD / YYYY 11 / 07 / 2014
Name of Federal Candidate Ms. Mary L Landrieu	☐ Support ☒ Oppose	Office Sought: ☐ President ☒ Senate	District: 00 State: LA
Calendar Year-To-Date Per Election for Office Sought	554635.78	Disbursement For: 2014 ☐ Other (specify) ▶	☐ Primary ☒ General

Full Name of Payee Donna S Wilson		Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 07 / 2014	
Mailing Address 4456 Country Hill Dr		Amount 10.00	
City Baton Rouge	State LA	Zip Code 70816	Transaction ID : 5d65a53a-2098-4ae9-9 Date of Disbursement or Obligation MM / DD / YYYY 11 / 07 / 2014
Purpose of Expenditure Salary		Category/ Type 001	
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: LA
Calendar Year-To-Date Per Election for Office Sought 554635.78		Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	65.00
(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.

Date _____

Signature

Three digital display units are shown, each with a 7-segment display. The first unit shows '05' with 'M' indicators above the segments. The second unit shows '18' with 'D' indicators above the segments. The third unit shows '2015' with 'Y' indicators above the segments. The units are separated by slashes.

Full Name of Payee Donna S Wilson		Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 07 / 2014	
Mailing Address 4456 Country Hill Dr		Amount 8.70	
City Baton Rouge	State LA	Zip Code 70816	Transaction ID : 43c9bf3c-4ec3-4089-8 Date of Disbursement or Obligation MM / DD / YYYY 11 / 07 / 2014
Purpose of Expenditure Mileage		Category/ Type 002	
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: LA
Calendar Year-To-Date Per Election for Office Sought 554635.78		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	

Full Name of Payee Tammy Williams		Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 07 / 2014	
Mailing Address 924 N. Prieur St		Amount 70.00	
City New Orleans	State LA	Zip Code 70116	Transaction ID : 2192df3c-db3a-4225-b Date of Disbursement or Obligation MM / DD / YYYY 11 / 07 / 2014
Purpose of Expenditure Salary	Category/ Type	001	
Name of Federal Candidate Ms. Mary L Landrieu	☐ Support ☒ Oppose	Office Sought: ☐ President ☒ Senate	District: 00 State: LA
Calendar Year-To-Date Per Election for Office Sought	554635.78	Disbursement For: 2014 ☐ Other (specify) ▶	☐ Primary ☒ General

(a) SUBTOTAL of Itemized Independent Expenditures.....	78.70
(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.

Date _____

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 2919 OF 3250
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC		FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on		M M M / D D D / Y Y Y Y Y Y	
Full Name of Payee Tammy Williams		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 11 / 07 / 2014	
Mailing Address 924 N. Prieur St		Amount 15.00	
City New Orleans	State LA	Zip Code 70116	Transaction ID : 796cda1f-7912-4a45-9
Purpose of Expenditure Mileage	Category/Type 002	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 11 / 07 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	
Office Sought: ☐ President ☒ Senate		District: 00 State: LA	
Calendar Year-To-Date Per Election for Office Sought 554635.78		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Antoinette Franklin		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 11 / 07 / 2014	
Mailing Address 8822 Apple St		Amount 30.00	
City New Orleans	State LA	Zip Code 70188	Transaction ID : b5ac24ea-2eaf-4747-a
Purpose of Expenditure Salary	Category/Type 001	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 11 / 07 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	
Office Sought: ☐ President ☒ Senate		District: 00 State: LA	
Calendar Year-To-Date Per Election for Office Sought 554635.78		Disbursement For: ☐ Primary ☒ 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.			
Signature Ms. Emily Buchanan		Date M M M / D D D / Y Y Y Y Y Y 05 / 18 / 2015	
		[Electronically Filed]	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 2920 OF 3250
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M M / D D D / Y Y Y Y Y Y					
Full Name of Payee Antoinette Franklin			Date of Public Distribution/Dissemination 11 / 07 / 2014		
Mailing Address 8822 Apple St			Amount 7.50		
City New Orleans		State LA	Zip Code 70188		Transaction ID : ed7d6f72-28bc-4e9b-9
Purpose of Expenditure Mileage		Category/ Type 002		Date of Disbursement or Obligation 11 / 07 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu			Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: LA		
Calendar Year-To-Date Per Election for Office Sought 554635.78			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
Full Name of Payee Cathy Longtin			Date of Public Distribution/Dissemination 11 / 07 / 2014		
Mailing Address 827 Navavre Ave			Amount 30.00		
City New Orleans		State LA	Zip Code 70124		Transaction ID : f2864a16-0d6d-4bd8-8
Purpose of Expenditure Salary		Category/ Type 001		Date of Disbursement or Obligation 11 / 07 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu			Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: LA		
Calendar Year-To-Date Per Election for Office Sought 554635.78			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			37.50		
(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.					
Signature Ms. Emily Buchanan			Date 05 / 18 / 2015		
[Electronically Filed]					

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 2921 OF 3250
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M M / D D D / Y Y Y Y Y Y					
Full Name of Payee Cathy Longtin			Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 11 / 07 / 2014		
Mailing Address 827 Navavre Ave			Amount 4.50		
City New Orleans		State LA	Zip Code 70124		Transaction ID : d8f4e9f8-09f1-4b55-b
Purpose of Expenditure Mileage		Category/ Type 002		Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 11 / 07 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu			☐ Support ☒ Oppose Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: LA		
Calendar Year-To-Date Per Election for Office Sought 554635.78			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
Full Name of Payee Christopher L Gilbert			Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 11 / 07 / 2014		
Mailing Address 55 Lovell Johnson Rd			Amount 70.00		
City Picayune		State MS	Zip Code 39466		Transaction ID : eb448f9f-e3ab-4edc-b
Purpose of Expenditure Salary		Category/ Type 001		Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 11 / 07 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu			☐ Support ☒ Oppose Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: LA		
Calendar Year-To-Date Per Election for Office Sought 554635.78			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			74.50		
(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.					
Signature Ms. Emily Buchanan			Date M M M / D D D / Y Y Y Y Y Y 05 / 18 / 2015		
[Electronically Filed]					

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 2922 OF 3250
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M M / D D D / Y Y Y Y Y Y					
Full Name of Payee Christopher L Gilbert			Date of Public Distribution/Dissemination 11 / 07 / 2014		
Mailing Address 55 Lovell Johnson Rd			Amount 43.80		
City Picayune		State MS	Zip Code 39466		Transaction ID : 08633f47-3344-4f1b-8
Purpose of Expenditure Mileage		Category/ Type 002		Date of Disbursement or Obligation 11 / 07 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu			Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: LA		
Calendar Year-To-Date Per Election for Office Sought 554635.78			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
Full Name of Payee Gary W Fuhrmann			Date of Public Distribution/Dissemination 11 / 07 / 2014		
Mailing Address 9425 Jessica Drive			Amount 65.00		
City Shreveport		State LA	Zip Code 71106		Transaction ID : 17bfaeac-8e84-4e94-b
Purpose of Expenditure Salary		Category/ Type 001		Date of Disbursement or Obligation 11 / 07 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu			Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: LA		
Calendar Year-To-Date Per Election for Office Sought 554635.78			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			108.80		
(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.					
Signature Ms. Emily Buchanan			Date 05 / 18 / 2015		
[Electronically Filed]					

Full Name of Payee Francis Richardson			Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 07 / 2014		
Mailing Address 220 Doucet Rd			Amount 60.00		
City Lafayette	State LA	Zip Code 70503	Transaction ID : d2dcae06-d8ea-442f-9 Date of Disbursement or Obligation MM / DD / YYYY 11 / 07 / 2014		
Purpose of Expenditure Salary		Category/ Type 001			
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House ☒ Senate ☐ President ☒ Senate		
Calendar Year-To-Date Per Election for Office Sought 554635.78		Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ▶			
District: 00		State: LA			

(a) SUBTOTAL of Itemized Independent Expenditures.....	70.20
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures.....	

05 / 18 / 2015

FEC Schedule E (Form 3X) Rev. 09/2013

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 2924 OF 3250
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on			M M M / D D D / Y Y Y Y Y Y	
Full Name of Payee Francis Richardson		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 11 / 07 / 2014		
Mailing Address 220 Doucet Rd		Amount 3.15		
City Lafayette	State LA	Zip Code 70503	Transaction ID : 6c2d5096-e642-4463-a	
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 11 / 07 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: LA	
Calendar Year-To-Date Per Election for Office Sought		554635.78	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Susan K Hamby		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 11 / 07 / 2014		
Mailing Address 202 Violet St		Amount 35.00		
City West Monroe	State LA	Zip Code 71292	Transaction ID : 0de27ec7-0c58-42a3-9	
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 11 / 07 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: LA	
Calendar Year-To-Date Per Election for Office Sought		554635.78	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures.....		38.15		
(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
Signature		M M M / D D D / Y Y Y Y Y Y 05 / 18 / 2015		

Full Name of Payee ERIC TABARY		Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 07 / 2014	
Mailing Address 6101 NORA ST		Amount 60.00	
City METAIRIE	State LA	Zip Code 70003	Transaction ID : 24a13de7-721a-4812-8
Purpose of Expenditure Salary	Category/ Type	001	Date of Disbursement or Obligation MM / DD / YYYY 11 / 07 / 2014
Name of Federal Candidate Ms. Mary L Landrieu	☐ Support ☒ Oppose	Office Sought: ☐ President ☒ Senate	District: 00 State: LA
Calendar Year-To-Date Per Election for Office Sought	554635.78		Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ▶

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.

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 2926 OF 3250
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M / D D / Y Y Y Y					
Full Name of Payee ERIC TABARY			Date of Public Distribution/Dissemination 11 / 07 / 2014		
Mailing Address 6101 NORA ST			Amount 1.50		
City METAIRIE	State LA	Zip Code 70003	Transaction ID : b77a4d6a-56ec-4174-8		
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement or Obligation 11 / 07 / 2014		
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>LA</u>		
Calendar Year-To-Date Per Election for Office Sought		554635.78	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
Full Name of Payee Felicia A Jones			Date of Public Distribution/Dissemination 11 / 07 / 2014		
Mailing Address 4106 Martha St			Amount 80.00		
City Shreveport	State LA	Zip Code 71109	Transaction ID : c535fb6a-2d57-4cbc-8		
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation 11 / 07 / 2014		
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>LA</u>		
Calendar Year-To-Date Per Election for Office Sought		554635.78	Disbursement For: ☐ Primary ☒ 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.					
Signature Ms. Emily Buchanan		[Electronically Filed]		Date 05 / 18 / 2015	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 2927 OF 3250
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on MM / DD / YYYY				
Full Name of Payee Felicia A Jones			Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 07 / 2014	
Mailing Address 4106 Martha St			Amount 8.10	
City Shreveport	State LA	Zip Code 71109	Transaction ID : d5367dd9-7ff8-4136-a Date of Disbursement or Obligation MM / DD / YYYY 11 / 07 / 2014	
Purpose of Expenditure Mileage		Category/ Type 002		
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>LA</u>	
Calendar Year-To-Date Per Election for Office Sought		554635.78	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Felicia A Jones			Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 07 / 2014	
Mailing Address 4106 Martha St			Amount 80.00	
City Shreveport	State LA	Zip Code 71109	Transaction ID : 772e4a99-5828-479a-b Date of Disbursement or Obligation MM / DD / YYYY 11 / 07 / 2014	
Purpose of Expenditure Salary		Category/ Type 001		
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>LA</u>	
Calendar Year-To-Date Per Election for Office Sought		554635.78	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			88.10	
(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.				
Signature Ms. Emily Buchanan		[Electronically Filed]		Date MM / DD / YYYY 05 / 18 / 2015

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 2928 OF 3250
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on MM / DD / YYYY				
Full Name of Payee Felicia A Jones			Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 07 / 2014	
Mailing Address 4106 Martha St			Amount 8.10	
City Shreveport	State LA	Zip Code 71109	Transaction ID : 8af74281-9af4-46cf-9	
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement or Obligation MM / DD / YYYY 11 / 07 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>LA</u>	
Calendar Year-To-Date Per Election for Office Sought		554635.78	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Julia Perry			Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 07 / 2014	
Mailing Address 2046 Perrin St Apt C			Amount 70.00	
City Shreveport	State LA	Zip Code 71101	Transaction ID : cb0527b7-1902-4e20-a	
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation MM / DD / YYYY 11 / 07 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>LA</u>	
Calendar Year-To-Date Per Election for Office Sought		554635.78	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			78.10	
(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 MM / DD / YYYY 05 / 18 / 2015	
Signature				

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 2929 OF 3250
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M / D D / Y Y Y Y				
Full Name of Payee Julia Perry			Date of Public Distribution/Dissemination 11 / 07 / 2014	
Mailing Address 2046 Perrin St Apt C			Amount 12.00	
City Shreveport	State LA	Zip Code 71101	Transaction ID : 57b9429f-2bbc-4a49-b	
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement or Obligation 11 / 07 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: LA	
Calendar Year-To-Date Per Election for Office Sought		554635.78	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Billy Martin			Date of Public Distribution/Dissemination 11 / 07 / 2014	
Mailing Address 250 JS Brewton rd			Amount 60.00	
City goldonna	State LA	Zip Code 71031	Transaction ID : 2f079117-9406-4a06-a	
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation 11 / 07 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: LA	
Calendar Year-To-Date Per Election for Office Sought		554635.78	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			72.00	
(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.				
Signature Ms. Emily Buchanan		[Electronically Filed]		Date 05 / 18 / 2015

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 2930 OF 3250
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M M / D D D / Y Y Y Y Y Y					
Full Name of Payee Billy Martin			Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 11 / 07 / 2014		
Mailing Address 250 JS Brewton rd			Amount 5.40		
City goldonna	State LA	Zip Code 71031	Transaction ID : 839b4e0d-22a9-481f-8		
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 11 / 07 / 2014		
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>LA</u>		
Calendar Year-To-Date Per Election for Office Sought		554635.78	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
Full Name of Payee Jeanne Tribou			Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 11 / 07 / 2014		
Mailing Address 22369 Ponderosa Dr.			Amount 30.00		
City Mandeville	State LA	Zip Code 70471	Transaction ID : 768cb803-5f74-4582-a		
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 11 / 07 / 2014		
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>LA</u>		
Calendar Year-To-Date Per Election for Office Sought		554635.78	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			35.40		
(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 M M M / D D D / Y Y Y Y Y Y 05 / 18 / 2015		
Signature					

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 2931 OF 3250
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M M / D D D / Y Y Y Y Y Y					
Full Name of Payee Jeanne Tribou			Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 11 / 07 / 2014		
Mailing Address 22369 Ponderosa Dr.			Amount 6.30		
City Mandeville		State LA	Zip Code 70471		Transaction ID : 6aecb8dd-14f4-4ad5-a
Purpose of Expenditure Mileage		Category/ Type 002		Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 11 / 07 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu			☐ Support ☒ Oppose Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>LA</u>		
Calendar Year-To-Date Per Election for Office Sought 554635.78			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶ _____		
Full Name of Payee Carl Brent			Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 11 / 07 / 2014		
Mailing Address 6718 Lake Willow Dr			Amount 80.00		
City New Orleans		State LA	Zip Code 70126		Transaction ID : 87867504-e0b0-4c46-b
Purpose of Expenditure Salary		Category/ Type 001		Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 11 / 07 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu			☐ Support ☒ Oppose Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>LA</u>		
Calendar Year-To-Date Per Election for Office Sought 554635.78			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶ _____		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			86.30		
(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.					
Signature Ms. Emily Buchanan			[Electronically Filed] Date M M M / D D D / Y Y Y Y Y Y 05 / 18 / 2015		

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 2932 OF 3250
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M M / D D D / Y Y Y Y Y Y					
Full Name of Payee Carl Brent			Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 11 / 07 / 2014		
Mailing Address 6718 Lake Willow Dr			Amount 33.00		
City New Orleans	State LA	Zip Code 70126	Transaction ID : 6e5b6215-ee4d-41fb-b		
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 11 / 07 / 2014		
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>LA</u>		
Calendar Year-To-Date Per Election for Office Sought		554635.78	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
Full Name of Payee Philip Elkins			Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 11 / 07 / 2014		
Mailing Address 227 Lincoln Dr			Amount 30.00		
City Bossier City	State LA	Zip Code 71111	Transaction ID : f17f6faf-8281-4709-8		
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 11 / 07 / 2014		
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>LA</u>		
Calendar Year-To-Date Per Election for Office Sought		554635.78	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			63.00		
(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.					
Signature Ms. Emily Buchanan		[Electronically Filed]		Date M M M / D D D / Y Y Y Y Y Y 05 / 18 / 2015	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

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 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC	FEC IDENTIFICATION NUMBER ▼ C C00530766
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M M / D D D / Y Y Y Y Y Y	

Full Name of Payee Philip Elkins			Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 11 / 07 / 2014		
Mailing Address 227 Lincoln Dr			Amount 19.17		
City Bossier City	State LA	Zip Code 71111	Transaction ID : ac7e1b47-475a-4845-9 Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 11 / 07 / 2014		
Purpose of Expenditure Mileage		Category/ Type 002	Name of Federal Candidate Ms. Mary L Landrieu ☐ Support ☒ Oppose		
Calendar Year-To-Date Per Election for Office Sought 554635.78			Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: LA Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		

Full Name of Payee Evelyn Lesaicherre			Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 11 / 07 / 2014		
Mailing Address 629 Radiance Ave			Amount 80.00		
City Metairie	State LA	Zip Code 70001	Transaction ID : 1e0eaa82-0c74-40ab-b Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 11 / 07 / 2014		
Purpose of Expenditure Salary		Category/ Type 001	Name of Federal Candidate Ms. Mary L Landrieu ☐ Support ☒ Oppose		
Calendar Year-To-Date Per Election for Office Sought 554635.78			Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: LA Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	99.17
(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

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

05 / 18 / 2015

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 2934 OF 3250
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC		FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on		MM / DD / YYYY	
Full Name of Payee Evelyn Lesaicherre		Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 07 / 2014	
Mailing Address 629 Radiance Ave		Amount 9.90	
City Metairie	State LA	Zip Code 70001	Transaction ID : 28f6ecb4-dcbf-4145-b
Purpose of Expenditure Mileage	Category/ Type 002	Date of Disbursement or Obligation MM / DD / YYYY 11 / 07 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose ☐ President ☒ Senate	
Office Sought: ☐ House ☒ Senate District: 00 State: LA		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Calendar Year-To-Date Per Election for Office Sought 554635.78			
Full Name of Payee Hannah J Landry		Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 07 / 2014	
Mailing Address 1110 N Coolidge		Amount 62.50	
City Gonzales	State LA	Zip Code 70737	Transaction ID : 0e632478-5873-44ad-8
Purpose of Expenditure Salary	Category/ Type 001	Date of Disbursement or Obligation MM / DD / YYYY 11 / 07 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose ☐ President ☒ Senate	
Office Sought: ☐ House ☒ Senate District: 00 State: LA		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Calendar Year-To-Date Per Election for Office Sought 554635.78			
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶		72.40	
(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.			
Signature Ms. Emily Buchanan		Date MM / DD / YYYY 05 / 18 / 2015	
		[Electronically Filed]	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 2935 OF 3250
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on MM / DD / YYYY					
Full Name of Payee Hannah J Landry			Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 07 / 2014		
Mailing Address 1110 N Coolidge			Amount 9.24		
City Gonzales		State LA	Zip Code 70737		Transaction ID : c5c0a6bf-b952-4230-9
Purpose of Expenditure Mileage		Category/ Type 002		Date of Disbursement or Obligation MM / DD / YYYY 11 / 07 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu			Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: LA		
Calendar Year-To-Date Per Election for Office Sought 554635.78			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
Full Name of Payee Mary C Lee			Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 07 / 2014		
Mailing Address 1030 N Coolidge Ave			Amount 62.50		
City Gonzales		State LA	Zip Code 70737		Transaction ID : 9dc2c2c5-d9a7-4603-a
Purpose of Expenditure Salary		Category/ Type 001		Date of Disbursement or Obligation MM / DD / YYYY 11 / 07 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu			Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: LA		
Calendar Year-To-Date Per Election for Office Sought 554635.78			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			71.74		
(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.					
Signature Ms. Emily Buchanan			Date MM / DD / YYYY 05 / 18 / 2015		
[Electronically Filed]					

Full Name of Payee Jennifer F Gilbert		Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 07 / 2014	
Mailing Address 180 McNeil Steep Hollow Rd		Amount 75.00	
City Carriere	State MS	Zip Code 39426	Transaction ID : 8252e2e0-2bd8-4b24-9 Date of Disbursement or Obligation MM / DD / YYYY 11 / 07 / 2014
Purpose of Expenditure Salary	Category/ Type 001		
Name of Federal Candidate Ms. Mary L Landrieu	☐ Support ☒ Oppose	Office Sought: ☐ President ☒ Senate	District: 00 State: LA
Calendar Year-To-Date Per Election for Office Sought	554635.78	Disbursement For: 2014 ☐ Primary ☒ General ☐ Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	84.24
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

05 / 18 / 2015

FEC Schedule E (Form 3X) Rev. 09/2013

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 2937 OF 3250
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC		FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on		M M M / D D D / Y Y Y Y Y Y	
Full Name of Payee Jennifer F Gilbert		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 11 / 07 / 2014	
Mailing Address 180 McNeil Steep Hollow Rd		Amount 36.90	
City Carriere	State MS	Zip Code 39426	Transaction ID : 2d9123f2-8614-42c0-a
Purpose of Expenditure Mileage		Category/Type 002	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 11 / 07 / 2014
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: LA
Calendar Year-To-Date Per Election for Office Sought 554635.78		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Pound, Feinstein & Associates		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 11 / 06 / 2014	
Mailing Address 5614 Connecticut Ave, NW Ste 270		Amount 6041.25	
City Washington	State DC	Zip Code 20015	Transaction ID : 4f9fa495-130f-408d-b
Purpose of Expenditure Doorhangers		Category/Type 004	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 11 / 06 / 2014
Name of Federal Candidate William Cassidy		☒ Support ☐ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: LA
Calendar Year-To-Date Per Election for Office Sought 17040.84		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶		6078.15	
(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.			
Signature Ms. Emily Buchanan		Date M M M / D D D / Y Y Y Y Y Y 05 / 18 / 2015	
		[Electronically Filed]	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 2938 OF 3250
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on / /					
Full Name of Payee Pound, Feinstein & Associates			Date of Public Distribution/Dissemination / / 11 / 06 / 2014		
Mailing Address 5614 Connecticut Ave, NW Ste 270			Amount 6041.25		
City Washington		State DC	Zip Code 20015		Transaction ID : b27ae504-7bb1-4bf6-8
Purpose of Expenditure Doorhangers		Category/ Type 004		Date of Disbursement or Obligation / / 11 / 06 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu			☐ Support ☒ Oppose Office Sought: ☐ House ☒ Senate District: <u>00</u> ☐ President State: <u>LA</u>		
Calendar Year-To-Date Per Election for Office Sought 554635.78			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶ _____		
Full Name of Payee The Lukens Company			Date of Public Distribution/Dissemination / / 11 / 06 / 2014		
Mailing Address 2800 Shirlington Road 9th Floor			Amount 6010.22		
City Arlington		State VA	Zip Code 22206		Transaction ID : 8c356466-e8cc-4d94-9
Purpose of Expenditure Mailer		Category/ Type 004		Date of Disbursement or Obligation / / 11 / 06 / 2014	
Name of Federal Candidate William Cassidy			☒ Support ☐ Oppose Office Sought: ☐ House ☒ Senate District: <u>00</u> ☐ President State: <u>LA</u>		
Calendar Year-To-Date Per Election for Office Sought 17040.84			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶ _____		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			 12051.47		
(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.					
Signature <i>Ms. Emily Buchanan</i>			Date / / 05 / 18 / 2015		
[Electronically Filed]					

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 2939 OF 3250
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M M / D D D / Y Y Y Y Y Y					
Full Name of Payee The Lukens Company			Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 11 / 06 / 2014		
Mailing Address 2800 Shirlington Road 9th Floor			Amount 6010.22		
City Arlington	State VA	Zip Code 22206	Transaction ID : 35692003-a0a4-4b61-b Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 11 / 06 / 2014		
Purpose of Expenditure Mailer		Category/ Type 004			
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>LA</u>		
Calendar Year-To-Date Per Election for Office Sought 554635.78			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
Full Name of Payee Morgan Meredith and Associates Originally reported for \$1894.25, correcting total to match final billed			Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 11 / 06 / 2014		
Mailing Address 22780 Indian Creek Drive			Amount 1923.18		
City Dulles	State VA	Zip Code 20166	Transaction ID : b35963d7-c263-4f8a-b Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 11 / 06 / 2014		
Purpose of Expenditure Mailings		Category/ Type 004			
Name of Federal Candidate William Cassidy		☒ Support ☐ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>LA</u>		
Calendar Year-To-Date Per Election for Office Sought 17040.84			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			7933.40		
(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.					
Signature <i>Ms. Emily Buchanan</i>		[Electronically Filed]		Date M M M / D D D / Y Y Y Y Y Y 05 / 18 / 2015	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 2940 OF 3250
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on / /					
Full Name of Payee Morgan Meredith and Associates Originally reported for \$1894.25, correcting total to match final billed			Date of Public Distribution/Dissemination / / 11 / 06 / 2014		
Mailing Address 22780 Indian Creek Drive			Amount 1923.18		
City Dulles		State VA	Zip Code 20166		Transaction ID : cef29edc-982d-4cf7-b
Purpose of Expenditure Mailings		Category/ Type 004		Date of Disbursement or Obligation / / 11 / 06 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu			☐ Support ☒ Oppose		Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>LA</u>
Calendar Year-To-Date Per Election for Office Sought 554635.78			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶ _____		
Full Name of Payee Integram			Date of Public Distribution/Dissemination / / 11 / 06 / 2014		
Mailing Address 22695 Commerce Center Court			Amount 3066.19		
City Dulles		State VA	Zip Code 20166		Transaction ID : 1244b7cb-b889-4faf-8
Purpose of Expenditure Mailings		Category/ Type 004		Date of Disbursement or Obligation / / 11 / 06 / 2014	
Name of Federal Candidate William Cassidy			☒ Support ☐ Oppose		Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>LA</u>
Calendar Year-To-Date Per Election for Office Sought 17040.84			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶ _____		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			 4989.37		
(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.					
Signature <i>Ms. Emily Buchanan</i>			Date / / 05 / 18 / 2015		
[Electronically Filed]					

Full Name of Payee Ryan Drake			Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 07 / 2014		
Mailing Address 29637 Park St			Amount 32.50		
City Walker	State LA	Zip Code 70785	Transaction ID : 75ca358c-be3f-42cd-a Date of Disbursement or Obligation MM / DD / YYYY 11 / 07 / 2014		
Purpose of Expenditure Salary		Category/ Type 001			
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: LA		
Calendar Year-To-Date Per Election for Office Sought		554635.78	Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ►		

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	3098.69
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

05 / 18 / 2015

FEC Schedule E (Form 3X) Rev. 09/2013

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 2942 OF 3250
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M M / D D D / Y Y Y Y Y Y				
Full Name of Payee Ryan Drake			Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 11 / 07 / 2014	
Mailing Address 29637 Park St			Amount 14.40	
City Walker	State LA	Zip Code 70785	Transaction ID : aa69f5de-fbbc-4124-a	
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 11 / 07 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>LA</u>	
Calendar Year-To-Date Per Election for Office Sought		554635.78	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Ryan Drake			Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 11 / 07 / 2014	
Mailing Address 29637 Park St			Amount 32.50	
City Walker	State LA	Zip Code 70785	Transaction ID : b9ba07d7-5fa3-466b-9	
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 11 / 07 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>LA</u>	
Calendar Year-To-Date Per Election for Office Sought		554635.78	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			46.90	
(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 M M M / D D D / Y Y Y Y Y Y 05 / 18 / 2015	
Signature				

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 2943 OF 3250
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M M / D D D / Y Y Y Y Y Y				
Full Name of Payee Ryan Drake			Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 11 / 07 / 2014	
Mailing Address 29637 Park St			Amount 14.40	
City Walker		State LA	Zip Code 70785	
Purpose of Expenditure Mileage		Category/ Type 002		Transaction ID : 774d43f6-0a6c-49e3-a Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 11 / 07 / 2014
Name of Federal Candidate Ms. Mary L Landrieu			Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: LA ☐ Oppose	
Calendar Year-To-Date Per Election for Office Sought 554635.78			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Amanda Boley			Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 11 / 08 / 2014	
Mailing Address Split Oak Drive			Amount 62.50	
City charlotte		State NC	Zip Code 28227	
Purpose of Expenditure Salary		Category/ Type 001		Transaction ID : 7e515753-644c-4bbc-9 Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 11 / 08 / 2014
Name of Federal Candidate Ms. Mary L Landrieu			Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: LA ☐ Oppose	
Calendar Year-To-Date Per Election for Office Sought 554635.78			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			76.90	
(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.				
Signature Ms. Emily Buchanan			Date M M M / D D D / Y Y Y Y Y Y 05 / 18 / 2015 [Electronically Filed]	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 2944 OF 3250
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC		FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M M / D D D / Y Y Y Y Y Y			
Full Name of Payee Amanda Boley		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 11 / 08 / 2014	
Mailing Address Split Oak Drive		Amount 19.59	
City charlotte	State NC	Zip Code 28227	Transaction ID : 088978c1-7ff8-484a-8 Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 11 / 08 / 2014
Purpose of Expenditure Mileage		Category/ Type 002	
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: LA
Calendar Year-To-Date Per Election for Office Sought		554635.78	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶
Full Name of Payee Leslie A Sowell		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 11 / 08 / 2014	
Mailing Address 126 Lincoln Way Lot 1		Amount 45.00	
City Longview	State TX	Zip Code 75603	Transaction ID : 4fab9ed7-4240-43f6-9 Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 11 / 08 / 2014
Purpose of Expenditure Salary		Category/ Type 001	
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: LA
Calendar Year-To-Date Per Election for Office Sought		554635.78	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶		64.59	
(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.			
Signature Ms. Emily Buchanan		Date M M M / D D D / Y Y Y Y Y Y 05 / 18 / 2015	
[Electronically Filed]			

Full Name of Payee Janet Morris		Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 08 / 2014	
Mailing Address 620 Old Barbome Rd Lot 2		Amount 40.00	
City West Monroe	State LA	Zip Code 71291	Transaction ID : 85f7d038-4705-45fc-9 Date of Disbursement or Obligation MM / DD / YYYY 11 / 08 / 2014
Purpose of Expenditure Salary	Category/ Type	001	
Name of Federal Candidate Ms. Mary L Landrieu	☐ Support ☒ Oppose	Office Sought: ☐ President ☒ Senate	District: 00 State: LA
Calendar Year-To-Date Per Election for Office Sought	554635.78	Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	93.70
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

FEC Schedule E (Form 3X) Rev. 09/2013

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 2946 OF 3250
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on MM / DD / YYYY				
Full Name of Payee Janet Morris			Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 08 / 2014	
Mailing Address 620 Old Barbome Rd Lot 2			Amount 6.98	
City West Monroe	State LA	Zip Code 71291	Transaction ID : eb9e63f1-9c37-445d-a Date of Disbursement or Obligation MM / DD / YYYY 11 / 08 / 2014	
Purpose of Expenditure Mileage		Category/ Type 002		
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>LA</u>	
Calendar Year-To-Date Per Election for Office Sought		554635.78	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Susan K Hamby			Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 08 / 2014	
Mailing Address 202 Violet St			Amount 30.00	
City West Monroe	State LA	Zip Code 71292	Transaction ID : a04ca3a1-8169-405e-a Date of Disbursement or Obligation MM / DD / YYYY 11 / 08 / 2014	
Purpose of Expenditure Salary		Category/ Type 001		
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>LA</u>	
Calendar Year-To-Date Per Election for Office Sought		554635.78	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			36.98	
(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 MM / DD / YYYY 05 / 18 / 2015	
Signature				

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 2947 OF 3250
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M / D D / Y Y Y Y					
Full Name of Payee Susan K Hamby			Date of Public Distribution/Dissemination M M / D D / Y Y Y Y 11 / 08 / 2014		
Mailing Address 202 Violet St			Amount 2.40		
City State Zip Code West Monroe LA 71292		Transaction ID : 4dd1f346-4465-4b77-a Date of Disbursement or Obligation M M / D D / Y Y Y Y 11 / 08 / 2014			
Purpose of Expenditure Mileage		Category/Type 002			
Name of Federal Candidate Ms. Mary L Landrieu			☐ Support Office Sought: ☐ House District: 00 ☒ Oppose ☐ President ☒ Senate State: LA		
Calendar Year-To-Date Per Election for Office Sought			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
Full Name of Payee Vanessa E Ecuyer			Date of Public Distribution/Dissemination M M / D D / Y Y Y Y 11 / 08 / 2014		
Mailing Address 3738 Woodland Ridge Blvd			Amount 16.70		
City State Zip Code Baton Rouge LA 70816		Transaction ID : 61e93f73-b44d-4e2f-b Date of Disbursement or Obligation M M / D D / Y Y Y Y 11 / 08 / 2014			
Purpose of Expenditure Salary		Category/Type 001			
Name of Federal Candidate Ms. Mary L Landrieu			☐ Support Office Sought: ☐ House District: 00 ☒ Oppose ☐ President ☒ Senate State: LA		
Calendar Year-To-Date Per Election for Office Sought			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			19.10		
(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.					
Signature <u>Ms. Emily Buchanan</u> [Electronically Filed]			Date M M / D D / Y Y Y Y 05 / 18 / 2015		

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 2948 OF 3250
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC		FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on		M M M / D D D / Y Y Y Y Y Y	
Full Name of Payee Charleen Ecuyer		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 11 / 08 / 2014	
Mailing Address 3738 Woodland Ridge Blvd		Amount 16.70	
City Baton Rouge	State LA	Zip Code 70816	Transaction ID : 19f32c4d-0051-4056-9
Purpose of Expenditure Salary	Category/ Type 001	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 11 / 08 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	
Office Sought: ☐ President ☒ Senate		District: 00 State: LA	
Calendar Year-To-Date Per Election for Office Sought 554635.78		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Charleen Ecuyer		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 11 / 08 / 2014	
Mailing Address 3738 Woodland Ridge Blvd		Amount 3.30	
City Baton Rouge	State LA	Zip Code 70816	Transaction ID : 9af06b87-ad9b-4399-8
Purpose of Expenditure Mileage	Category/ Type 002	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 11 / 08 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	
Office Sought: ☐ President ☒ Senate		District: 00 State: LA	
Calendar Year-To-Date Per Election for Office Sought 554635.78		Disbursement For: ☐ Primary ☒ 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]	
Signature		Date 05 / 18 / 2015	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 2949 OF 3250
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M M / D D D / Y Y Y Y Y Y				
Full Name of Payee Tabitha M Ecuyer			Date of Public Distribution/Dissemination 11 / 08 / 2014	
Mailing Address 3738 Woodland Ridge Blvd			Amount 16.70	
City Baton Rouge	State LA	Zip Code 70816	Transaction ID : 192fa1b2-5c2f-4196-9	
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation 11 / 08 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: LA	
Calendar Year-To-Date Per Election for Office Sought		554635.78	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Chelsey Waite			Date of Public Distribution/Dissemination 11 / 08 / 2014	
Mailing Address 3738 Woodland Ridge Blvd			Amount 16.70	
City Baton Rouge	State LA	Zip Code 70816	Transaction ID : 98348bec-3ec8-40d4-a	
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation 11 / 08 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: LA	
Calendar Year-To-Date Per Election for Office Sought		554635.78	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			33.40	
(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 05 / 18 / 2015	
Signature				

Full Name of Payee Sandra C Montalbano		Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 08 / 2014	
Mailing Address 4177 Lowerline St		Amount 0.90	
City Slidell	State LA	Zip Code 70461	Transaction ID : a2243663-f800-47b8-a Date of Disbursement or Obligation MM / DD / YYYY 11 / 08 / 2014
Purpose of Expenditure Mileage	Category/ Type 002		
Name of Federal Candidate Ms. Mary L Landrieu	☐ Support ☒ Oppose	Office Sought: ☐ President ☒ Senate	District: 00 State: LA
Calendar Year-To-Date Per Election for Office Sought	554635.78	Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....		15.90
(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.

Date _____

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 2951 OF 3250
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC		FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on		MM / DD / YYYY	

Full Name of Payee Gary W Fuhrmann		Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 08 / 2014	
Mailing Address 9425 Jessica Drive		Amount 87.50	
City Shreveport	State LA	Zip Code 71106	Transaction ID : 09608c25-6a8a-4e39-b
Purpose of Expenditure Salary	Category/Type 001	Date of Disbursement or Obligation MM / DD / YYYY 11 / 08 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose Office Sought: ☐ House ☒ Senate District: 00 ☐ President State: LA	
Calendar Year-To-Date Per Election for Office Sought 554635.78		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	

Full Name of Payee Gary W Fuhrmann		Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 08 / 2014	
Mailing Address 9425 Jessica Drive		Amount 10.80	
City Shreveport	State LA	Zip Code 71106	Transaction ID : 66f8169a-7b0e-4a4d-b
Purpose of Expenditure Mileage	Category/Type 002	Date of Disbursement or Obligation MM / DD / YYYY 11 / 08 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose Office Sought: ☐ House ☒ Senate District: 00 ☐ President State: LA	
Calendar Year-To-Date Per Election for Office Sought 554635.78		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	98.30
(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]

Signature

Date

MM / DD / YYYY
05 / 18 / 2015

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 2952 OF 3250
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC		FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on		MM / DD / YYYY / / MM / DD / YYYY / /	

Full Name of Payee Lesley Lennox		Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 08 / 2014	
Mailing Address 2305 Cleary Ave		Amount 10.00	
City Metairie	State LA	Zip Code 70001	Transaction ID : 756f845f-3ffd-4e89-8
Purpose of Expenditure Salary	Category/ Type 001	Date of Disbursement or Obligation MM / DD / YYYY 11 / 08 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: LA	
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	

Full Name of Payee Lesley Lennox		Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 08 / 2014	
Mailing Address 2305 Cleary Ave		Amount 1.20	
City Metairie	State LA	Zip Code 70001	Transaction ID : 72e8b5f0-49ea-437b-8
Purpose of Expenditure Mileage	Category/ Type 002	Date of Disbursement or Obligation MM / DD / YYYY 11 / 08 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: LA	
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	11.20
(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

 MM / DD / YYYY
 05 / 18 / 2015

Signature

Full Name of Payee Francis Richardson		Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 08 / 2014	
Mailing Address 220 Doucet Rd		Amount 15.00	
City Lafayette	State LA	Zip Code 70503	Transaction ID : 90a8fda6-ead2-4b88-8 Date of Disbursement or Obligation MM / DD / YYYY 11 / 08 / 2014
Purpose of Expenditure Salary		Category/ Type 001	
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House ☒ Senate ☐ President District: 00 State: LA
Calendar Year-To-Date Per Election for Office Sought 554635.78		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	

Full Name of Payee Francis Richardson		Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 08 / 2014	
Mailing Address 220 Doucet Rd		Amount 3.06	
City Lafayette	State LA	Zip Code 70503	Transaction ID : 157c5dd4-8e9a-4779-b Date of Disbursement or Obligation MM / DD / YYYY 11 / 08 / 2014
Purpose of Expenditure Mileage		Category/ Type 002	
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: LA
Calendar Year-To-Date Per Election for Office Sought 554635.78		Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ►	

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	18.06
(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.

Date _____

Signature

05 / 18 / 2015

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 2954 OF 3250
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC		FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on		MM / DD / YYYY / / MM / DD / YYYY / /	

Full Name of Payee Jeanne Tribou		Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 08 / 2014	
Mailing Address 22369 Ponderosa Dr.		Amount 30.00	
City Mandeville	State LA	Zip Code 70471	Transaction ID : 30a0019c-5370-4639-9
Purpose of Expenditure Salary	Category/ Type	001	Date of Disbursement or Obligation MM / DD / YYYY 11 / 08 / 2014
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: LA
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	

Full Name of Payee Jeanne Tribou		Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 08 / 2014	
Mailing Address 22369 Ponderosa Dr.		Amount 6.60	
City Mandeville	State LA	Zip Code 70471	Transaction ID : ed3fc950-9cf8-4c73-8
Purpose of Expenditure Mileage	Category/ Type	002	Date of Disbursement or Obligation MM / DD / YYYY 11 / 08 / 2014
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: LA
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	36.60
(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

 MM / DD / YYYY
 05 / 18 / 2015

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 2955 OF 3250
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on MM / DD / YYYY				
Full Name of Payee Windy Hageman			Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 08 / 2014	
Mailing Address 5521 Randolph St.			Amount 30.00	
City Marrero	State LA	Zip Code 70072	Transaction ID : 78cb5f4e-22b9-41e6-b	
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation MM / DD / YYYY 11 / 08 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>LA</u>	
Calendar Year-To-Date Per Election for Office Sought		554635.78	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Windy Hageman			Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 08 / 2014	
Mailing Address 5521 Randolph St.			Amount 2.10	
City Marrero	State LA	Zip Code 70072	Transaction ID : 7eb400e2-b1f4-49d2-8	
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement or Obligation MM / DD / YYYY 11 / 08 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>LA</u>	
Calendar Year-To-Date Per Election for Office Sought		554635.78	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			32.10	
(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 MM / DD / YYYY 05 / 18 / 2015	
Signature				

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 2957 OF 3250
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on MM / DD / YYYY				
Full Name of Payee ERIC TABARY			Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 08 / 2014	
Mailing Address 6101 NORA ST			Amount 70.00	
City METAIRIE	State LA	Zip Code 70003	Transaction ID : 83d415db-9b4f-46f3-8	
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation MM / DD / YYYY 11 / 08 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>LA</u>	
Calendar Year-To-Date Per Election for Office Sought		554635.78	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee ERIC TABARY			Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 08 / 2014	
Mailing Address 6101 NORA ST			Amount 1.50	
City METAIRIE	State LA	Zip Code 70003	Transaction ID : db73d3a1-1857-4e4a-b	
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement or Obligation MM / DD / YYYY 11 / 08 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>LA</u>	
Calendar Year-To-Date Per Election for Office Sought		554635.78	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			71.50	
(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 MM / DD / YYYY 05 / 18 / 2015	
Signature				

Full Name of Payee Heather Ainsworth			Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 08 / 2014		
Mailing Address 9685 Paula St			Amount 21.00		
City Keithville	State LA	Zip Code 71047	Transaction ID : 980aad89-5008-4cb8-8 Date of Disbursement or Obligation MM / DD / YYYY 11 / 08 / 2014		
Purpose of Expenditure Mileage		Category/ Type 002			
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House ☒ Senate ☐ President ☒ Senate District: 00 State: LA		
Calendar Year-To-Date Per Election for Office Sought		554635.78	Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ►		

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	101.00
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

05 / 18 / 2015

FEC Schedule E (Form 3X) Rev. 09/2013

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 2959 OF 3250
 FOR LINE 24 OF FORM 3X

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

Full Name of Payee Lilly Green		Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 08 / 2014	
Mailing Address 205 Medallion Circle		Amount 60.00	
City Shreveport	State LA	Zip Code 71119	Transaction ID : 652927a0-7561-4b63-8 Date of Disbursement or Obligation MM / DD / YYYY 11 / 08 / 2014
Purpose of Expenditure Salary	Category/Type 001		
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>LA</u>
Calendar Year-To-Date Per Election for Office Sought 554635.78		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	

Full Name of Payee Lilly Green		Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 08 / 2014	
Mailing Address 205 Medallion Circle		Amount 55.20	
City Shreveport	State LA	Zip Code 71119	Transaction ID : 51f94b0b-935b-4958-9 Date of Disbursement or Obligation MM / DD / YYYY 11 / 08 / 2014
Purpose of Expenditure Mileage	Category/Type 002		
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>LA</u>
Calendar Year-To-Date Per Election for Office Sought 554635.78		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	115.20
(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

 MM / DD / YYYY
05 / 18 / 2015

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 2960 OF 3250
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M / D D / Y Y Y Y				
Full Name of Payee Gregory Green			Date of Public Distribution/Dissemination M M / D D / Y Y Y Y 11 / 08 / 2014	
Mailing Address 2506 Bolch Street			Amount 60.00	
City Shreveport	State LA	Zip Code 71104	Transaction ID : 01576900-a9e3-4378-9	
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation M M / D D / Y Y Y Y 11 / 08 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: LA	
Calendar Year-To-Date Per Election for Office Sought		554635.78	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Gregory Green			Date of Public Distribution/Dissemination M M / D D / Y Y Y Y 11 / 08 / 2014	
Mailing Address 2506 Bolch Street			Amount 15.60	
City Shreveport	State LA	Zip Code 71104	Transaction ID : 5cdf1e71-23e3-43ef-a	
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement or Obligation M M / D D / Y Y Y Y 11 / 08 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: LA	
Calendar Year-To-Date Per Election for Office Sought		554635.78	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			75.60	
(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.				
Signature Ms. Emily Buchanan		[Electronically Filed]		Date M M / D D / Y Y Y Y 05 / 18 / 2015

Full Name of Payee Sheri J Peace		Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 08 / 2014	
Mailing Address 9685 Paula St		Amount 80.00	
City Keithville	State LA	Zip Code 71047	Transaction ID : 2cf483a1-f476-4d3a-b Date of Disbursement or Obligation MM / DD / YYYY 11 / 08 / 2014
Purpose of Expenditure Salary	Category/ Type	001	
Name of Federal Candidate Ms. Mary L Landrieu	☐ Support ☒ Oppose	Office Sought: ☐ President ☒ Senate	District: 00 State: LA
Calendar Year-To-Date Per Election for Office Sought	554635.78	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	

Full Name of Payee Sheri J Peace		Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 08 / 2014	
Mailing Address 9685 Paula St		Amount 20.40	
City Keithville	State LA	Zip Code 71047	Transaction ID : 0d5b4aef-d0ee-4f75-9
Purpose of Expenditure Mileage	Category/ Type	002	Date of Disbursement or Obligation MM / DD / YYYY 11 / 08 / 2014
Name of Federal Candidate Ms. Mary L Landrieu	☐ Support ☒ Oppose	Office Sought: ☐ President ☒ Senate	District: 00 State: LA
Calendar Year-To-Date Per Election for Office Sought	554635.78		Disbursement For: ☐ Primary ☒ General ☐ 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.

Date / /

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 2962 OF 3250
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on MM / DD / YYYY					
Full Name of Payee Cynthia N Schmit			Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 08 / 2014		
Mailing Address 2226 Taft Circle Apt 1			Amount 20.00		
City Winchester	State VA	Zip Code 22601	Transaction ID : 10e82493-fe73-4a49-a		
Purpose of Expenditure Salary		Category/Type 001	Date of Disbursement or Obligation MM / DD / YYYY 11 / 08 / 2014		
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>LA</u>		
Calendar Year-To-Date Per Election for Office Sought		554635.78	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
Full Name of Payee Laura U Logie			Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 08 / 2014		
Mailing Address 2565 Shire Circle			Amount 50.00		
City Harrisonburg	State VA	Zip Code 22801	Transaction ID : da7ffd70-0d51-4036-8		
Purpose of Expenditure Salary		Category/Type 001	Date of Disbursement or Obligation MM / DD / YYYY 11 / 08 / 2014		
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>LA</u>		
Calendar Year-To-Date Per Election for Office Sought		554635.78	Disbursement For: ☐ Primary ☒ 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.					
Signature <i>Ms. Emily Buchanan</i>		[Electronically Filed]		Date MM / DD / YYYY 05 / 18 / 2015	

Full Name of Payee Carl Brent			Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 08 / 2014		
Mailing Address 6718 Lake Willow Dr			Amount 80.00		
City New Orleans	State LA	Zip Code 70126	Transaction ID : e8173aa9-7bd5-4bff-9 Date of Disbursement or Obligation MM / DD / YYYY 11 / 08 / 2014		
Purpose of Expenditure Salary		Category/ Type 001			
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House ☒ Senate ☐ President ☒ Senate District: 00 State: LA		
Calendar Year-To-Date Per Election for Office Sought		554635.78	Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ►		

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	155.00
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

FEC Schedule E (Form 3X) Rev. 09/2013

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 2964 OF 3250
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M M / D D D / Y Y Y Y Y Y				
Full Name of Payee Carl Brent			Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 11 / 08 / 2014	
Mailing Address 6718 Lake Willow Dr			Amount 15.00	
City New Orleans		State LA	Zip Code 70126	
Purpose of Expenditure Mileage		Category/ Type	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 11 / 08 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: LA	
Calendar Year-To-Date Per Election for Office Sought			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Philip Elkins			Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 11 / 08 / 2014	
Mailing Address 227 Lincoln Dr			Amount 30.00	
City Bossier City		State LA	Zip Code 71111	
Purpose of Expenditure Salary		Category/ Type	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 11 / 08 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: LA	
Calendar Year-To-Date Per Election for Office Sought			Disbursement For: ☐ Primary ☒ 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.				
Signature Ms. Emily Buchanan		[Electronically Filed]		Date M M M / D D D / Y Y Y Y Y Y 05 / 18 / 2015

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 2965 OF 3250
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on			M M M / D D D / Y Y Y Y Y Y	
Full Name of Payee Philip Elkins		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 11 / 08 / 2014		
Mailing Address 227 Lincoln Dr		Amount 14.19		
City Bossier City	State LA	Zip Code 71111	Transaction ID : d14935f1-8d38-4f9e-b	
Purpose of Expenditure Mileage	Category/ Type	002	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 11 / 08 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>LA</u>	
Calendar Year-To-Date Per Election for Office Sought		554635.78	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Corey S McKnight		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 11 / 09 / 2014		
Mailing Address 1510 Bailey St		Amount 70.00		
City West Monroe	State LA	Zip Code 71292	Transaction ID : 4b0de7a4-47b9-4775-b	
Purpose of Expenditure Salary	Category/ Type	001	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 11 / 09 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>LA</u>	
Calendar Year-To-Date Per Election for Office Sought		554635.78	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures.....		84.19		
(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
Signature		M M M / D D D / Y Y Y Y Y Y 05 / 18 / 2015		

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 2966 OF 3250
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M M / D D D / Y Y Y Y Y Y					
Full Name of Payee Amanda Boley			Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 11 / 09 / 2014		
Mailing Address Split Oak Drive			Amount 47.50		
City charlotte		State NC	Zip Code 28227		Transaction ID : 68029b82-e075-45b7-8
Purpose of Expenditure Salary		Category/ Type 001		Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 11 / 09 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu			☐ Support ☒ Oppose		Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>LA</u>
Calendar Year-To-Date Per Election for Office Sought 554635.78			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶ _____		
Full Name of Payee Amanda Boley			Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 11 / 09 / 2014		
Mailing Address Split Oak Drive			Amount 17.28		
City charlotte		State NC	Zip Code 28227		Transaction ID : c64e7cd5-de3a-4901-9
Purpose of Expenditure Mileage		Category/ Type 002		Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 11 / 09 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu			☐ Support ☒ Oppose		Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>LA</u>
Calendar Year-To-Date Per Election for Office Sought 554635.78			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶ _____		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶					64.78
(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.					
Signature Ms. Emily Buchanan			[Electronically Filed]		Date M M M / D D D / Y Y Y Y Y Y 05 / 18 / 2015

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 2967 OF 3250
 FOR LINE 24 OF FORM 3X

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

Full Name of Payee Christopher Marquess		Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 09 / 2014	
Mailing Address 110 W Pecan St		Amount 50.00	
City State Zip Code Ville Platte LA 70586	Transaction ID : 46bf959b-2ae8-40cc-9 Date of Disbursement or Obligation MM / DD / YYYY 11 / 09 / 2014		
Purpose of Expenditure Salary	Category/Type 001		
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: LA	
Calendar Year-To-Date Per Election for Office Sought 554635.78		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	

Full Name of Payee Christopher Marquess		Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 09 / 2014	
Mailing Address 110 W Pecan St		Amount 31.50	
City State Zip Code Ville Platte LA 70586	Transaction ID : 906b8431-308b-4d10-8 Date of Disbursement or Obligation MM / DD / YYYY 11 / 09 / 2014		
Purpose of Expenditure Mileage	Category/Type 002		
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: LA	
Calendar Year-To-Date Per Election for Office Sought 554635.78		Disbursement For: ☐ Primary ☒ 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

MM / DD / YYYY
05 / 18 / 2015

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 2968 OF 3250
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC		FEC IDENTIFICATION NUMBER ▼ C C00530766
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M M / D D D / Y Y Y Y Y Y		

Full Name of Payee Gary W Fuhrmann		Date of Public Distribution/Dissemination 11 / 09 / 2014
Mailing Address 9425 Jessica Drive		Amount 50.00
City Shreveport	State LA	Zip Code 71106
Purpose of Expenditure Salary	Category/ Type 001	Transaction ID : 3d953b0e-e640-4a15-a Date of Disbursement or Obligation 11 / 09 / 2014
Name of Federal Candidate Ms. Mary L Landrieu		Office Sought: ☐ House District: 00 ☒ Senate State: LA
Calendar Year-To-Date Per Election for Office Sought 554635.78		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶

Full Name of Payee Gary W Fuhrmann		Date of Public Distribution/Dissemination 11 / 09 / 2014
Mailing Address 9425 Jessica Drive		Amount 8.40
City Shreveport	State LA	Zip Code 71106
Purpose of Expenditure Mileage	Category/ Type 002	Transaction ID : db8e2ab2-5b7d-4d76-b Date of Disbursement or Obligation 11 / 09 / 2014
Name of Federal Candidate Ms. Mary L Landrieu		Office Sought: ☐ House District: 00 ☒ Senate State: LA
Calendar Year-To-Date Per Election for Office Sought 554635.78		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	58.40
(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]

Signature

Date

05 / 18 / 2015

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 2969 OF 3250
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on / /					
Full Name of Payee Christopher L Gilbert			Date of Public Distribution/Dissemination / / 11 / 09 / 2014		
Mailing Address 55 Lovell Johnson Rd			Amount 70.00		
City Picayune		State MS	Zip Code 39466		Transaction ID : f00d6ca7-9278-4414-9
Purpose of Expenditure Salary		Category/ Type 001		Date of Disbursement or Obligation / / 11 / 09 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu			Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>LA</u>		
Calendar Year-To-Date Per Election for Office Sought 554635.78			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶ _____		
Full Name of Payee Christopher L Gilbert			Date of Public Distribution/Dissemination / / 11 / 09 / 2014		
Mailing Address 55 Lovell Johnson Rd			Amount 48.60		
City Picayune		State MS	Zip Code 39466		Transaction ID : 7d55e95c-b06b-42f5-a
Purpose of Expenditure Mileage		Category/ Type 002		Date of Disbursement or Obligation / / 11 / 09 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu			Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>LA</u>		
Calendar Year-To-Date Per Election for Office Sought 554635.78			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶ _____		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			 118.60		
(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.					
Signature <i>Ms. Emily Buchanan</i>			Date / / 05 / 18 / 2015		
[Electronically Filed]					

Full Name of Payee Francis Richardson		Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 09 / 2014	
Mailing Address 220 Doucet Rd		Amount 3.03	
City Lafayette	State LA	Zip Code 70503	Transaction ID : a589195b-604e-4db4-8 Date of Disbursement or Obligation MM / DD / YYYY 11 / 09 / 2014
Purpose of Expenditure Mileage		Category/ Type 002	
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: LA
Calendar Year-To-Date Per Election for Office Sought 554635.78		Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ►	

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	30.03
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

05 / 18 / 2015

FEC Schedule E (Form 3X) Rev. 09/2013

Full Name of Payee Julia Perry		Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 09 / 2014	
Mailing Address 2046 Perrin St Apt C		Amount 9.60	
City Shreveport	State LA	Zip Code 71101	Transaction ID : 2bf04021-5636-41df-8
Purpose of Expenditure Mileage	Category/ Type	002	Date of Disbursement or Obligation MM / DD / YYYY 11 / 09 / 2014
Name of Federal Candidate Ms. Mary L Landrieu	☐ Support ☒ Oppose	Office Sought: ☐ President ☒ Senate	District: 00 State: LA
Calendar Year-To-Date Per Election for Office Sought	554635.78		Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	59.60
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

Three digital displays are shown side-by-side, separated by slashes. The first display shows '05' with 'M' and 'M' above it. The second display shows '18' with 'D' and 'D' above it. The third display shows '2015' with 'Y', 'Y', 'Y', and 'Y' above it.

FEC Schedule E (Form 3X) Rev. 09/2013

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 2972 OF 3250
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC		FEC IDENTIFICATION NUMBER ▼ C C00530766
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on		MM / DD / YYYY

Full Name of Payee Felicia A Jones		Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 09 / 2014
Mailing Address 4106 Martha St		Amount 80.00
City Shreveport	State LA	Zip Code 71109
Purpose of Expenditure Salary	Category/Type 001	Transaction ID : 2d064e75-0214-4801-9 Date of Disbursement or Obligation MM / DD / YYYY 11 / 09 / 2014
Name of Federal Candidate Ms. Mary L Landrieu		Office Sought: ☐ House District: 00 ☒ Senate State: LA
Calendar Year-To-Date Per Election for Office Sought 554635.78		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶

Full Name of Payee Felicia A Jones		Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 09 / 2014
Mailing Address 4106 Martha St		Amount 9.90
City Shreveport	State LA	Zip Code 71109
Purpose of Expenditure Mileage	Category/Type 002	Transaction ID : ba4f30cb-09f5-4b4c-b Date of Disbursement or Obligation MM / DD / YYYY 11 / 09 / 2014
Name of Federal Candidate Ms. Mary L Landrieu		Office Sought: ☐ House District: 00 ☒ Senate State: LA
Calendar Year-To-Date Per Election for Office Sought 554635.78		Disbursement For: ☐ Primary ☒ 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

[Electronically Filed]

Signature

Date

MM / DD / YYYY
05 / 18 / 2015

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 2973 OF 3250
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M M / D D D / Y Y Y Y Y Y					
Full Name of Payee Cynthia N Schmit			Date of Public Distribution/Dissemination 11 / 09 / 2014		
Mailing Address 2226 Taft Circle Apt 1			Amount 22.50		
City Winchester	State VA	Zip Code 22601	Transaction ID : b3605ad9-8b45-423e-9		
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation 11 / 09 / 2014		
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>LA</u>		
Calendar Year-To-Date Per Election for Office Sought		554635.78	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
Full Name of Payee Michael A Toomey			Date of Public Distribution/Dissemination 11 / 09 / 2014		
Mailing Address 4120 Bon Aire Dr Apt 6307			Amount 50.00		
City Monroe	State LA	Zip Code 71212	Transaction ID : 00c0ae9f-946f-4b35-8		
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation 11 / 09 / 2014		
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>LA</u>		
Calendar Year-To-Date Per Election for Office Sought		554635.78	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			72.50		
(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.					
Signature Ms. Emily Buchanan		[Electronically Filed]		Date 05 / 18 / 2015	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 2974 OF 3250
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC		FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on		M M M / D D D / Y Y Y Y Y Y	
Full Name of Payee Michael A Toomey		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 11 / 09 / 2014	
Mailing Address 4120 Bon Aire Dr Apt 6307		Amount 8.10	
City Monroe	State LA	Zip Code 71212	Transaction ID : 54825739-d246-4d8d-8
Purpose of Expenditure Mileage	Category/ Type 002	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 11 / 09 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose ☐ President ☒ Senate	
Office Sought: ☐ House ☒ Senate District: 00 State: LA		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Calendar Year-To-Date Per Election for Office Sought 554635.78			
Full Name of Payee Heather Ainsworth		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 11 / 09 / 2014	
Mailing Address 9685 Paula St		Amount 80.00	
City Keithville	State LA	Zip Code 71047	Transaction ID : b1d94406-872c-45ed-a
Purpose of Expenditure Salary	Category/ Type 001	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 11 / 09 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose ☐ President ☒ Senate	
Office Sought: ☐ House ☒ Senate District: 00 State: LA		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Calendar Year-To-Date Per Election for Office Sought 554635.78			
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶		88.10	
(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.			
Signature Ms. Emily Buchanan		Date M M M / D D D / Y Y Y Y Y Y 05 / 18 / 2015	
		[Electronically Filed]	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 2975 OF 3250
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on MM / DD / YYYY				
Full Name of Payee Heather Ainsworth			Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 09 / 2014	
Mailing Address 9685 Paula St			Amount 19.50	
City Keithville	State LA	Zip Code 71047	Transaction ID : e650ed87-ce16-4161-8	
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement or Obligation MM / DD / YYYY 11 / 09 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>LA</u>	
Calendar Year-To-Date Per Election for Office Sought		554635.78	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Jeanne Tribou			Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 09 / 2014	
Mailing Address 22369 Ponderosa Dr.			Amount 60.00	
City Mandeville	State LA	Zip Code 70471	Transaction ID : 9b23b0f7-8c3e-488e-a	
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation MM / DD / YYYY 11 / 09 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>LA</u>	
Calendar Year-To-Date Per Election for Office Sought		554635.78	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			79.50	
(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.				
Signature Ms. Emily Buchanan		[Electronically Filed]		Date MM / DD / YYYY 05 / 18 / 2015

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 2976 OF 3250
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M M / D D D / Y Y Y Y Y Y				
Full Name of Payee Jeanne Tribou			Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 11 / 09 / 2014	
Mailing Address 22369 Ponderosa Dr.			Amount 10.20	
City Mandeville	State LA	Zip Code 70471	Transaction ID : b20d608e-4a7c-40df-a	
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 11 / 09 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>LA</u>	
Calendar Year-To-Date Per Election for Office Sought		554635.78	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Lilly Green			Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 11 / 09 / 2014	
Mailing Address 205 Medallion Circle			Amount 80.00	
City Shreveport	State LA	Zip Code 71119	Transaction ID : 1c0b5aaf-bf87-47db-8	
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 11 / 09 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>LA</u>	
Calendar Year-To-Date Per Election for Office Sought		554635.78	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			90.20	
(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.				
Signature Ms. Emily Buchanan		[Electronically Filed]		Date M M M / D D D / Y Y Y Y Y Y 05 / 18 / 2015

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 2977 OF 3250
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M / D D / Y Y Y Y					
Full Name of Payee Lilly Green			Date of Public Distribution/Dissemination M M / D D / Y Y Y Y 11 / 09 / 2014		
Mailing Address 205 Medallion Circle			Amount 64.20		
City Shreveport	State LA	Zip Code 71119	Transaction ID : 12ee4622-6d0d-4874-8		
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement or Obligation M M / D D / Y Y Y Y 11 / 09 / 2014		
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: LA		
Calendar Year-To-Date Per Election for Office Sought		554635.78	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
Full Name of Payee Gregory Green			Date of Public Distribution/Dissemination M M / D D / Y Y Y Y 11 / 09 / 2014		
Mailing Address 2506 Bolch Street			Amount 80.00		
City Shreveport	State LA	Zip Code 71104	Transaction ID : e445ec9c-8642-4c5e-a		
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation M M / D D / Y Y Y Y 11 / 09 / 2014		
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: LA		
Calendar Year-To-Date Per Election for Office Sought		554635.78	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			144.20		
(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.					
Signature Ms. Emily Buchanan		[Electronically Filed]		Date M M / D D / Y Y Y Y 05 / 18 / 2015	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 2978 OF 3250
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC		FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on		M M M / D D D / Y Y Y Y Y Y	
Full Name of Payee Gregory Green		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 11 / 09 / 2014	
Mailing Address 2506 Bolch Street		Amount 74.10	
City Shreveport	State LA	Zip Code 71104	Transaction ID : 96dff804-2c3f-49ac-9
Purpose of Expenditure Mileage	Category/ Type	002	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 11 / 09 / 2014
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: LA
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Cathy Longtin		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 11 / 09 / 2014	
Mailing Address 827 Navavre Ave		Amount 40.00	
City New Orleans	State LA	Zip Code 70124	Transaction ID : 1154d87a-cf10-416e-b
Purpose of Expenditure Salary	Category/ Type	001	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 11 / 09 / 2014
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: LA
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: ☐ Primary ☒ 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]	
Signature		Date M M M / D D D / Y Y Y Y Y Y 05 / 18 / 2015	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 2979 OF 3250
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC		FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on		M M M / D D D / Y Y Y Y Y Y	
Full Name of Payee Cathy Longtin		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 11 / 09 / 2014	
Mailing Address 827 Navavre Ave		Amount 5.10	
City New Orleans	State LA	Zip Code 70124	Transaction ID : b559ddaa-2479-429d-9
Purpose of Expenditure Mileage	Category/Type 002	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 11 / 09 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	
Office Sought: ☐ House ☒ Senate		District: 00 State: LA	
Calendar Year-To-Date Per Election for Office Sought 554635.78		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee ERIC TABARY		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 11 / 09 / 2014	
Mailing Address 6101 NORA ST		Amount 55.00	
City METAIRIE	State LA	Zip Code 70003	Transaction ID : 185f8632-cbc0-480d-8
Purpose of Expenditure Salary	Category/Type 001	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 11 / 09 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	
Office Sought: ☐ House ☒ Senate		District: 00 State: LA	
Calendar Year-To-Date Per Election for Office Sought 554635.78		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶		60.10	
(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.			
Signature Ms. Emily Buchanan		Date M M M / D D D / Y Y Y Y Y Y 05 / 18 / 2015	
		[Electronically Filed]	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 2980 OF 3250
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M M / D D D / Y Y Y Y Y Y					
Full Name of Payee ERIC TABARY			Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 11 / 09 / 2014		
Mailing Address 6101 NORA ST			Amount 1.50		
City METAIRIE		State LA	Zip Code 70003		Transaction ID : 666d6304-3aef-4e92-a
Purpose of Expenditure Mileage		Category/ Type 002		Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 11 / 09 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu			☐ Support ☒ Oppose		Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: LA
Calendar Year-To-Date Per Election for Office Sought			554635.78 Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
Full Name of Payee Michael Vidrine			Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 11 / 09 / 2014		
Mailing Address 1103 West Wilson Street			Amount 60.00		
City Ville Platte		State LA	Zip Code 70586		Transaction ID : 8db52360-44e9-42f2-b
Purpose of Expenditure Salary		Category/ Type 001		Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 11 / 09 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu			☐ Support ☒ Oppose		Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: LA
Calendar Year-To-Date Per Election for Office Sought			554635.78 Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			61.50		
(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.					
Signature Ms. Emily Buchanan			[Electronically Filed]		Date M M M / D D D / Y Y Y Y Y Y 05 / 18 / 2015

Full Name of Payee Theresa a Youngblood		Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 09 / 2014	
Mailing Address 102 S Main Street Apt A2		Amount 110.00	
City Berryville	State VA	Zip Code 22611	Transaction ID : 9a654134-8791-42b0-8
Purpose of Expenditure Salary	Category/ Type	001	Date of Disbursement or Obligation MM / DD / YYYY 11 / 09 / 2014
Name of Federal Candidate Ms. Mary L Landrieu	☐ Support ☒ Oppose	Office Sought: ☐ President ☒ Senate	District: 00 State: LA
Calendar Year-To-Date Per Election for Office Sought	554635.78	Disbursement For: 2014 ☐ Other (specify) ▶	☐ Primary ☒ General

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	131.90
(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.

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 2982 OF 3250
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC		FEC IDENTIFICATION NUMBER ▼ C C00530766
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on		MM / DD / YYYY

Full Name of Payee Brogan A Benoit		Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 09 / 2014
Mailing Address 7144 South River Rd		Amount 110.00
City Addis	State LA	Zip Code 70710
Purpose of Expenditure Salary		Category/Type 001
Name of Federal Candidate Ms. Mary L Landrieu		Office Sought: ☐ House ☒ Senate ☐ President ☐ District: 00 State: LA
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶

Full Name of Payee Brogan A Benoit		Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 09 / 2014
Mailing Address 7144 South River Rd		Amount 24.60
City Addis	State LA	Zip Code 70710
Purpose of Expenditure Mileage		Category/Type 002
Name of Federal Candidate Ms. Mary L Landrieu		Office Sought: ☐ House ☒ Senate ☐ President ☐ District: 00 State: LA
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	134.60
(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

MM / DD / YYYY
05 / 18 / 2015

Signature

Full Name of Payee Jazmine d Conner			Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 09 / 2014		
Mailing Address 100 ASBURY CT			Amount 30.00		
City WINCHESTER	State VA	Zip Code 22602	Transaction ID : d46d8f4e-e8b8-4cbe-b Date of Disbursement or Obligation MM / DD / YYYY 11 / 09 / 2014		
Purpose of Expenditure Salary		Category/ Type 001			
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House ☒ Senate ☐ President ☒ Other (specify) _____		
Calendar Year-To-Date Per Election for Office Sought		554635.78	Disbursement For: ☐ Primary ☒ General ☐ Other (specify) _____		

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	60.00
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

05 / 18 / 2015

FEC Schedule E (Form 3X) Rev. 09/2013

Full Name of Payee Jon E Conner			Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 09 / 2014		
Mailing Address 100 Asbury Ct			Amount 30.00		
City Winchester	State VA	Zip Code 22602	Transaction ID : 9c293f3e-0fb6-4584-b		
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation MM / DD / YYYY 11 / 09 / 2014		
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House ☒ Senate District: 00 ☐ President State: LA		
Calendar Year-To-Date Per Election for Office Sought		554635.78	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		

Full Name of Payee Rodney O Culbreath		Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 09 / 2014	
Mailing Address 100 Asbury Ct		Amount 30.00	
City Winchester	State VA	Zip Code 22602	Transaction ID : fe97799a-740d-40f6-9 Date of Disbursement or Obligation MM / DD / YYYY 11 / 09 / 2014
Purpose of Expenditure Salary	Category/ Type 001		
Name of Federal Candidate Ms. Mary L Landrieu	☐ Support ☒ Oppose	Office Sought: ☐ President ☒ Senate	District: 00 State: LA
Calendar Year-To-Date Per Election for Office Sought	554635.78	Disbursement For: 2014 ☐ Primary ☒ General ☐ 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.

Date _____

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 2985 OF 3250
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M M / D D D / Y Y Y Y Y Y					
Full Name of Payee Rodney D Culbreth			Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 11 / 09 / 2014		
Mailing Address 100 Asbury CT 3200 Dam Neck Rd			Amount 30.00		
City Winchester		State VA	Zip Code 22602		Transaction ID : a67aae91-d8b9-42e3-b
Purpose of Expenditure Salary		Category/ Type 001		Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 11 / 09 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu			Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: LA		
Calendar Year-To-Date Per Election for Office Sought			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
Full Name of Payee Rze Culbreath			Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 11 / 09 / 2014		
Mailing Address 100 Asbury Ct			Amount 30.00		
City Winchester		State VA	Zip Code 22602		Transaction ID : c63ce14c-582c-4187-8
Purpose of Expenditure Salary		Category/ Type 001		Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 11 / 09 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu			Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: LA		
Calendar Year-To-Date Per Election for Office Sought			Disbursement For: ☐ Primary ☒ 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.					
Signature <u>Ms. Emily Buchanan</u> [Electronically Filed] Date M M M / D D D / Y Y Y Y Y Y 05 / 18 / 2015 					

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

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 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M M / D D D / Y Y Y Y Y Y					
Full Name of Payee Kelly Dolan			Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 11 / 10 / 2014		
Mailing Address 543 S 2nd St			Amount 60.00		
City Bellaire	State NC	Zip Code 77401	Transaction ID : f266e250-b665-41be-9		
Purpose of Expenditure Salary		Category/Type 001	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 11 / 10 / 2014		
Name of Federal Candidate Ms. Mary L Landrieu			Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>LA</u>		
Calendar Year-To-Date Per Election for Office Sought 554635.78			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶ _____		
Full Name of Payee Kelly Dolan			Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 11 / 10 / 2014		
Mailing Address 543 S 2nd St			Amount 3.90		
City Bellaire	State NC	Zip Code 77401	Transaction ID : fa4fce1b-679b-4e20-b		
Purpose of Expenditure Mileage		Category/Type 002	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 11 / 10 / 2014		
Name of Federal Candidate Ms. Mary L Landrieu			Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>LA</u>		
Calendar Year-To-Date Per Election for Office Sought 554635.78			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶ _____		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			63.90		
(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.					
Signature <u>Ms. Emily Buchanan</u> [Electronically Filed]			Date M M M / D D D / Y Y Y Y Y Y 05 / 18 / 2015		

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 2987 OF 3250
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M M / D D D / Y Y Y Y Y Y				
Full Name of Payee Susan K Hamby			Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 11 / 10 / 2014	
Mailing Address 202 Violet St			Amount 10.00	
City West Monroe	State LA	Zip Code 71292	Transaction ID : c47c8334-ca74-4189-8	
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 11 / 10 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>LA</u>	
Calendar Year-To-Date Per Election for Office Sought		554635.78	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Susan K Hamby			Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 11 / 10 / 2014	
Mailing Address 202 Violet St			Amount 0.60	
City West Monroe	State LA	Zip Code 71292	Transaction ID : 32fe14b1-5d55-4f55-b	
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 11 / 10 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>LA</u>	
Calendar Year-To-Date Per Election for Office Sought		554635.78	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			10.60	
(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 M M M / D D D / Y Y Y Y Y Y 05 / 18 / 2015	
Signature				

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 2988 OF 3250
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on			M M M / D D D / Y Y Y Y Y Y	
Full Name of Payee Amanda Boley		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 11 / 10 / 2014		
Mailing Address Split Oak Drive		Amount 77.50		
City charlotte	State NC	Zip Code 28227	Transaction ID : 5c9d57c6-0264-40dc-a	
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 11 / 10 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>LA</u>	
Calendar Year-To-Date Per Election for Office Sought		554635.78	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Amanda Boley		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 11 / 10 / 2014		
Mailing Address Split Oak Drive		Amount 17.13		
City charlotte	State NC	Zip Code 28227	Transaction ID : 273440e1-17ca-447e-8	
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 11 / 10 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>LA</u>	
Calendar Year-To-Date Per Election for Office Sought		554635.78	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures.....		94.63		
(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.				
Signature <i>Ms. Emily Buchanan</i>		[Electronically Filed] Date M M M / D D D / Y Y Y Y Y Y 05 / 18 / 2015		

Full Name of Payee Heather A Smith		Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 10 / 2014	
Mailing Address 995 Clairborne Rd		Amount 36.00	
City Calhoun	State LA	Zip Code 71225	Transaction ID : 6748d757-cc5a-44ca-a Date of Disbursement or Obligation MM / DD / YYYY 11 / 10 / 2014
Purpose of Expenditure Salary	Category/ Type 001		
Name of Federal Candidate Ms. Mary L Landrieu	☐ Support ☒ Oppose	Office Sought: ☐ President ☒ Senate	District: 00 State: LA
Calendar Year-To-Date Per Election for Office Sought	554635.78	Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	66.00
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

05 / 18 / 2015

FEC Schedule E (Form 3X) Rev. 09/2013

Full Name of Payee Jenny N Brown			Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 10 / 2014		
Mailing Address 1270 Lovelady Rd			Amount 40.00		
City West Monroe	State LA	Zip Code 71292	Transaction ID : 60d2ce0a-a976-4fc6-b Date of Disbursement or Obligation MM / DD / YYYY 11 / 10 / 2014		
Purpose of Expenditure Salary		Category/ Type 001			
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House ☒ Senate ☐ President ☒ Other (specify) _____		
Calendar Year-To-Date Per Election for Office Sought		554635.78	Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ► _____		

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	58.60
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

05 / 18 / 2015

FEC Schedule E (Form 3X) Rev. 09/2013

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 2991 OF 3250
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on MM / DD / YYYY				
Full Name of Payee Jenny N Brown			Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 10 / 2014	
Mailing Address 1270 Lovelady Rd			Amount 9.00	
City West Monroe	State LA	Zip Code 71292	Transaction ID : a8307d4b-416b-4a25-9	
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement or Obligation MM / DD / YYYY 11 / 10 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>LA</u>	
Calendar Year-To-Date Per Election for Office Sought		554635.78	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Chelsey Waite			Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 10 / 2014	
Mailing Address 3738 Woodland Ridge Blvd			Amount 30.00	
City Baton Rouge	State LA	Zip Code 70816	Transaction ID : 89213e11-f569-4722-b	
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation MM / DD / YYYY 11 / 10 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>LA</u>	
Calendar Year-To-Date Per Election for Office Sought		554635.78	Disbursement For: ☐ Primary ☒ 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 MM / DD / YYYY 05 / 18 / 2015	
Signature				

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 2992 OF 3250
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC		FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on		M M M / D D D / Y Y Y Y Y Y	
Full Name of Payee Charleen Ecuyer		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 11 / 10 / 2014	
Mailing Address 3738 Woodland Ridge Blvd		Amount 30.00	
City Baton Rouge	State LA	Zip Code 70816	Transaction ID : d5e46097-c754-4160-b
Purpose of Expenditure Salary	Category/ Type	001	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 11 / 10 / 2014
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: LA
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Charleen Ecuyer		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 11 / 10 / 2014	
Mailing Address 3738 Woodland Ridge Blvd		Amount 4.50	
City Baton Rouge	State LA	Zip Code 70816	Transaction ID : 199fb8ce-143f-47a4-8
Purpose of Expenditure Mileage	Category/ Type	002	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 11 / 10 / 2014
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: LA
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: ☐ Primary ☒ 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]	
Signature		Date M M M / D D D / Y Y Y Y Y Y 05 / 18 / 2015	

Full Name of Payee Tabitha M Ecuyer		Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 10 / 2014	
Mailing Address 3738 Woodland Ridge Blvd		Amount 30.00	
City Baton Rouge	State LA	Zip Code 70816	Transaction ID : ad3f21ef-1716-4b6f-a Date of Disbursement or Obligation MM / DD / YYYY 11 / 10 / 2014
Purpose of Expenditure Salary		Category/ Type 001	
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House ☒ Senate ☐ President ☐ Other
Calendar Year-To-Date Per Election for Office Sought 554635.78		District: 00 State: LA Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	60.00
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 2994 OF 3250
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M / D D / Y Y Y Y					
Full Name of Payee Cathy Longtin			Date of Public Distribution/Dissemination M M / D D / Y Y Y Y 11 / 10 / 2014		
Mailing Address 827 Navavre Ave			Amount 65.00		
City New Orleans		State LA	Zip Code 70124		
Purpose of Expenditure Salary		Category/Type 001		Transaction ID : 8f5e2f51-0f5b-444a-b Date of Disbursement or Obligation M M / D D / Y Y Y Y 11 / 10 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu			☐ Support ☒ Oppose Office Sought: ☐ House ☒ Senate District: 00 ☐ President State: LA		
Calendar Year-To-Date Per Election for Office Sought 554635.78			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
Full Name of Payee Cathy Longtin			Date of Public Distribution/Dissemination M M / D D / Y Y Y Y 11 / 10 / 2014		
Mailing Address 827 Navavre Ave			Amount 9.00		
City New Orleans		State LA	Zip Code 70124		
Purpose of Expenditure Mileage		Category/Type 002		Transaction ID : 5c5c8875-c0b3-40ad-b Date of Disbursement or Obligation M M / D D / Y Y Y Y 11 / 10 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu			☐ Support ☒ Oppose Office Sought: ☐ House ☒ Senate District: 00 ☐ President State: LA		
Calendar Year-To-Date Per Election for Office Sought 554635.78			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			74.00		
(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.					
Signature Ms. Emily Buchanan			Date M M / D D / Y Y Y Y 05 / 18 / 2015		

[Electronically Filed]

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 2995 OF 3250
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on			M M M / D D D / Y Y Y Y Y Y	
Full Name of Payee Antoinette Franklin		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 11 / 10 / 2014		
Mailing Address 8822 Apple St		Amount 50.00		
City New Orleans	State LA	Zip Code 70188	Transaction ID : e765b711-5dea-4e48-8	
Purpose of Expenditure Salary		Category/ Type	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 11 / 10 / 2014	
		001		
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: LA	
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
		554635.78		
Full Name of Payee Antoinette Franklin		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 11 / 10 / 2014		
Mailing Address 8822 Apple St		Amount 12.00		
City New Orleans	State LA	Zip Code 70188	Transaction ID : 23f2e6e6-773e-40f2-a	
Purpose of Expenditure Mileage		Category/ Type	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 11 / 10 / 2014	
		002		
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: LA	
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
		554635.78		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶		62.00		
(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
Signature				M M M / D D D / Y Y Y Y Y Y 05 / 18 / 2015

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 2996 OF 3250
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M M / D D D / Y Y Y Y Y Y				
Full Name of Payee Antoinette Franklin			Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 11 / 10 / 2014	
Mailing Address 8822 Apple St			Amount 50.00	
City New Orleans	State LA	Zip Code 70188	Transaction ID : 11f6ddb5-f9f5-4b89-a	
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 11 / 10 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>LA</u>	
Calendar Year-To-Date Per Election for Office Sought		554635.78	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Antoinette Franklin			Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 11 / 10 / 2014	
Mailing Address 8822 Apple St			Amount 12.00	
City New Orleans	State LA	Zip Code 70188	Transaction ID : 1edff793-4dcb-4261-a	
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 11 / 10 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>LA</u>	
Calendar Year-To-Date Per Election for Office Sought		554635.78	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures.....▶			62.00	
(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.				
Signature Ms. Emily Buchanan		[Electronically Filed]		Date M M M / D D D / Y Y Y Y Y Y 05 / 18 / 2015

Full Name of Payee Laura U Logie		Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 10 / 2014	
Mailing Address 2565 Shire Circle		Amount 30.00	
City Harrisonburg	State VA	Zip Code 22801	Transaction ID : 9172f735-e7a1-4931-8
Purpose of Expenditure Salary	Category/ Type 001	Date of Disbursement or Obligation MM / DD / YYYY 11 / 10 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu	☐ Support ☒ Oppose	Office Sought: ☐ President ☒ Senate	District: 00 State: LA
Calendar Year-To-Date Per Election for Office Sought	554635.78	Disbursement For: 2014 ☐ Other (specify) ▶	☐ Primary ☒ General

Full Name of Payee Tammy Williams		Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 10 / 2014	
Mailing Address 924 N. Prieur St		Amount 70.00	
City New Orleans	State LA	Zip Code 70116	Transaction ID : fe2d8563-568d-4517-8 Date of Disbursement or Obligation MM / DD / YYYY 11 / 10 / 2014
Purpose of Expenditure Salary	Category/ Type 001		
Name of Federal Candidate Ms. Mary L Landrieu	☐ Support ☒ Oppose	Office Sought: ☐ President ☒ Senate	House District: 00 State: LA
Calendar Year-To-Date Per Election for Office Sought	554635.78	Disbursement For: 2014 ☐ Other (specify) ►	☐ Primary ☒ General

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	100.00
(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.

Date _____

Signature

Full Name of Payee Tammy Williams			Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 10 / 2014		
Mailing Address 924 N. Prieur St			Amount 70.00		
City New Orleans	State LA	Zip Code 70116	Transaction ID : 0adfd0bc-18f6-4771-9 Date of Disbursement or Obligation MM / DD / YYYY 11 / 10 / 2014		
Purpose of Expenditure Salary		Category/ Type 001			
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: LA		
Calendar Year-To-Date Per Election for Office Sought		554635.78	Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ►		

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	86.50
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 2999 OF 3250
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC		FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M M / D D D / Y Y Y Y Y Y Y Y			
Full Name of Payee Tammy Williams		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y Y Y 11 / 10 / 2014	
Mailing Address 924 N. Prieur St		Amount 70.00	
City New Orleans	State LA	Zip Code 70116	Transaction ID : 13cfa48a-b311-4326-8 Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y Y Y 11 / 10 / 2014
Purpose of Expenditure Salary		Category/ Type 001	
Name of Federal Candidate Ms. Mary L Landrieu		Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>LA</u>	
Calendar Year-To-Date Per Election for Office Sought 554635.78		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶ _____	
Full Name of Payee Tammy Williams		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y Y Y 11 / 10 / 2014	
Mailing Address 924 N. Prieur St		Amount 16.50	
City New Orleans	State LA	Zip Code 70116	Transaction ID : b4a5d994-09d2-4012-b Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y Y Y 11 / 10 / 2014
Purpose of Expenditure Mileage		Category/ Type 002	
Name of Federal Candidate Ms. Mary L Landrieu		Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>LA</u>	
Calendar Year-To-Date Per Election for Office Sought 554635.78		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶ _____	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶		86.50	
(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.			
Signature Ms. Emily Buchanan		Date M M M / D D D / Y Y Y Y Y Y Y Y 05 / 18 / 2015	
[Electronically Filed]			

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 3000 OF 3250
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on			M M M / D D D / Y Y Y Y Y Y	
Full Name of Payee Tammy Williams		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 11 / 10 / 2014		
Mailing Address 924 N. Prieur St		Amount 16.50		
City New Orleans	State LA	Zip Code 70116	Transaction ID : af953d6e-9dd3-4005-a	
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 11 / 10 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: LA	
Calendar Year-To-Date Per Election for Office Sought		554635.78	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Tammy Williams		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 11 / 10 / 2014		
Mailing Address 924 N. Prieur St		Amount 70.00		
City New Orleans	State LA	Zip Code 70116	Transaction ID : 8e3f6867-6f4e-4ae2-a	
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 11 / 10 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: LA	
Calendar Year-To-Date Per Election for Office Sought		554635.78	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures.....		86.50		
(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.				
Signature Ms. Emily Buchanan		Date 05 / 18 / 2015		
		[Electronically Filed]		

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 3001 OF 3250
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC		FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M M / D D D / Y Y Y Y Y Y			
Full Name of Payee Tammy Williams		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 11 / 10 / 2014	
Mailing Address 924 N. Prieur St		Amount 16.50	
City New Orleans	State LA	Zip Code 70116	Transaction ID : c6ea4e18-c2f2-441c-a Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 11 / 10 / 2014
Purpose of Expenditure Mileage		Category/ Type 002	
Name of Federal Candidate Ms. Mary L Landrieu		Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>LA</u>	
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶ _____	
Full Name of Payee Gary W Fuhrmann		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 11 / 10 / 2014	
Mailing Address 9425 Jessica Drive		Amount 50.00	
City Shreveport	State LA	Zip Code 71106	Transaction ID : 3a7a0631-c3d4-4591-9 Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 11 / 10 / 2014
Purpose of Expenditure Salary		Category/ Type 001	
Name of Federal Candidate Ms. Mary L Landrieu		Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>LA</u>	
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶ _____	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶		66.50	
(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.			
Signature <i>Ms. Emily Buchanan</i>		Date M M M / D D D / Y Y Y Y Y Y 05 / 18 / 2015	
[Electronically Filed]			

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 3002 OF 3250
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M M / D D D / Y Y Y Y Y Y					
Full Name of Payee Gary W Fuhrmann			Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 11 / 10 / 2014		
Mailing Address 9425 Jessica Drive			Amount 7.80		
City Shreveport		State LA	Zip Code 71106		Transaction ID : fa3510e5-330f-4ecf-9
Purpose of Expenditure Mileage		Category/ Type 002		Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 11 / 10 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu			Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: LA		
Calendar Year-To-Date Per Election for Office Sought 554635.78			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
Full Name of Payee Beau Autin			Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 11 / 10 / 2014		
Mailing Address 345 Auroura Ave			Amount 47.50		
City Metairie		State LA	Zip Code 70006		Transaction ID : f2150e99-3d59-4afe-8
Purpose of Expenditure Salary		Category/ Type 001		Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 11 / 10 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu			Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: LA		
Calendar Year-To-Date Per Election for Office Sought 554635.78			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			55.30		
(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.					
Signature Ms. Emily Buchanan			Date M M M / D D D / Y Y Y Y Y Y 05 / 18 / 2015		
[Electronically Filed]					

Full Name of Payee Christopher L Gilbert		Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 10 / 2014	
Mailing Address 55 Lovell Johnson Rd		Amount 80.00	
City Picayune	State MS	Zip Code 39466	Transaction ID : bb2b4175-289c-401a-8 Date of Disbursement or Obligation MM / DD / YYYY 11 / 10 / 2014
Purpose of Expenditure Salary		Category/ Type 001	
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: LA
Calendar Year-To-Date Per Election for Office Sought 554635.78		Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	80.96
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

Ms. Emily Buchanan

[Electronically Filed]

Date 05 / 18 / 2015

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 3004 OF 3250
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M / D D / Y Y Y Y					
Full Name of Payee Christopher L Gilbert			Date of Public Distribution/Dissemination M M / D D / Y Y Y Y 11 / 10 / 2014		
Mailing Address 55 Lovell Johnson Rd			Amount 47.40		
City Picayune		State MS	Zip Code 39466		Transaction ID : a98c4598-85e4-4e21-9
Purpose of Expenditure Mileage		Category/ Type 002		Date of Disbursement or Obligation M M / D D / Y Y Y Y 11 / 10 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu			☐ Support ☒ Oppose Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>LA</u>		
Calendar Year-To-Date Per Election for Office Sought 554635.78			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
Full Name of Payee Patricia F Arnold			Date of Public Distribution/Dissemination M M / D D / Y Y Y Y 11 / 10 / 2014		
Mailing Address 1117 Clipper Dr			Amount 15.00		
City Slidell		State LA	Zip Code 70458		Transaction ID : 7ed6b62c-e431-418c-9
Purpose of Expenditure Salary		Category/ Type 001		Date of Disbursement or Obligation M M / D D / Y Y Y Y 11 / 10 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu			☐ Support ☒ Oppose Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>LA</u>		
Calendar Year-To-Date Per Election for Office Sought 554635.78			Disbursement For: ☐ Primary ☒ 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.					
Signature <u>Ms. Emily Buchanan</u> [Electronically Filed]			Date M M / D D / Y Y Y Y 05 / 18 / 2015		

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 3005 OF 3250
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M M / D D D / Y Y Y Y Y Y					
Full Name of Payee Patricia F Arnold			Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 11 / 10 / 2014		
Mailing Address 1117 Clipper Dr			Amount 4.50		
City Slidell		State LA	Zip Code 70458		
Purpose of Expenditure Mileage		Category/Type 002		Transaction ID : c7a51d31-e8f5-4df9-b Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 11 / 10 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu			Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: LA		
Calendar Year-To-Date Per Election for Office Sought 554635.78			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
Full Name of Payee Zachary Vidrine			Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 11 / 10 / 2014		
Mailing Address 202 Rue Des Cajun			Amount 60.00		
City Ville Platte		State LA	Zip Code 70586		
Purpose of Expenditure Salary		Category/Type 001		Transaction ID : 5352d513-bcc6-4d3e-9 Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 11 / 10 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu			Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: LA		
Calendar Year-To-Date Per Election for Office Sought 554635.78			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			64.50		
(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.					
Signature <u>Ms. Emily Buchanan</u>			Date M M M / D D D / Y Y Y Y Y Y 05 / 18 / 2015		

[Electronically Filed]

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 3006 OF 3250
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M / D D / Y Y Y Y					
Full Name of Payee Zachary Vidrine			Date of Public Distribution/Dissemination 11 / 10 / 2014		
Mailing Address 202 Rue Des Cajun			Amount 18.90		
City Ville Platte	State LA	Zip Code 70586	Transaction ID : 04aecac6-87e2-48dc-a Date of Disbursement or Obligation 11 / 10 / 2014		
Purpose of Expenditure Mileage		Category/ Type 002			
Name of Federal Candidate Ms. Mary L Landrieu			☐ Support ☒ Oppose Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: LA		
Calendar Year-To-Date Per Election for Office Sought 554635.78			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
Full Name of Payee Lesley Lennox			Date of Public Distribution/Dissemination 11 / 10 / 2014		
Mailing Address 2305 Cleary Ave			Amount 15.00		
City Metairie	State LA	Zip Code 70001	Transaction ID : 1536c544-26ae-4c29-b Date of Disbursement or Obligation 11 / 10 / 2014		
Purpose of Expenditure Salary		Category/ Type 001			
Name of Federal Candidate Ms. Mary L Landrieu			☐ Support ☒ Oppose Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: LA		
Calendar Year-To-Date Per Election for Office Sought 554635.78			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			33.90		
(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 05 / 18 / 2015		

Full Name of Payee Christopher Marquess		Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 10 / 2014	
Mailing Address 110 W Pecan St		Amount Amount 50.00	
City Ville Platte	State LA	Zip Code 70586	Transaction ID : 845ae19f-4bf2-4e30-9 Date of Disbursement or Obligation MM / DD / YYYY 11 / 10 / 2014
Purpose of Expenditure Salary		Category/ Type 001	
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: LA
Calendar Year-To-Date Per Election for Office Sought		Amount 554635.78	Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....	51.50
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures.....	

05 / 18 / 2015

FEC Schedule E (Form 3X) Rev. 09/2013

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 3008 OF 3250
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M / D D / Y Y Y Y Y Y					
Full Name of Payee Christopher Marquess			Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 11 / 10 / 2014		
Mailing Address 110 W Pecan St			Amount 34.20		
City Ville Platte	State LA	Zip Code 70586	Transaction ID : 815a3933-cca4-483a-8		
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 11 / 10 / 2014		
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>LA</u>		
Calendar Year-To-Date Per Election for Office Sought		554635.78	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
Full Name of Payee Francis Richardson			Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 11 / 10 / 2014		
Mailing Address 220 Doucet Rd			Amount 25.00		
City Lafayette	State LA	Zip Code 70503	Transaction ID : a698402e-469c-4d60-9		
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 11 / 10 / 2014		
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>LA</u>		
Calendar Year-To-Date Per Election for Office Sought		554635.78	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			59.20		
(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.					
Signature Ms. Emily Buchanan		[Electronically Filed]		Date M M / D D / Y Y Y Y Y Y 05 / 18 / 2015	

Full Name of Payee Francis Richardson		Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 10 / 2014	
Mailing Address 220 Doucet Rd		Amount 3.00	
City Lafayette	State LA	Zip Code 70503	Transaction ID : 57dec9fc-2159-49e5-b Date of Disbursement or Obligation MM / DD / YYYY 11 / 10 / 2014
Purpose of Expenditure Mileage	Category/ Type	002	
Name of Federal Candidate Ms. Mary L Landrieu	☐ Support ☒ Oppose	Office Sought: ☐ President ☒ Senate	District: 00 State: LA
Calendar Year-To-Date Per Election for Office Sought	554635.78	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	

Full Name of Payee Evelyn Lesaicherre		Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 10 / 2014	
Mailing Address 629 Radiance Ave		Amount 45.00	
City Metairie	State LA	Zip Code 70001	Transaction ID : 68d385bc-1dce-4b0d-a
Purpose of Expenditure Salary	Category/ Type	001	Date of Disbursement or Obligation MM / DD / YYYY 11 / 10 / 2014
Name of Federal Candidate Ms. Mary L Landrieu	☐ Support ☒ Oppose	Office Sought: ☐ President ☒ Senate	District: 00 State: LA
Calendar Year-To-Date Per Election for Office Sought	554635.78		Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	48.00
(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.

Date _____

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 3010 OF 3250
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M M / D D D / Y Y Y Y Y Y					
Full Name of Payee Evelyn Lesaicherre			Date of Public Distribution/Dissemination 11 / 10 / 2014		
Mailing Address 629 Radiance Ave			Amount 4.20		
City Metairie	State LA	Zip Code 70001	Transaction ID : c6e038c6-fea2-4f06-9 Date of Disbursement or Obligation 11 / 10 / 2014		
Purpose of Expenditure Mileage		Category/ Type 002			
Name of Federal Candidate Ms. Mary L Landrieu			Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>LA</u> ☐ Support ☒ Oppose		
Calendar Year-To-Date Per Election for Office Sought 554635.78			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
Full Name of Payee Felicia A Jones			Date of Public Distribution/Dissemination 11 / 10 / 2014		
Mailing Address 4106 Martha St			Amount 80.00		
City Shreveport	State LA	Zip Code 71109	Transaction ID : 2f9e5994-505e-4681-a Date of Disbursement or Obligation 11 / 10 / 2014		
Purpose of Expenditure Salary		Category/ Type 001			
Name of Federal Candidate Ms. Mary L Landrieu			Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>LA</u> ☐ Support ☒ Oppose		
Calendar Year-To-Date Per Election for Office Sought 554635.78			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			84.20		
(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.					
Signature <u>Ms. Emily Buchanan</u> [Electronically Filed]			Date 05 / 18 / 2015		

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 3011 OF 3250
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC		FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on		MM / DD / YYYY	
Full Name of Payee Felicia A Jones		Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 10 / 2014	
Mailing Address 4106 Martha St		Amount 7.80	
City Shreveport	State LA	Zip Code 71109	Transaction ID : 9946f714-9e51-4f09-a
Purpose of Expenditure Mileage	Category/Type 002	Date of Disbursement or Obligation MM / DD / YYYY 11 / 10 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	
Office Sought: ☐ President ☒ Senate		District: 00 State: LA	
Calendar Year-To-Date Per Election for Office Sought 554635.78		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Donna S Wilson		Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 10 / 2014	
Mailing Address 4456 Country Hill Dr		Amount 20.00	
City Baton Rouge	State LA	Zip Code 70816	Transaction ID : 2af929f3-e6ab-43ae-a
Purpose of Expenditure Salary	Category/Type 001	Date of Disbursement or Obligation MM / DD / YYYY 11 / 10 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	
Office Sought: ☐ President ☒ Senate		District: 00 State: LA	
Calendar Year-To-Date Per Election for Office Sought 554635.78		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶		27.80	
(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.			
Signature Ms. Emily Buchanan		Date MM / DD / YYYY 05 / 18 / 2015	
		[Electronically Filed]	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 3012 OF 3250
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC		FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on		M M M / D D D / Y Y Y Y Y Y	
Full Name of Payee Donna S Wilson		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 11 / 10 / 2014	
Mailing Address 4456 Country Hill Dr		Amount 6.00	
City Baton Rouge	State LA	Zip Code 70816	Transaction ID : f25792f4-4e32-484d-9
Purpose of Expenditure Mileage	Category/Type 002	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 11 / 10 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose ☐ President ☒ Senate	
Office Sought: ☐ House ☒ Senate District: 00 State: LA		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Calendar Year-To-Date Per Election for Office Sought 554635.78			
Full Name of Payee Sarah Bassil		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 11 / 10 / 2014	
Mailing Address 7650 Fallswood Way		Amount 20.00	
City Lorton	State VA	Zip Code 22079	Transaction ID : 80511dbd-cf3e-4e2c-a
Purpose of Expenditure Salary	Category/Type 001	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 11 / 10 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose ☐ President ☒ Senate	
Office Sought: ☐ House ☒ Senate District: 00 State: LA		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Calendar Year-To-Date Per Election for Office Sought 554635.78			
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶		26.00	
(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 Signature		[Electronically Filed] Date M M M / D D D / Y Y Y Y Y Y 05 / 18 / 2015	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 3013 OF 3250
 FOR LINE 24 OF FORM 3X

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

Full Name of Payee Theresa a Youngblood		Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 10 / 2014	
Mailing Address 102 S Main Street Apt A2		Amount 90.00	
City Berryville	State VA	Zip Code 22611	Transaction ID : 2c7a7b5b-4340-4ff0-b
Purpose of Expenditure Salary	Category/Type 001	Date of Disbursement or Obligation MM / DD / YYYY 11 / 10 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: LA	
Calendar Year-To-Date Per Election for Office Sought 554635.78		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	

Full Name of Payee Elvis Spears		Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 10 / 2014	
Mailing Address 2150 Hope St		Amount 60.00	
City New Orleans	State LA	Zip Code 70119	Transaction ID : 6e383520-d8bc-4036-9
Purpose of Expenditure Salary	Category/Type 001	Date of Disbursement or Obligation MM / DD / YYYY 11 / 10 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: LA	
Calendar Year-To-Date Per Election for Office Sought 554635.78		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	150.00
(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

MM / DD / YYYY
05 / 18 / 2015

Signature

Full Name of Payee Cynthia N Schmit		Date of Public Distribution/Dissemination M M / D D / Y Y Y Y 11 / 10 / 2014	
Mailing Address 2226 Taft Circle Apt 1		Amount 27.50	
City Winchester	State VA	Zip Code 22601	Transaction ID : ae49cbca-e5b3-4464-8
Purpose of Expenditure Salary	Category/ Type	001	Date of Disbursement or Obligation M M / D D / Y Y Y Y 11 / 10 / 2014
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House ☒ Senate ☐ President ☒ Senate District: <u>00</u> State: <u>LA</u>
Calendar Year-To-Date Per Election for Office Sought		554635.78	Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ► _____

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	
(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.

Date _____

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 3015 OF 3250
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M / D D / Y Y Y Y Y Y				
Full Name of Payee Hannah J Landry			Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 11 / 10 / 2014	
Mailing Address 1110 N Coolidge			Amount 40.00	
City Gonzales	State LA	Zip Code 70737	Transaction ID : 9df1953c-c8d5-4129-9	
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 11 / 10 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>LA</u>	
Calendar Year-To-Date Per Election for Office Sought		554635.78	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Hannah J Landry			Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 11 / 10 / 2014	
Mailing Address 1110 N Coolidge			Amount 6.60	
City Gonzales	State LA	Zip Code 70737	Transaction ID : 978e7f1d-7fe4-4278-9	
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 11 / 10 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>LA</u>	
Calendar Year-To-Date Per Election for Office Sought		554635.78	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			46.60	
(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.				
Signature Ms. Emily Buchanan		[Electronically Filed]		Date M M / D D / Y Y Y Y Y Y 05 / 18 / 2015

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 3016 OF 3250
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC		FEC IDENTIFICATION NUMBER ▼ C C00530766
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on		MM / DD / YYYY

Full Name of Payee Mary C Lee		Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 10 / 2014
Mailing Address 1030 N Coolidge Ave		Amount 30.00
City Gonzales	State LA	Zip Code 70737
Purpose of Expenditure Salary	Category/ Type 001	Transaction ID : a992af83-7c36-45ce-8 Date of Disbursement or Obligation MM / DD / YYYY 11 / 10 / 2014
Name of Federal Candidate Ms. Mary L Landrieu		Office Sought: ☐ House District: 00 ☒ Senate State: LA
Calendar Year-To-Date Per Election for Office Sought 554635.78		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶

Full Name of Payee Mary C Lee		Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 10 / 2014
Mailing Address 1030 N Coolidge Ave		Amount 6.60
City Gonzales	State LA	Zip Code 70737
Purpose of Expenditure Mileage	Category/ Type 002	Transaction ID : 17fba999-0852-46ef-9 Date of Disbursement or Obligation MM / DD / YYYY 11 / 10 / 2014
Name of Federal Candidate Ms. Mary L Landrieu		Office Sought: ☐ House District: 00 ☒ Senate State: LA
Calendar Year-To-Date Per Election for Office Sought 554635.78		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	36.60
(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]

Signature

Date

MM / DD / YYYY
05 / 18 / 2015

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 3017 OF 3250
 FOR LINE 24 OF FORM 3X

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

Full Name of Payee Jeanne Tribou			Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 10 / 2014		
Mailing Address 22369 Ponderosa Dr.			Amount 30.00		
City Mandeville	State LA	Zip Code 70471	Transaction ID : 8ea42413-0e84-4cf0-8 Date of Disbursement or Obligation MM / DD / YYYY 11 / 10 / 2014		
Purpose of Expenditure Salary		Category/ Type 001	Name of Federal Candidate ☐ Support ☒ Oppose Ms. Mary L Landrieu ☐ President ☒ Senate State: LA		
Calendar Year-To-Date Per Election for Office Sought 554635.78			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		

Full Name of Payee Jeanne Tribou			Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 10 / 2014		
Mailing Address 22369 Ponderosa Dr.			Amount 7.20		
City Mandeville	State LA	Zip Code 70471	Transaction ID : 5429301d-7029-4a10-8 Date of Disbursement or Obligation MM / DD / YYYY 11 / 10 / 2014		
Purpose of Expenditure Mileage		Category/ Type 002	Name of Federal Candidate ☐ Support ☒ Oppose Ms. Mary L Landrieu ☐ President ☒ Senate State: LA		
Calendar Year-To-Date Per Election for Office Sought 554635.78			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	37.20
(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

MM / DD / YYYY
05 / 18 / 2015

Signature

Full Name of Payee Philip Elkins		Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 10 / 2014	
Mailing Address 227 Lincoln Dr		Amount 30.00	
City Bossier City	State LA	Zip Code 71111	Transaction ID : 6d56ee3c-c804-4b43-9 Date of Disbursement or Obligation MM / DD / YYYY 11 / 10 / 2014
Purpose of Expenditure Salary		Category/ Type 001	
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: LA
Calendar Year-To-Date Per Election for Office Sought		554635.78	Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ►

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	55.00
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

Ms. Emily Buchanan

[Electronically Filed]

Date 05 / 18 / 2015

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 3019 OF 3250
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC		FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on		MM / DD / YYYY	
Full Name of Payee Philip Elkins		Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 10 / 2014	
Mailing Address 227 Lincoln Dr		Amount 21.81	
City Bossier City	State LA	Zip Code 71111	Transaction ID : 4a09a7af-f0fb-4949-9
Purpose of Expenditure Mileage	Category/ Type	002	Date of Disbursement or Obligation MM / DD / YYYY 11 / 10 / 2014
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: LA
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Jessica R Resendiz		Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 10 / 2014	
Mailing Address 9685 Paula St		Amount 50.00	
City Keithville	State LA	Zip Code 71047	Transaction ID : 1ee5e58a-8b5b-4ea6-a
Purpose of Expenditure Salary	Category/ Type	001	Date of Disbursement or Obligation MM / DD / YYYY 11 / 10 / 2014
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: LA
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶		71.81	
(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]	
Signature		Date MM / DD / YYYY 05 / 18 / 2015	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 3020 OF 3250
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC		FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on		M M M / D D D / Y Y Y Y Y Y	
Full Name of Payee Jessica R Resendiz		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 11 / 10 / 2014	
Mailing Address 9685 Paula St		Amount 52.80	
City Keithville	State LA	Zip Code 71047	Transaction ID : 44705042-23d6-494c-9
Purpose of Expenditure Mileage	Category/Type 002	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 11 / 10 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu		Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: LA	
Calendar Year-To-Date Per Election for Office Sought 554635.78		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Lilly Green		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 11 / 10 / 2014	
Mailing Address 205 Medallion Circle		Amount 80.00	
City Shreveport	State LA	Zip Code 71119	Transaction ID : 54930275-bf6f-4017-b
Purpose of Expenditure Salary	Category/Type 001	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 11 / 10 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu		Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: LA	
Calendar Year-To-Date Per Election for Office Sought 554635.78		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶		132.80	
(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.			
Signature Ms. Emily Buchanan		Date M M M / D D D / Y Y Y Y Y Y 05 / 18 / 2015	
		[Electronically Filed]	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 3021 OF 3250
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M / D D / Y Y Y Y Y Y					
Full Name of Payee Lilly Green			Date of Public Distribution/Dissemination 11 / 10 / 2014		
Mailing Address 205 Medallion Circle			Amount 40.50		
City Shreveport	State LA	Zip Code 71119	Transaction ID : 69ff0843-374f-4682-a		
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement or Obligation 11 / 10 / 2014		
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: LA		
Calendar Year-To-Date Per Election for Office Sought		554635.78	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
Full Name of Payee Gregory Green			Date of Public Distribution/Dissemination 11 / 10 / 2014		
Mailing Address 2506 Bolch Street			Amount 80.00		
City Shreveport	State LA	Zip Code 71104	Transaction ID : c9f66e9e-83c4-456d-9		
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation 11 / 10 / 2014		
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: LA		
Calendar Year-To-Date Per Election for Office Sought		554635.78	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			120.50		
(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.					
Signature Ms. Emily Buchanan		[Electronically Filed]		Date 05 / 18 / 2015	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 3022 OF 3250
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC		FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on		M M M / D D D / Y Y Y Y Y Y	
Full Name of Payee Gregory Green		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 11 / 10 / 2014	
Mailing Address 2506 Bolch Street		Amount 29.40	
City Shreveport	State LA	Zip Code 71104	Transaction ID : 613ae575-9b86-44df-8
Purpose of Expenditure Mileage	Category/ Type	002	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 11 / 10 / 2014
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>LA</u>
Calendar Year-To-Date Per Election for Office Sought		554635.78	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶
Full Name of Payee Francesca Blom		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 11 / 10 / 2014	
Mailing Address 101 Asbury Ct		Amount 62.50	
City Winchester	State VA	Zip Code 22602	Transaction ID : b2df7503-cb3f-4679-b
Purpose of Expenditure Salary	Category/ Type	001	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 11 / 10 / 2014
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>LA</u>
Calendar Year-To-Date Per Election for Office Sought		554635.78	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures.....		91.90	
(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]	
Signature		Date M M M / D D D / Y Y Y Y Y Y 05 / 18 / 2015	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 3023 OF 3250
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M / D D / Y Y Y Y Y Y					
Full Name of Payee Alice K Salazar			Date of Public Distribution/Dissemination 11 / 10 / 2014		
Mailing Address 605 W Houston St			Amount 80.00		
City Marshall		State TX	Zip Code 75633		Transaction ID : eca4fd32-0af2-4068-b Date of Disbursement or Obligation 11 / 10 / 2014
Purpose of Expenditure Salary		Category/ Type 001			
Name of Federal Candidate Ms. Mary L Landrieu			☐ Support ☒ Oppose		Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: LA
Calendar Year-To-Date Per Election for Office Sought 554635.78			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
Full Name of Payee Alice K Salazar			Date of Public Distribution/Dissemination 11 / 10 / 2014		
Mailing Address 605 W Houston St			Amount 46.80		
City Marshall		State TX	Zip Code 75633		Transaction ID : fabd2ddc-fd7b-4a51-9 Date of Disbursement or Obligation 11 / 10 / 2014
Purpose of Expenditure Mileage		Category/ Type 002			
Name of Federal Candidate Ms. Mary L Landrieu			☐ Support ☒ Oppose		Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: LA
Calendar Year-To-Date Per Election for Office Sought 554635.78			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			126.80		
(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.					
Signature Ms. Emily Buchanan			Date 05 / 18 / 2015		
			[Electronically Filed]		

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 3024 OF 3250
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M M / D D D / Y Y Y Y Y Y					
Full Name of Payee Windy Hageman			Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 11 / 10 / 2014		
Mailing Address 5521 Randolph St.			Amount 40.00		
City Marrero		State LA	Zip Code 70072		Transaction ID : 20583c12-2f29-4b82-a
Purpose of Expenditure Salary		Category/ Type 001		Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 11 / 10 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu			☐ Support ☒ Oppose Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: LA		
Calendar Year-To-Date Per Election for Office Sought 554635.78			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
Full Name of Payee Windy Hageman			Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 11 / 10 / 2014		
Mailing Address 5521 Randolph St.			Amount 4.20		
City Marrero		State LA	Zip Code 70072		Transaction ID : 4d3f6faf-fbe4-454f-8
Purpose of Expenditure Mileage		Category/ Type 002		Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 11 / 10 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu			☐ Support ☒ Oppose Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: LA		
Calendar Year-To-Date Per Election for Office Sought 554635.78			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			44.20		
(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.					
Signature Ms. Emily Buchanan			Date M M M / D D D / Y Y Y Y Y Y 05 / 18 / 2015		
[Electronically Filed]					

Full Name of Payee Cynthia J Christmas			Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 10 / 2014		
Mailing Address 1731 Frenchmen St			Amount 9.00		
City New Orleans	State LA	Zip Code 70116	Transaction ID : 619d3d8a-38b1-4fbf-b		
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement or Obligation MM / DD / YYYY 11 / 10 / 2014		
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: LA		
Calendar Year-To-Date Per Election for Office Sought		554635.78	Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ►		

(a) SUBTOTAL of Itemized Independent Expenditures.....	79.00
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures.....	

05 / 18 / 2015

FEC Schedule E (Form 3X) Rev. 09/2013

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 3026 OF 3250
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on MM / DD / YYYY					
Full Name of Payee Carla K Pilgreen			Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 10 / 2014		
Mailing Address 212 Stonecliff Dr			Amount 22.50		
City West Monro	State LA	Zip Code 71291	Transaction ID : fb672da3-5c6e-4b14-8		
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation MM / DD / YYYY 11 / 10 / 2014		
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>LA</u>		
Calendar Year-To-Date Per Election for Office Sought		554635.78	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
Full Name of Payee Carla K Pilgreen			Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 10 / 2014		
Mailing Address 212 Stonecliff Dr			Amount 6.30		
City West Monro	State LA	Zip Code 71291	Transaction ID : 38b22be7-4278-4410-b		
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement or Obligation MM / DD / YYYY 11 / 10 / 2014		
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>LA</u>		
Calendar Year-To-Date Per Election for Office Sought		554635.78	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			28.80		
(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 MM / DD / YYYY 05 / 18 / 2015		
Signature					

Full Name of Payee Julia Perry		Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 10 / 2014	
Mailing Address 2046 Perrin St Apt C		Amount 100.00	
City Shreveport	State LA	Zip Code 71101	Transaction ID : 12bde63-e2be-4b5f-b Date of Disbursement or Obligation MM / DD / YYYY 11 / 10 / 2014
Purpose of Expenditure Salary		Category/ Type 001	
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: LA
Calendar Year-To-Date Per Election for Office Sought 554635.78		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	

Full Name of Payee Julia Perry			Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 10 / 2014		
Mailing Address 2046 Perrin St Apt C			Amount 9.00		
City Shreveport	State LA	Zip Code 71101	Transaction ID : 5feb292b-8569-4bdd-8 Date of Disbursement or Obligation MM / DD / YYYY 11 / 10 / 2014		
Purpose of Expenditure Mileage		Category/ Type 002			
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House ☒ Senate ☐ President ☐ Other (specify) _____		
Calendar Year-To-Date Per Election for Office Sought		554635.78	Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ► _____		

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	109.00
(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.

Date _____

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 3028 OF 3250
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on MM / DD / YYYY				
Full Name of Payee ERIC TABARY			Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 10 / 2014	
Mailing Address 6101 NORA ST			Amount 50.00	
City METAIRIE	State LA	Zip Code 70003	Transaction ID : 8f59ecfa-4820-4134-8	
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation MM / DD / YYYY 11 / 10 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>LA</u>	
Calendar Year-To-Date Per Election for Office Sought		554635.78	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee ERIC TABARY			Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 10 / 2014	
Mailing Address 6101 NORA ST			Amount 1.50	
City METAIRIE	State LA	Zip Code 70003	Transaction ID : 14a4ef84-53de-4e28-a	
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement or Obligation MM / DD / YYYY 11 / 10 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>LA</u>	
Calendar Year-To-Date Per Election for Office Sought		554635.78	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			51.50	
(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 MM / DD / YYYY 05 / 18 / 2015	
Signature				

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 3029 OF 3250
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M / D D / Y Y Y Y Y Y				
Full Name of Payee Carl Brent			Date of Public Distribution/Dissemination 11 / 10 / 2014	
Mailing Address 6718 Lake Willow Dr			Amount 80.00	
City New Orleans	State LA	Zip Code 70126	Transaction ID : d201e7f6-c2ef-4633-a	
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation 11 / 10 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: LA	
Calendar Year-To-Date Per Election for Office Sought		554635.78	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Carl Brent			Date of Public Distribution/Dissemination 11 / 10 / 2014	
Mailing Address 6718 Lake Willow Dr			Amount 12.00	
City New Orleans	State LA	Zip Code 70126	Transaction ID : a8de5bc3-d529-4064-9	
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement or Obligation 11 / 10 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: LA	
Calendar Year-To-Date Per Election for Office Sought		554635.78	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			92.00	
(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 05 / 18 / 2015	
Signature				

Full Name of Payee Jazmine d Conner		Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 10 / 2014	
Mailing Address 100 ASBURY CT		Amount 60.00	
City WINCHESTER	State VA	Zip Code 22602	Transaction ID : cdbf458b-4fb1-4a41-8 Date of Disbursement or Obligation MM / DD / YYYY 11 / 10 / 2014
Purpose of Expenditure Salary		Category/ Type 001	
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: LA
Calendar Year-To-Date Per Election for Office Sought		554635.78	Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ►

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	130.00
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

05 / 18 / 2015

FEC Schedule E (Form 3X) Rev. 09/2013

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 3031 OF 3250
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M / D D / Y Y Y Y				
Full Name of Payee Jon E Conner			Date of Public Distribution/Dissemination 11 / 10 / 2014	
Mailing Address 100 Asbury Ct			Amount 60.00	
City Winchester	State VA	Zip Code 22602	Transaction ID : cfe1d079-8566-4bef-8	
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation 11 / 10 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>LA</u>	
Calendar Year-To-Date Per Election for Office Sought		554635.78	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Rodney O Culbreath			Date of Public Distribution/Dissemination 11 / 10 / 2014	
Mailing Address 100 Asbury Ct			Amount 70.00	
City Winchester	State VA	Zip Code 22602	Transaction ID : 41670de6-6945-4be6-9	
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation 11 / 10 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>LA</u>	
Calendar Year-To-Date Per Election for Office Sought		554635.78	Disbursement For: ☐ Primary ☒ 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.				
Signature Ms. Emily Buchanan		[Electronically Filed]		Date 05 / 18 / 2015

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 3032 OF 3250
 FOR LINE 24 OF FORM 3X

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

Full Name of Payee Rodney D Culbreth		Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 10 / 2014	
Mailing Address 100 Asbury CT 3200 Dam Neck Rd		Amount 70.00	
City Winchester	State VA	Zip Code 22602	Transaction ID : b391ea93-28cd-441f-8
Purpose of Expenditure Salary	Category/Type 001	Date of Disbursement or Obligation MM / DD / YYYY 11 / 10 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>LA</u>	
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	

Full Name of Payee Trevor Hageman		Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 10 / 2014	
Mailing Address 5521 Randolph St.		Amount 20.00	
City Marrero	State LA	Zip Code 70072	Transaction ID : 9b0b3936-557f-4a16-a
Purpose of Expenditure Salary	Category/Type 001	Date of Disbursement or Obligation MM / DD / YYYY 11 / 10 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>LA</u>	
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: ☐ Primary ☒ 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

MM / DD / YYYY
05 / 18 / 2015

Signature

Full Name of Payee Brogan A Benoit		Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 10 / 2014	
Mailing Address 7144 South River Rd		Amount 60.00	
City	State	Zip Code	Transaction ID : 98f0ceee-1fb5-4605-8 Date of Disbursement or Obligation MM / DD / YYYY 11 / 10 / 2014
Addis	LA	70710	
Purpose of Expenditure Salary		Category/ Type	001
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: LA
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ▶	
		554635.78	

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	120.00
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

FEC Schedule E (Form 3X) Rev. 09/2013

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 3034 OF 3250
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on MM / DD / YYYY				
Full Name of Payee Brogan A Benoit			Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 10 / 2014	
Mailing Address 7144 South River Rd			Amount 7.20	
City Addis	State LA	Zip Code 70710	Transaction ID : f49d56de-fded-4a8a-9 Date of Disbursement or Obligation MM / DD / YYYY 11 / 10 / 2014	
Purpose of Expenditure Mileage		Category/ Type 002		
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>LA</u>	
Calendar Year-To-Date Per Election for Office Sought		554635.78	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Paul Sutphen			Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 10 / 2014	
Mailing Address 9 Rhine Drive			Amount 35.00	
City Kenner	State LA	Zip Code 70065	Transaction ID : 13f6ae59-2c0b-4bdc-b Date of Disbursement or Obligation MM / DD / YYYY 11 / 10 / 2014	
Purpose of Expenditure Salary		Category/ Type 001		
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>LA</u>	
Calendar Year-To-Date Per Election for Office Sought		554635.78	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			42.20	
(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 MM / DD / YYYY 05 / 18 / 2015	
Signature				

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 3035 OF 3250
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M M / D D D / Y Y Y Y Y Y				
Full Name of Payee Paul Sutphen			Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 11 / 10 / 2014	
Mailing Address 9 Rhine Drive			Amount 9.00	
City Kenner	State LA	Zip Code 70065	Transaction ID : 2492eddd-8131-4384-a	
Purpose of Expenditure Mileage		Category/Type 002	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 11 / 10 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: LA	
Calendar Year-To-Date Per Election for Office Sought		554635.78	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Mr. Roger McKinney			Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 10 / 29 / 2014	
Mailing Address 308 West Main Street			Amount 62.50	
City Pilot Mountain	State NC	Zip Code 27041	Transaction ID : d0e0c1b8-4011-491f-8	
Purpose of Expenditure Salary		Category/Type 001	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 10 / 29 / 2014	
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: NC	
Calendar Year-To-Date Per Election for Office Sought		1095959.94	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures.....▶			71.50	
(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.				
Signature Ms. Emily Buchanan		[Electronically Filed]		Date M M M / D D D / Y Y Y Y Y Y 05 / 18 / 2015

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 3036 OF 3250
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC		FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on		M M M / D D D / Y Y Y Y Y Y	
Full Name of Payee Mr. Roger McKinney		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 10 / 29 / 2014	
Mailing Address 308 West Main Street		Amount 15.96	
City Pilot Mountain	State NC	Zip Code 27041	Transaction ID : d430abf0-03e1-455c-b
Purpose of Expenditure Mileage	Category/Type 002	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 10 / 29 / 2014	
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose ☐ President ☒ Senate	
Office Sought: District: 00 State: NC		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Calendar Year-To-Date Per Election for Office Sought 1095959.94			
Full Name of Payee Mr. Roger McKinney		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 10 / 30 / 2014	
Mailing Address 308 West Main Street		Amount 62.50	
City Pilot Mountain	State NC	Zip Code 27041	Transaction ID : d5bcf26e-6252-45eb-a
Purpose of Expenditure Salary	Category/Type 001	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 10 / 30 / 2014	
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose ☐ President ☒ Senate	
Office Sought: District: 00 State: NC		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Calendar Year-To-Date Per Election for Office Sought 1095959.94			
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶		78.46	
(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.			
Signature Ms. Emily Buchanan		Date M M M / D D D / Y Y Y Y Y Y 05 / 18 / 2015	
		[Electronically Filed]	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 3037 OF 3250
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC		FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on		M M M / D D D / Y Y Y Y Y Y	
Full Name of Payee Mr. Roger McKinney		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 10 / 30 / 2014	
Mailing Address 308 West Main Street		Amount 13.05	
City Pilot Mountain	State NC	Zip Code 27041	Transaction ID : 288ef104-3814-4cb8-8
Purpose of Expenditure Mileage	Category/Type 002	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 10 / 30 / 2014	
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: NC
Calendar Year-To-Date Per Election for Office Sought 1095959.94		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Amanda Boley		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 11 / 11 / 2014	
Mailing Address Split Oak Drive		Amount 60.00	
City charlotte	State NC	Zip Code 28227	Transaction ID : ec0a1da3-b83c-4323-a
Purpose of Expenditure Salary	Category/Type 001	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 11 / 11 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: LA
Calendar Year-To-Date Per Election for Office Sought 554635.78		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶		73.05	
(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.			
Signature Ms. Emily Buchanan		[Electronically Filed] Date M M M / D D D / Y Y Y Y Y Y 05 / 18 / 2015	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 3038 OF 3250
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M / D D / Y Y Y Y Y Y				
Full Name of Payee Amanda Boley			Date of Public Distribution/Dissemination 11 / 11 / 2014	
Mailing Address Split Oak Drive			Amount 14.88	
City charlotte	State NC	Zip Code 28227	Transaction ID : 8d904919-068e-43e0-b	
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement or Obligation 11 / 11 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: LA	
Calendar Year-To-Date Per Election for Office Sought		554635.78	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee John K Necaie III			Date of Public Distribution/Dissemination 11 / 11 / 2014	
Mailing Address 1905 Franklin Ave			Amount 60.00	
City New Orleans	State LA	Zip Code 70117	Transaction ID : 708572fc-7280-4ed9-9	
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation 11 / 11 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: LA	
Calendar Year-To-Date Per Election for Office Sought		554635.78	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			74.88	
(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.				
Signature Ms. Emily Buchanan		[Electronically Filed]		Date 05 / 18 / 2015

Full Name of Payee Susan K Hamby		Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 11 / 2014	
Mailing Address 202 Violet St		Amount 15.00	
City West Monroe	State LA	Zip Code 71292	Transaction ID : 4ed800a2-a043-4fef-b
Purpose of Expenditure Salary	Category/ Type	001	Date of Disbursement or Obligation MM / DD / YYYY 11 / 11 / 2014
Name of Federal Candidate Ms. Mary L Landrieu	☐ Support ☒ Oppose	Office Sought: ☐ House ☒ Senate	District: <u>00</u> State: <u>LA</u>
Calendar Year-To-Date Per Election for Office Sought	554635.78		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶ _____

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	27.00
(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.

Date / /

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 3040 OF 3250
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M M / D D D / Y Y Y Y Y Y				
Full Name of Payee Susan K Hamby			Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 11 / 11 / 2014	
Mailing Address 202 Violet St			Amount 0.30	
City West Monroe	State LA	Zip Code 71292	Transaction ID : a923cf76-ee01-49df-9	
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 11 / 11 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>LA</u>	
Calendar Year-To-Date Per Election for Office Sought		554635.78	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Corey S McKnight			Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 11 / 11 / 2014	
Mailing Address 1510 Bailey St			Amount 35.00	
City West Monroe	State LA	Zip Code 71292	Transaction ID : 6a0c052e-a86c-4fbf-a	
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 11 / 11 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>LA</u>	
Calendar Year-To-Date Per Election for Office Sought		554635.78	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			35.30	
(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 M M M / D D D / Y Y Y Y Y Y 05 / 18 / 2015	
Signature				

Full Name of Payee Beau Autin		Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 11 / 2014	
Mailing Address 345 Auroura Ave		Amount 0.39	
City Metairie	State LA	Zip Code 70006	Transaction ID : ff1e629c-e222-470b-8 Date of Disbursement or Obligation MM / DD / YYYY 11 / 11 / 2014
Purpose of Expenditure Mileage		Category/ Type 002	
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: LA
Calendar Year-To-Date Per Election for Office Sought 554635.78		Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ►	

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	7.89
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

Ms. Emily Buchanan

[Electronically Filed]

Date 05 / 18 / 2015

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 3042 OF 3250
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on MM / DD / YYYYYY				
Full Name of Payee Heather A Smith			Date of Public Distribution/Dissemination MM / DD / YYYYYY 11 / 11 / 2014	
Mailing Address 995 Clairborne Rd			Amount 39.00	
City Calhoun	State LA	Zip Code 71225	Transaction ID : cdbcddba-e997-45d5-8	
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation MM / DD / YYYYYY 11 / 11 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>LA</u>	
Calendar Year-To-Date Per Election for Office Sought		554635.78	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Heather A Smith			Date of Public Distribution/Dissemination MM / DD / YYYYYY 11 / 11 / 2014	
Mailing Address 995 Clairborne Rd			Amount 15.90	
City Calhoun	State LA	Zip Code 71225	Transaction ID : bf139984-9461-4b80-b	
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement or Obligation MM / DD / YYYYYY 11 / 11 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>LA</u>	
Calendar Year-To-Date Per Election for Office Sought		554635.78	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			54.90	
(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.				
Signature Ms. Emily Buchanan		[Electronically Filed]		Date MM / DD / YYYYYY 05 / 18 / 2015

Full Name of Payee Alice K Salazar		Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 11 / 2014	
Mailing Address 605 W Houston St		Amount 50.40	
City Marshall	State TX	Zip Code 75633	Transaction ID : 3a3299bd-8cd0-46dd-8 Date of Disbursement or Obligation MM / DD / YYYY 11 / 11 / 2014
Purpose of Expenditure Mileage		Category/ Type 002	
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: LA
Calendar Year-To-Date Per Election for Office Sought		554635.78	Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ►

(a) SUBTOTAL of Itemized Independent Expenditures.....		130.40
(b) SUBTOTAL of Unitemized Independent Expenditures		
(c) TOTAL Independent Expenditures.....		

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 3044 OF 3250
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M M / D D D / Y Y Y Y Y Y					
Full Name of Payee Janet Morris			Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 11 / 11 / 2014		
Mailing Address 620 Old Barbome Rd Lot 2			Amount 25.00		
City West Monroe		State LA	Zip Code 71291		Transaction ID : cefdd269-fb64-483c-8
Purpose of Expenditure Salary		Category/ Type 001		Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 11 / 11 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu			Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>LA</u>		
Calendar Year-To-Date Per Election for Office Sought 554635.78			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
Full Name of Payee Janet Morris			Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 11 / 11 / 2014		
Mailing Address 620 Old Barbome Rd Lot 2			Amount 2.58		
City West Monroe		State LA	Zip Code 71291		Transaction ID : 2ac751d6-f8d1-46f0-b
Purpose of Expenditure Mileage		Category/ Type 002		Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 11 / 11 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu			Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>LA</u>		
Calendar Year-To-Date Per Election for Office Sought 554635.78			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			27.58		
(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.					
Signature Ms. Emily Buchanan			Date M M M / D D D / Y Y Y Y Y Y 05 / 18 / 2015		
[Electronically Filed]					

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 3045 OF 3250
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M / D D / Y Y Y Y Y Y				
Full Name of Payee Joshua J Huffman			Date of Public Distribution/Dissemination 11 / 11 / 2014	
Mailing Address 211 Dixie Ave			Amount 37.50	
City Harrisonburg	State VA	Zip Code 22801	Transaction ID : b76ab3fd-1f8d-47d1-a	
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation 11 / 11 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>LA</u>	
Calendar Year-To-Date Per Election for Office Sought		554635.78	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶ _____	
Full Name of Payee Gary W Fuhrmann			Date of Public Distribution/Dissemination 11 / 11 / 2014	
Mailing Address 9425 Jessica Drive			Amount 47.50	
City Shreveport	State LA	Zip Code 71106	Transaction ID : 097f6dae-6776-4e6c-8	
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation 11 / 11 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>LA</u>	
Calendar Year-To-Date Per Election for Office Sought		554635.78	Disbursement For: ☐ Primary ☒ 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.				
Signature Ms. Emily Buchanan		[Electronically Filed]		Date 05 / 18 / 2015

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 3046 OF 3250
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M / D D / Y Y Y Y				
Full Name of Payee Gary W Fuhrmann			Date of Public Distribution/Dissemination 11 / 11 / 2014	
Mailing Address 9425 Jessica Drive			Amount 7.80	
City Shreveport	State LA	Zip Code 71106	Transaction ID : c2544dd6-fdd2-46ab-9 Date of Disbursement or Obligation 11 / 11 / 2014	
Purpose of Expenditure Mileage		Category/ Type 002		
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: LA	
Calendar Year-To-Date Per Election for Office Sought		554635.78	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Joneisha Stewart			Date of Public Distribution/Dissemination 11 / 11 / 2014	
Mailing Address 2329 Runnymede Dr			Amount 40.00	
City Marrero	State LA	Zip Code 70072	Transaction ID : 5438c28d-05ec-4245-a Date of Disbursement or Obligation 11 / 11 / 2014	
Purpose of Expenditure Salary		Category/ Type 001		
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: LA	
Calendar Year-To-Date Per Election for Office Sought		554635.78	Disbursement For: ☐ Primary ☒ 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.				
Signature Ms. Emily Buchanan		[Electronically Filed]		Date 05 / 18 / 2015

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 3047 OF 3250
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M M / D D D / Y Y Y Y Y Y					
Full Name of Payee Joneisha Stewart			Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 11 / 11 / 2014		
Mailing Address 2329 Runnymede Dr			Amount 7.20		
City Marrero	State LA	Zip Code 70072	Transaction ID : b714e34f-8f34-4826-a		
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 11 / 11 / 2014		
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>LA</u>		
Calendar Year-To-Date Per Election for Office Sought		554635.78	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
Full Name of Payee Tammay Williams			Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 11 / 11 / 2014		
Mailing Address 924 N. Prieur St			Amount 70.00		
City New Orleans	State LA	Zip Code 70116	Transaction ID : a4ae2a8a-fa17-4227-8		
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 11 / 11 / 2014		
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>LA</u>		
Calendar Year-To-Date Per Election for Office Sought		554635.78	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			77.20		
(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.					
Signature Ms. Emily Buchanan		[Electronically Filed]		Date M M M / D D D / Y Y Y Y Y Y 05 / 18 / 2015	

Full Name of Payee Tammy Williams		Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 11 / 2014	
Mailing Address 924 N. Prieur St		Amount 70.00	
City New Orleans	State LA	Zip Code 70116	Transaction ID : d63586a9-7a3b-4c64-9 Date of Disbursement or Obligation MM / DD / YYYY 11 / 11 / 2014
Purpose of Expenditure Salary	Category/ Type 001		
Name of Federal Candidate Ms. Mary L Landrieu	☐ Support ☒ Oppose	Office Sought: ☐ President ☒ Senate	District: 00 State: LA
Calendar Year-To-Date Per Election for Office Sought	554635.78	Disbursement For: 2014 ☐ Other (specify) ▶	
		☐ Primary ☒ General	

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	85.00
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

05 / 18 / 2015

FEC Schedule E (Form 3X) Rev. 09/2013

Full Name of Payee Tammay Williams		Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 11 / 2014	
Mailing Address 924 N. Prieur St		Amount 70.00	
City New Orleans	State LA	Zip Code 70116	Transaction ID : 0bf6e9c8-fbaf-4301-9
Purpose of Expenditure Salary	Category/ Type	001	Date of Disbursement or Obligation MM / DD / YYYY 11 / 11 / 2014
Name of Federal Candidate Ms. Mary L Landrieu	☐ Support ☒ Oppose	Office Sought: ☐ President ☒ Senate	District: 00 State: LA
Calendar Year-To-Date Per Election for Office Sought	554635.78	Disbursement For: ☐ Primary ☒ General ☐ 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.

Date _____

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 3050 OF 3250
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on MM / DD / YYYYYY				
Full Name of Payee Tammy Williams			Date of Public Distribution/Dissemination MM / DD / YYYYYY 11 / 11 / 2014	
Mailing Address 924 N. Prieur St			Amount 15.00	
City New Orleans	State LA	Zip Code 70116	Transaction ID : 8a52f6d9-a64c-4925-9	
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement or Obligation MM / DD / YYYYYY 11 / 11 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>LA</u>	
Calendar Year-To-Date Per Election for Office Sought		554635.78	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Antoinette Franklin			Date of Public Distribution/Dissemination MM / DD / YYYYYY 11 / 11 / 2014	
Mailing Address 8822 Apple St			Amount 50.00	
City New Orleans	State LA	Zip Code 70188	Transaction ID : 1ea5956c-88fd-4251-b	
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation MM / DD / YYYYYY 11 / 11 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>LA</u>	
Calendar Year-To-Date Per Election for Office Sought		554635.78	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			65.00	
(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.				
Signature Ms. Emily Buchanan		[Electronically Filed]		Date MM / DD / YYYYYY 05 / 18 / 2015

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 3051 OF 3250
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M M / D D D / Y Y Y Y Y Y					
Full Name of Payee Antoinette Franklin			Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 11 / 11 / 2014		
Mailing Address 8822 Apple St			Amount 12.00		
City New Orleans		State LA	Zip Code 70188		Transaction ID : 63457c27-5822-4981-a
Purpose of Expenditure Mileage		Category/ Type 002		Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 11 / 11 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu			☐ Support ☒ Oppose Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: LA		
Calendar Year-To-Date Per Election for Office Sought 554635.78			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
Full Name of Payee Patricia F Arnold			Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 11 / 11 / 2014		
Mailing Address 1117 Clipper Dr			Amount 25.00		
City Slidell		State LA	Zip Code 70458		Transaction ID : e038407b-7e32-4fa3-8
Purpose of Expenditure Salary		Category/ Type 001		Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 11 / 11 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu			☐ Support ☒ Oppose Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: LA		
Calendar Year-To-Date Per Election for Office Sought 554635.78			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			37.00		
(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.					
Signature Ms. Emily Buchanan			Date M M M / D D D / Y Y Y Y Y Y 05 / 18 / 2015		
			[Electronically Filed]		

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 3052 OF 3250
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on MM / DD / YYYY				
Full Name of Payee Patricia F Arnold			Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 11 / 2014	
Mailing Address 1117 Clipper Dr			Amount 4.92	
City Slidell	State LA	Zip Code 70458	Transaction ID : 60c6eefa-b65d-42c0-b	
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement or Obligation MM / DD / YYYY 11 / 11 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>LA</u>	
Calendar Year-To-Date Per Election for Office Sought		554635.78	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Lesley Lennox			Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 11 / 2014	
Mailing Address 2305 Cleary Ave			Amount 12.50	
City Metairie	State LA	Zip Code 70001	Transaction ID : 55417b35-b413-45ec-b	
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation MM / DD / YYYY 11 / 11 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>LA</u>	
Calendar Year-To-Date Per Election for Office Sought		554635.78	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			17.42	
(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.				
Signature <i>Ms. Emily Buchanan</i>		[Electronically Filed]		Date MM / DD / YYYY 05 / 18 / 2015

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 3053 OF 3250
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC		FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on		M M M / D D D / Y Y Y Y Y Y	
Full Name of Payee Lesley Lennox		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 11 / 11 / 2014	
Mailing Address 2305 Cleary Ave		Amount 1.20	
City Metairie	State LA	Zip Code 70001	Transaction ID : a973a93c-214f-42ef-9
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 11 / 11 / 2014
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: LA
Calendar Year-To-Date Per Election for Office Sought 554635.78		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Christopher Marquess		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 11 / 11 / 2014	
Mailing Address 110 W Pecan St		Amount 50.00	
City Ville Platte	State LA	Zip Code 70586	Transaction ID : 45205508-4999-42fc-a
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 11 / 11 / 2014
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: LA
Calendar Year-To-Date Per Election for Office Sought 554635.78		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶		51.20	
(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]	
Signature		Date M M M / D D D / Y Y Y Y Y Y 05 / 18 / 2015	

Full Name of Payee Christopher Marquess			Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 11 / 2014		
Mailing Address 110 W Pecan St			Amount 33.00		
City Ville Platte	State LA	Zip Code 70586	Transaction ID : 3a59bcf9-ee49-4d0b-b		
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement or Obligation MM / DD / YYYY 11 / 11 / 2014		
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House ☒ Senate District: 00 ☐ President State: LA		
Calendar Year-To-Date Per Election for Office Sought		554635.78	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		

Full Name of Payee Krista J Smith			Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 11 / 2014		
Mailing Address 41176 Bertville Rd			Amount 30.00		
City Gonzales	State LA	Zip Code 70737	Transaction ID : 4bd25022-baa9-439e-8 Date of Disbursement or Obligation MM / DD / YYYY 11 / 11 / 2014		
Purpose of Expenditure Salary		Category/ Type 001			
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: LA		
Calendar Year-To-Date Per Election for Office Sought		554635.78	Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ►		

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	63.00
(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.

Date _____

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 3055 OF 3250
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on MM / DD / YYYY					
Full Name of Payee Krista J Smith			Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 11 / 2014		
Mailing Address 41176 Bertville Rd			Amount 7.74		
City Gonzales	State LA	Zip Code 70737	Transaction ID : 69ec40f0-e0d4-443a-b		
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement or Obligation MM / DD / YYYY 11 / 11 / 2014		
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>LA</u>		
Calendar Year-To-Date Per Election for Office Sought		554635.78	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
Full Name of Payee Elvis Spears			Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 11 / 2014		
Mailing Address 2150 Hope St			Amount 40.00		
City New Orleans	State LA	Zip Code 70119	Transaction ID : 59a4d8e1-ad6b-4329-a		
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation MM / DD / YYYY 11 / 11 / 2014		
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>LA</u>		
Calendar Year-To-Date Per Election for Office Sought		554635.78	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			47.74		
(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.					
Signature <i>Ms. Emily Buchanan</i>		[Electronically Filed]		Date MM / DD / YYYY 05 / 18 / 2015	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 3056 OF 3250
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC	FEC IDENTIFICATION NUMBER ▼ C C00530766
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M M / D D D / Y Y Y Y Y Y	

Full Name of Payee Elvis Spears			Date of Public Distribution/Dissemination M M / D D / Y Y Y Y 11 / 11 / 2014	
Mailing Address 2150 Hope St			Amount 6.60	
City New Orleans	State LA	Zip Code 70119	Transaction ID : 81a33e46-5de0-47ab-b	
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement or Obligation M M / D D / Y Y Y Y 11 / 11 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>LA</u>	
Calendar Year-To-Date Per Election for Office Sought		554635.78	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	

Full Name of Payee Philip Elkins			Date of Public Distribution/Dissemination M M / D D / Y Y Y Y 11 / 11 / 2014	
Mailing Address 227 Lincoln Dr			Amount 30.00	
City Bossier City	State LA	Zip Code 71111	Transaction ID : 6b55b781-d295-4eda-9	
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation M M / D D / Y Y Y Y 11 / 11 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>LA</u>	
Calendar Year-To-Date Per Election for Office Sought		554635.78	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	36.60
(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

M M / D D / Y Y Y Y
05 / 18 / 2015

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 3057 OF 3250
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M / D D / Y Y Y Y					
Full Name of Payee Philip Elkins			Date of Public Distribution/Dissemination 11 / 11 / 2014		
Mailing Address 227 Lincoln Dr			Amount 11.16		
City Bossier City	State LA	Zip Code 71111	Transaction ID : b2f1fc52-3eee-4895-8		
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement or Obligation 11 / 11 / 2014		
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>LA</u>		
Calendar Year-To-Date Per Election for Office Sought		554635.78	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
Full Name of Payee Cathy Longtin			Date of Public Distribution/Dissemination 11 / 11 / 2014		
Mailing Address 827 Navavre Ave			Amount 50.00		
City New Orleans	State LA	Zip Code 70124	Transaction ID : 3c68c144-4b9f-469d-b		
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation 11 / 11 / 2014		
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>LA</u>		
Calendar Year-To-Date Per Election for Office Sought		554635.78	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			61.16		
(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.					
Signature Ms. Emily Buchanan		[Electronically Filed]		Date 05 / 18 / 2015	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 3058 OF 3250
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M M / D D D / Y Y Y Y Y Y					
Full Name of Payee Cathy Longtin			Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 11 / 11 / 2014		
Mailing Address 827 Navavre Ave			Amount 4.50		
City New Orleans	State LA	Zip Code 70124	Transaction ID : 05ba6619-3d60-4638-b		
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 11 / 11 / 2014		
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>LA</u>		
Calendar Year-To-Date Per Election for Office Sought		554635.78	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
Full Name of Payee Noah J Smith			Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 11 / 11 / 2014		
Mailing Address 41174 Bertville Rd			Amount 30.00		
City Gonzales	State LA	Zip Code 70737	Transaction ID : d677cd75-9dc3-4cb2-8		
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 11 / 11 / 2014		
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>LA</u>		
Calendar Year-To-Date Per Election for Office Sought		554635.78	Disbursement For: ☐ Primary ☒ 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.					
Signature Ms. Emily Buchanan		[Electronically Filed]		Date M M M / D D D / Y Y Y Y Y Y 05 / 18 / 2015	

Full Name of Payee Francis Richardson		Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 11 / 2014	
Mailing Address 220 Doucet Rd		Amount 25.00	
City Lafayette	State LA	Zip Code 70503	Transaction ID : 377c313c-c72f-4576-a Date of Disbursement or Obligation MM / DD / YYYY 11 / 11 / 2014
Purpose of Expenditure Salary		Category/ Type 001	
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: LA
Calendar Year-To-Date Per Election for Office Sought 554635.78		Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ▶	

Full Name of Payee Francis Richardson		Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 11 / 2014	
Mailing Address 220 Doucet Rd		Amount 3.00	
City Lafayette	State LA	Zip Code 70503	Transaction ID : bf121d5d-abe4-487b-a Date of Disbursement or Obligation MM / DD / YYYY 11 / 11 / 2014
Purpose of Expenditure Mileage	Category/ Type 002		
Name of Federal Candidate Ms. Mary L Landrieu	☐ Support ☒ Oppose	Office Sought: ☐ President ☒ Senate ☐ Other (specify) ▶	District: 00 State: LA ☐ House ☒ Senate ☒ General
Calendar Year-To-Date Per Election for Office Sought	554635.78		

(a) SUBTOTAL of Itemized Independent Expenditures.....	28.00
(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.

Date _____

Signature

05 / 18 / 2015

Full Name of Payee Theresa a Youngblood		Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 11 / 2014	
Mailing Address 102 S Main Street Apt A2		Amount 85.00	
City Berryville	State VA	Zip Code 22611	Transaction ID : 6371484e-f5b4-49b8-9
Purpose of Expenditure Salary	Category/ Type	001	Date of Disbursement or Obligation MM / DD / YYYY 11 / 11 / 2014
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: LA
Calendar Year-To-Date Per Election for Office Sought		554635.78	Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ▶

Full Name of Payee Donna S Wilson		Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 11 / 2014	
Mailing Address 4456 Country Hill Dr		Amount \$ 20.00	
City Baton Rouge	State LA	Zip Code 70816	Transaction ID : 89accdc5-83f6-4d04-8
Purpose of Expenditure Salary	Category/ Type	001	Date of Disbursement or Obligation MM / DD / YYYY 11 / 11 / 2014
Name of Federal Candidate Ms. Mary L Landrieu	☐ Support ☒ Oppose	Office Sought: ☐ President ☒ Senate	District: 00 State: LA
Calendar Year-To-Date Per Election for Office Sought	554635.78		Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	105.00
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	<!-- Empty box -->
(c) TOTAL Independent Expenditures.....	▶	<!-- Empty box -->

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.

Date _____

Signature

Full Name of Payee Donna S Wilson		Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 11 / 2014	
Mailing Address 4456 Country Hill Dr		Amount 7.20	
City Baton Rouge	State LA	Zip Code 70816	Transaction ID : d238f1ba-8899-4f1f-b Date of Disbursement or Obligation MM / DD / YYYY 11 / 11 / 2014
Purpose of Expenditure Mileage		Category/ Type 002	
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: LA
Calendar Year-To-Date Per Election for Office Sought 554635.78		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	

Full Name of Payee Michael A Toomey		Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 11 / 2014	
Mailing Address 4120 Bon Aire Dr Apt 6307		Amount 25.00	
City Monroe	State LA	Zip Code 71212	Transaction ID : e99b57fa-71ad-474d-b Date of Disbursement or Obligation MM / DD / YYYY 11 / 11 / 2014
Purpose of Expenditure Salary	Category/ Type 001		
Name of Federal Candidate Ms. Mary L Landrieu	☐ Support ☒ Oppose	Office Sought: ☐ President ☒ Senate	District: 00 State: LA
Calendar Year-To-Date Per Election for Office Sought	554635.78	Disbursement For: 2014 ☐ Other (specify) ►	
		☐ Primary ☒ General	

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	32.20
(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.

Signature

05 / 18 / 2015

Full Name of Payee Michael A Toomey		Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 11 / 2014	
Mailing Address 4120 Bon Aire Dr Apt 6307		Amount 6.60	
City Monroe	State LA	Zip Code 71212	Transaction ID : 66b15d18-9f47-45ff-8 Date of Disbursement or Obligation MM / DD / YYYY 11 / 11 / 2014
Purpose of Expenditure Mileage	Category/ Type	002	
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House ☒ Senate ☐ President District: 00 State: LA
Calendar Year-To-Date Per Election for Office Sought 554635.78		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	

Full Name of Payee Heather Ainsworth		Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 11 / 2014	
Mailing Address 9685 Paula St		Amount 80.00	
City Keithville	State LA	Zip Code 71047	Transaction ID : a02eb8d4-a124-4b26-8
Purpose of Expenditure Salary	Category/ Type	001	Date of Disbursement or Obligation MM / DD / YYYY 11 / 11 / 2014
Name of Federal Candidate Ms. Mary L Landrieu	☐ Support ☒ Oppose	Office Sought: ☐ House ☒ Senate	District: 00 State: LA
Calendar Year-To-Date Per Election for Office Sought	554635.78	Disbursement For: ☐ Primary ☒ General	2014 ☐ Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	86.60
(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.

Date _____

Signature

Three digital display boxes are shown, separated by slashes. The first box displays '05' with 'M' and 'M' above it. The second box displays '18' with 'D' and 'D' above it. The third box displays '2015' with 'Y', 'Y', 'Y', and 'Y' above it.

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 3063 OF 3250
 FOR LINE 24 OF FORM 3X

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

Full Name of Payee Heather Ainsworth		Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 11 / 2014	
Mailing Address 9685 Paula St		Amount 13.20	
City Keithville	State LA	Zip Code 71047	Transaction ID : 2b77052a-219f-4e73-9
Purpose of Expenditure Mileage	Category/Type 002	Date of Disbursement or Obligation MM / DD / YYYY 11 / 11 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: LA	
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	

Full Name of Payee Sheri J Peace		Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 11 / 2014	
Mailing Address 9685 Paula St		Amount 80.00	
City Keithville	State LA	Zip Code 71047	Transaction ID : 550ec892-6a6c-447f-8
Purpose of Expenditure Salary	Category/Type 001	Date of Disbursement or Obligation MM / DD / YYYY 11 / 11 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: LA	
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: ☐ Primary ☒ 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

MM / DD / YYYY
05 / 18 / 2015

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 3064 OF 3250
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC		FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on		M M M / D D D / Y Y Y Y Y Y	
Full Name of Payee Sheri J Peace		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 11 / 11 / 2014	
Mailing Address 9685 Paula St		Amount 14.40	
City Keithville	State LA	Zip Code 71047	Transaction ID : dff8e763-bd3d-4155-8
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 11 / 11 / 2014
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: LA
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Francesca Blom		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 11 / 11 / 2014	
Mailing Address 101 Asbury Ct		Amount 20.00	
City Winchester	State VA	Zip Code 22602	Transaction ID : 0776fcc2-92cb-48b1-9
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 11 / 11 / 2014
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: LA
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶		34.40	
(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.			
Signature Ms. Emily Buchanan		[Electronically Filed] Date M M M / D D D / Y Y Y Y Y Y 05 / 18 / 2015	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 3065 OF 3250
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M M / D D D / Y Y Y Y Y Y					
Full Name of Payee Zachary Vidrine			Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 11 / 11 / 2014		
Mailing Address 202 Rue Des Cajun			Amount 45.00		
City Ville Platte	State LA	Zip Code 70586	Transaction ID : cb1d9f01-1ad2-45fd-9		
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 11 / 11 / 2014		
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>LA</u>		
Calendar Year-To-Date Per Election for Office Sought		554635.78	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
Full Name of Payee Zachary Vidrine			Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 11 / 11 / 2014		
Mailing Address 202 Rue Des Cajun			Amount 18.90		
City Ville Platte	State LA	Zip Code 70586	Transaction ID : 0a39008e-df9b-4bfb-9		
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 11 / 11 / 2014		
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>LA</u>		
Calendar Year-To-Date Per Election for Office Sought		554635.78	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			63.90		
(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.					
Signature Ms. Emily Buchanan		[Electronically Filed]		Date M M / D D / Y Y Y Y Y Y 05 / 18 / 2015	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 3066 OF 3250
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC		FEC IDENTIFICATION NUMBER ▼ C C00530766
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on		MM / DD / YYYY

Full Name of Payee Felicia A Jones		Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 11 / 2014
Mailing Address 4106 Martha St		Amount 60.00
City Shreveport	State LA	Zip Code 71109
Purpose of Expenditure Salary	Category/Type 001	Transaction ID : 8dfd7670-7601-4613-b Date of Disbursement or Obligation MM / DD / YYYY 11 / 11 / 2014
Name of Federal Candidate Ms. Mary L Landrieu		Office Sought: ☐ House District: 00 ☒ Senate State: LA
Calendar Year-To-Date Per Election for Office Sought 554635.78		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶

Full Name of Payee Felicia A Jones		Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 11 / 2014
Mailing Address 4106 Martha St		Amount 7.80
City Shreveport	State LA	Zip Code 71109
Purpose of Expenditure Mileage	Category/Type 002	Transaction ID : ddcde446-af00-4426-8 Date of Disbursement or Obligation MM / DD / YYYY 11 / 11 / 2014
Name of Federal Candidate Ms. Mary L Landrieu		Office Sought: ☐ House District: 00 ☒ Senate State: LA
Calendar Year-To-Date Per Election for Office Sought 554635.78		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	67.80
(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]

Signature

Date

MM / DD / YYYY
05 / 18 / 2015

Full Name of Payee Julia Perry		Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 11 / 2014	
Mailing Address 2046 Perrin St Apt C		Amount 80.00	
City Shreveport	State LA	Zip Code 71101	Transaction ID : c73faf9d-b9d7-42f2-8
Purpose of Expenditure Salary	Category/ Type	001	Date of Disbursement or Obligation MM / DD / YYYY 11 / 11 / 2014
Name of Federal Candidate Ms. Mary L Landrieu	☐ Support ☒ Oppose	Office Sought: ☐ President ☒ Senate	District: 00 State: LA
Calendar Year-To-Date Per Election for Office Sought	554635.78	Disbursement For: 2014 ☐ Primary ☒ General ☐ Other (specify) ▶	

Full Name of Payee Julia Perry			Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 11 / 2014		
Mailing Address 2046 Perrin St Apt C			Amount 10.50		
City Shreveport	State LA	Zip Code 71101	Transaction ID : cd3b31af-1b44-476b-8 Date of Disbursement or Obligation MM / DD / YYYY 11 / 11 / 2014		
Purpose of Expenditure Mileage		Category/ Type 002			
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: LA		
Calendar Year-To-Date Per Election for Office Sought		554635.78	Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ►		

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	90.50
(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.

Date _____

Signature

Full Name of Payee Gregory Green		Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 11 / 2014	
Mailing Address 2506 Bolch Street		Amount 48.00	
City Shreveport	State LA	Zip Code 71104	Transaction ID : 57aac369-c33f-4f96-9 Date of Disbursement or Obligation MM / DD / YYYY 11 / 11 / 2014
Purpose of Expenditure Mileage	Category/ Type 002		
Name of Federal Candidate Ms. Mary L Landrieu	☐ Support ☒ Oppose	Office Sought: ☐ President ☒ Senate	District: 00 State: LA
Calendar Year-To-Date Per Election for Office Sought	554635.78	Disbursement For: 2014 ☐ Other (specify) ▶	
		☐ Primary ☒ General	

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	108.00
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

Signature

Full Name of Payee Lilly Green		Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 11 / 2014	
Mailing Address 205 Medallion Circle		Amount 48.00	
City Shreveport	State LA	Zip Code 71119	Transaction ID : ee91b4fe-9fdc-4101-8 Date of Disbursement or Obligation MM / DD / YYYY 11 / 11 / 2014
Purpose of Expenditure Mileage	Category/ Type	002	
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House ☒ Senate ☐ President
District: 00 State: LA		Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ▶	
Calendar Year-To-Date Per Election for Office Sought		554635.78	

(a) SUBTOTAL of Itemized Independent Expenditures.....	128.00
(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.

Date _____

Signature

Three digital displays are shown side-by-side, separated by slashes. The first display shows '05' under 'MM' labels. The second display shows '18' under 'DD' labels. The third display shows '2015' under 'YYYY' labels.

Full Name of Payee Michael Vidrine		Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 11 / 2014	
Mailing Address 1103 West Wilson Street		Amount 32.70	
City Ville Platte	State LA	Zip Code 70586	Transaction ID : 95cdb41d-10cd-4f5e-a Date of Disbursement or Obligation MM / DD / YYYY 11 / 11 / 2014
Purpose of Expenditure Mileage	Category/ Type 002		
Name of Federal Candidate Ms. Mary L Landrieu	☐ Support ☒ Oppose	Office Sought: ☐ President ☒ Senate	District: 00 State: LA
Calendar Year-To-Date Per Election for Office Sought	554635.78	Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ►	

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	82.70
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 3071 OF 3250
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M / D D / Y Y Y Y Y Y				
Full Name of Payee ERIC TABARY			Date of Public Distribution/Dissemination 11 / 11 / 2014	
Mailing Address 6101 NORA ST			Amount 40.00	
City METAIRIE	State LA	Zip Code 70003	Transaction ID : 6bdd049e-b2b4-46d1-a Date of Disbursement or Obligation 11 / 11 / 2014	
Purpose of Expenditure Salary		Category/ Type 001		
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: LA	
Calendar Year-To-Date Per Election for Office Sought		554635.78	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee ERIC TABARY			Date of Public Distribution/Dissemination 11 / 11 / 2014	
Mailing Address 6101 NORA ST			Amount 1.20	
City METAIRIE	State LA	Zip Code 70003	Transaction ID : eef0f568-f2d3-4c63-b Date of Disbursement or Obligation 11 / 11 / 2014	
Purpose of Expenditure Mileage		Category/ Type 002		
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: LA	
Calendar Year-To-Date Per Election for Office Sought		554635.78	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			41.20	
(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.				
Signature Ms. Emily Buchanan		[Electronically Filed]		Date 05 / 18 / 2015

Full Name of Payee Debra Lindsey		Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 11 / 2014	
Mailing Address 119 Goldenwood Dr		Amount 40.00	
City Slidell	State LA	Zip Code 70461	Transaction ID : f1e17af2-40d0-4a68-9
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation MM / DD / YYYY 11 / 11 / 2014
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: LA
Calendar Year-To-Date Per Election for Office Sought		554635.78	Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ▶

Full Name of Payee Debra Lindsey		Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 11 / 2014	
Mailing Address 119 Goldenwood Dr		Amount 6.00	
City Slidell	State LA	Zip Code 70461	Transaction ID : 462d5d7c-2675-46b0-a Date of Disbursement or Obligation MM / DD / YYYY 11 / 11 / 2014
Purpose of Expenditure Mileage	Category/ Type	002	
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: LA
Calendar Year-To-Date Per Election for Office Sought		554635.78	Disbursement For: ☐ Primary ☒ General ☐ 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.

Date _____

Signature

Full Name of Payee Jennifer F Gilbert		Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 11 / 2014	
Mailing Address 180 McNeil Steep Hollow Rd		Amount 60.00	
City Carriere	State MS	Zip Code 39426	Transaction ID : 8e37d381-1e24-400d-b Date of Disbursement or Obligation MM / DD / YYYY 11 / 11 / 2014
Purpose of Expenditure Salary		Category/ Type 001	
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: LA
Calendar Year-To-Date Per Election for Office Sought 554635.78		Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ►	

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	90.00
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

FEC Schedule E (Form 3X) Rev. 09/2013

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 3074 OF 3250
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC		FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on		M M M / D D D / Y Y Y Y Y Y	
Full Name of Payee Jennifer F Gilbert		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 11 / 11 / 2014	
Mailing Address 180 McNeil Steep Hollow Rd		Amount 35.70	
City Carriere	State MS	Zip Code 39426	Transaction ID : a21f5ed0-d792-4ce2-8
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 11 / 11 / 2014
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: LA
Calendar Year-To-Date Per Election for Office Sought 554635.78		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Timothy Foley		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 11 / 11 / 2014	
Mailing Address 20679 Glenbrook Terrace		Amount 40.00	
City Sterling	State VA	Zip Code 20165	Transaction ID : b3705989-b993-481d-a
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 11 / 11 / 2014
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: LA
Calendar Year-To-Date Per Election for Office Sought 554635.78		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶		75.70	
(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.			
Signature Ms. Emily Buchanan		Date M M M / D D D / Y Y Y Y Y Y 05 / 18 / 2015	
		[Electronically Filed]	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 3075 OF 3250
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M / D D / Y Y Y Y Y Y				
Full Name of Payee Michael B Fuhrmann			Date of Public Distribution/Dissemination 11 / 11 / 2014	
Mailing Address 329 Columbia St			Amount 50.00	
City Shreveport	State LA	Zip Code 71104	Transaction ID : e6cb9ef8-94e8-4332-a	
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation 11 / 11 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: LA	
Calendar Year-To-Date Per Election for Office Sought		554635.78	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Michael B Fuhrmann			Date of Public Distribution/Dissemination 11 / 11 / 2014	
Mailing Address 329 Columbia St			Amount 12.90	
City Shreveport	State LA	Zip Code 71104	Transaction ID : c7821594-ffc9-4c80-8	
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement or Obligation 11 / 11 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: LA	
Calendar Year-To-Date Per Election for Office Sought		554635.78	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures.....▶			62.90	
(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.				
Signature Ms. Emily Buchanan		[Electronically Filed]		Date 05 / 18 / 2015

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 3076 OF 3250
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC		FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on		M M M / D D D / Y Y Y Y Y Y	
Full Name of Payee Vonniqua Jackson		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 11 / 11 / 2014	
Mailing Address 111 Westchester Blvd Apt D4		Amount 70.00	
City Slidell	State LA	Zip Code 70458	Transaction ID : c6e8a6c7-ac86-4642-9
Purpose of Expenditure Salary	Category/ Type 001	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 11 / 11 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	
Office Sought: ☐ President ☒ Senate		District: 00 State: LA	
Calendar Year-To-Date Per Election for Office Sought 554635.78		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Jessica R Resendiz		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 11 / 11 / 2014	
Mailing Address 9685 Paula St		Amount 80.00	
City Keithville	State LA	Zip Code 71047	Transaction ID : e1c559f9-37d2-4c16-9
Purpose of Expenditure Salary	Category/ Type 001	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 11 / 11 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	
Office Sought: ☐ President ☒ Senate		District: 00 State: LA	
Calendar Year-To-Date Per Election for Office Sought 554635.78		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶		150.00	
(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]	
Signature		Date 05 / 18 / 2015	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 3077 OF 3250
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC		FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on		M M M / D D D / Y Y Y Y Y Y	
Full Name of Payee Jessica R Resendiz		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 11 / 11 / 2014	
Mailing Address 9685 Paula St		Amount 14.10	
City Keithville	State LA	Zip Code 71047	Transaction ID : 76debd9-d6f7-472c-b
Purpose of Expenditure Mileage	Category/ Type	002	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 11 / 11 / 2014
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: LA
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Windy Hageman		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 11 / 11 / 2014	
Mailing Address 5521 Randolph St.		Amount 30.00	
City Marrero	State LA	Zip Code 70072	Transaction ID : 8690381b-9282-423f-9
Purpose of Expenditure Salary	Category/ Type	001	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 11 / 11 / 2014
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: LA
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶		44.10	
(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]	
Signature		Date M M M / D D D / Y Y Y Y Y Y 05 / 18 / 2015	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 3078 OF 3250
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on MM / DD / YYYY				
Full Name of Payee Windy Hageman			Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 11 / 2014	
Mailing Address 5521 Randolph St.			Amount 4.50	
City Marrero	State LA	Zip Code 70072	Transaction ID : 4ce22096-67f9-40aa-9	
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement or Obligation MM / DD / YYYY 11 / 11 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>LA</u>	
Calendar Year-To-Date Per Election for Office Sought		554635.78	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Trevor D Hageman			Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 11 / 2014	
Mailing Address 5521 Randolph St			Amount 12.50	
City Marrero	State LA	Zip Code 70072	Transaction ID : 5f9431be-ff83-4171-8	
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation MM / DD / YYYY 11 / 11 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>LA</u>	
Calendar Year-To-Date Per Election for Office Sought		554635.78	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			17.00	
(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.				
Signature Ms. Emily Buchanan		[Electronically Filed]		Date MM / DD / YYYY 05 / 18 / 2015

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 3079 OF 3250
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M / D D / Y Y Y Y				
Full Name of Payee Carl Brent			Date of Public Distribution/Dissemination 11 / 11 / 2014	
Mailing Address 6718 Lake Willow Dr			Amount 80.00	
City New Orleans	State LA	Zip Code 70126	Transaction ID : 4bb9259a-6d63-40a5-8	
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation 11 / 11 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: LA	
Calendar Year-To-Date Per Election for Office Sought		554635.78	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Carl Brent			Date of Public Distribution/Dissemination 11 / 11 / 2014	
Mailing Address 6718 Lake Willow Dr			Amount 12.30	
City New Orleans	State LA	Zip Code 70126	Transaction ID : 48903f22-e16d-4479-8	
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement or Obligation 11 / 11 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: LA	
Calendar Year-To-Date Per Election for Office Sought		554635.78	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			92.30	
(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.				
Signature Ms. Emily Buchanan		[Electronically Filed]		Date 05 / 18 / 2015

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 3080 OF 3250
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M M / D D D / Y Y Y Y Y Y					
Full Name of Payee Hannah J Landry			Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 11 / 11 / 2014		
Mailing Address 1110 N Coolidge			Amount 37.50		
City Gonzales	State LA	Zip Code 70737	Transaction ID : 9cb9be38-e57f-4018-8 Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 11 / 11 / 2014		
Purpose of Expenditure Salary		Category/ Type 001			
Name of Federal Candidate Ms. Mary L Landrieu			☐ Support ☒ Oppose Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>LA</u>		
Calendar Year-To-Date Per Election for Office Sought 554635.78			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶ _____		
Full Name of Payee Hannah J Landry			Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 11 / 11 / 2014		
Mailing Address 1110 N Coolidge			Amount 7.71		
City Gonzales	State LA	Zip Code 70737	Transaction ID : 8f78b01a-c3a7-47f9-9 Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 11 / 11 / 2014		
Purpose of Expenditure Mileage		Category/ Type 002			
Name of Federal Candidate Ms. Mary L Landrieu			☐ Support ☒ Oppose Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>LA</u>		
Calendar Year-To-Date Per Election for Office Sought 554635.78			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶ _____		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			45.21		
(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.					
Signature Ms. Emily Buchanan			Date M M M / D D D / Y Y Y Y Y Y 05 / 18 / 2015		
[Electronically Filed]					

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 3081 OF 3250
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M M / D D D / Y Y Y Y Y Y					
Full Name of Payee Mary C Lee			Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 11 / 11 / 2014		
Mailing Address 1030 N Coolidge Ave			Amount 37.50		
City Gonzales	State LA	Zip Code 70737	Transaction ID : 5167e43c-25cf-40ca-8 Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 11 / 11 / 2014		
Purpose of Expenditure Salary		Category/ Type 001			
Name of Federal Candidate Ms. Mary L Landrieu			☐ Support ☒ Oppose Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>LA</u>		
Calendar Year-To-Date Per Election for Office Sought 554635.78			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶ _____		
Full Name of Payee Mary C Lee			Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 11 / 11 / 2014		
Mailing Address 1030 N Coolidge Ave			Amount 7.71		
City Gonzales	State LA	Zip Code 70737	Transaction ID : 1a2f693b-6712-4ba8-8 Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 11 / 11 / 2014		
Purpose of Expenditure Mileage		Category/ Type 002			
Name of Federal Candidate Ms. Mary L Landrieu			☐ Support ☒ Oppose Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>LA</u>		
Calendar Year-To-Date Per Election for Office Sought 554635.78			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶ _____		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			45.21		
(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.					
Signature Ms. Emily Buchanan			Date M M M / D D D / Y Y Y Y Y Y 05 / 18 / 2015		
[Electronically Filed]					

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 3082 OF 3250
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC		FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on		M M M / D D D / Y Y Y Y Y Y	
Full Name of Payee Gage Blank		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 11 / 11 / 2014	
Mailing Address 5342 Eudora Dr		Amount 60.00	
City Addis	State LA	Zip Code 70710	Transaction ID : 7a26a447-047a-4d1b-b
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 11 / 11 / 2014
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: LA
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Gage Blank		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 11 / 11 / 2014	
Mailing Address 5342 Eudora Dr		Amount 8.10	
City Addis	State LA	Zip Code 70710	Transaction ID : 384a94ca-1760-4cba-a
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 11 / 11 / 2014
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: LA
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶		68.10	
(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.			
Signature Ms. Emily Buchanan		Date 05 / 18 / 2015	
		[Electronically Filed]	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 3083 OF 3250
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M M / D D D / Y Y Y Y Y Y					
Full Name of Payee Brogan A Benoit			Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 11 / 11 / 2014		
Mailing Address 7144 South River Rd			Amount 60.00		
City Addis		State LA	Zip Code 70710		Transaction ID : 5e9eb220-c01a-4a7d-9 Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 11 / 11 / 2014
Purpose of Expenditure Salary		Category/ Type 001			
Name of Federal Candidate Ms. Mary L Landrieu			☐ Support ☒ Oppose		Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: LA
Calendar Year-To-Date Per Election for Office Sought			554635.78 Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
Full Name of Payee Brogan A Benoit			Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 11 / 11 / 2014		
Mailing Address 7144 South River Rd			Amount 8.40		
City Addis		State LA	Zip Code 70710		Transaction ID : 47929d0b-f350-40e3-a Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 11 / 11 / 2014
Purpose of Expenditure Mileage		Category/ Type 002			
Name of Federal Candidate Ms. Mary L Landrieu			☐ Support ☒ Oppose		Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: LA
Calendar Year-To-Date Per Election for Office Sought			554635.78 Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			68.40		
(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.					
Signature Ms. Emily Buchanan			[Electronically Filed]		Date M M M / D D D / Y Y Y Y Y Y 05 / 18 / 2015

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 3084 OF 3250
 FOR LINE 24 OF FORM 3X

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

Full Name of Payee Evelyn Lesaicherre		Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 11 / 2014	
Mailing Address 629 Radiance Ave		Amount 80.00	
City Metairie	State LA	Zip Code 70001	Transaction ID : c821c968-2197-4001-a
Purpose of Expenditure Salary	Category/ Type	001	Date of Disbursement or Obligation MM / DD / YYYY 11 / 11 / 2014
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: LA
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	

Full Name of Payee Evelyn Lesaicherre		Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 11 / 2014	
Mailing Address 629 Radiance Ave		Amount 5.40	
City Metairie	State LA	Zip Code 70001	Transaction ID : 876712ee-9e84-412a-9
Purpose of Expenditure Mileage	Category/ Type	002	Date of Disbursement or Obligation MM / DD / YYYY 11 / 11 / 2014
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: LA
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	85.40
(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

MM / DD / YYYY
05 / 18 / 2015

Signature

Full Name of Payee Jazmine d Conner		Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 11 / 2014	
Mailing Address 100 ASBURY CT		Amount 70.00	
City WINCHESTER	State VA	Zip Code 22602	Transaction ID : ca8adbee-ecde-40d1-b Date of Disbursement or Obligation MM / DD / YYYY 11 / 11 / 2014
Purpose of Expenditure Salary	Category/ Type 001		
Name of Federal Candidate Ms. Mary L Landrieu	☐ Support ☒ Oppose	Office Sought: ☐ President ☒ Senate	House District: 00 State: LA
Calendar Year-To-Date Per Election for Office Sought	554635.78	Disbursement For: 2014 ☐ Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	140.00
(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.

Date _____

Signature

Full Name of Payee Rodney O Culbreath		Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 11 / 2014	
Mailing Address 100 Asbury Ct		Amount 70.00	
City Winchester	State VA	Zip Code 22602	Transaction ID : 0731b0e5-1f93-4db2-a Date of Disbursement or Obligation MM / DD / YYYY 11 / 11 / 2014
Purpose of Expenditure Salary	Category/ Type 001		
Name of Federal Candidate Ms. Mary L Landrieu	☐ Support ☒ Oppose	Office Sought: ☐ President ☒ Senate	District: 00 State: LA
Calendar Year-To-Date Per Election for Office Sought	554635.78	Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....		140.00
(b) SUBTOTAL of Unitemized Independent Expenditures		
(c) TOTAL Independent Expenditures.....		

FEC Schedule E (Form 3X) Rev. 09/2013

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 3087 OF 3250
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on / /					
Full Name of Payee Rodney D Culbreth			Date of Public Distribution/Dissemination / / 11 / 11 / 2014		
Mailing Address 100 Asbury CT 3200 Dam Neck Rd			Amount 70.00		
City Winchester		State VA	Zip Code 22602		Transaction ID : fe025abf-70bd-4871-8
Purpose of Expenditure Salary		Category/ Type 001		Date of Disbursement or Obligation / / 11 / 11 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu			☐ Support ☒ Oppose Office Sought: ☐ House ☒ Senate District: <u>00</u> ☐ President State: <u>LA</u>		
Calendar Year-To-Date Per Election for Office Sought 554635.78			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶ _____		
Full Name of Payee Rze Culbreath			Date of Public Distribution/Dissemination / / 11 / 11 / 2014		
Mailing Address 100 Asbury Ct			Amount 70.00		
City Winchester		State VA	Zip Code 22602		Transaction ID : 3aafc579-ebf6-4432-8
Purpose of Expenditure Salary		Category/ Type 001		Date of Disbursement or Obligation / / 11 / 11 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu			☐ Support ☒ Oppose Office Sought: ☐ House ☒ Senate District: <u>00</u> ☐ President State: <u>LA</u>		
Calendar Year-To-Date Per Election for Office Sought 554635.78			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶ _____		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			 140.00		
(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.					
Signature <i>Ms. Emily Buchanan</i>			Date / / 05 / 18 / 2015		
[Electronically Filed]					

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 3088 OF 3250
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M M / D D D / Y Y Y Y Y Y					
Full Name of Payee Cynthia J Christmas			Date of Public Distribution/Dissemination 11 / 12 / 2014		
Mailing Address 1731 Frenchmen St			Amount 70.00		
City New Orleans	State LA	Zip Code 70116	Transaction ID : cee6c084-1aa6-4b92-b		
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation 11 / 11 / 2014		
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>LA</u>		
Calendar Year-To-Date Per Election for Office Sought		554635.78	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
Full Name of Payee Cynthia J Christmas			Date of Public Distribution/Dissemination 11 / 12 / 2014		
Mailing Address 1731 Frenchmen St			Amount 10.50		
City New Orleans	State LA	Zip Code 70116	Transaction ID : e20a8445-e74f-4b0b-b		
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement or Obligation 11 / 11 / 2014		
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>LA</u>		
Calendar Year-To-Date Per Election for Office Sought		554635.78	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			80.50		
(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.					
Signature <i>Ms. Emily Buchanan</i>		[Electronically Filed]		Date 05 / 18 / 2015	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 3089 OF 3250
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M / D D / Y Y Y Y Y Y				
Full Name of Payee Michael Vidrine			Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 11 / 10 / 2014	
Mailing Address 1103 West Wilson Street			Amount 75.00	
City Ville Platte	State LA	Zip Code 70586	Transaction ID : 9041d610-523a-4512-8 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 11 / 10 / 2014	
Purpose of Expenditure Salary		Category/ Type 001		
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>LA</u>	
Calendar Year-To-Date Per Election for Office Sought		554635.78	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Michael Vidrine			Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 11 / 10 / 2014	
Mailing Address 1103 West Wilson Street			Amount 20.70	
City Ville Platte	State LA	Zip Code 70586	Transaction ID : e5006e15-2673-4a5c-a Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 11 / 10 / 2014	
Purpose of Expenditure Mileage		Category/ Type 002		
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>LA</u>	
Calendar Year-To-Date Per Election for Office Sought		554635.78	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			95.70	
(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 M M / D D / Y Y Y Y Y Y 05 / 18 / 2015	
Signature				

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 3090 OF 3250
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC		FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on		M M M / D D D / Y Y Y Y Y Y	
Full Name of Payee Jeanne Tribou		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 11 / 11 / 2014	
Mailing Address 22369 Ponderosa Dr.		Amount 20.00	
City Mandeville	State LA	Zip Code 70471	Transaction ID : 4f2e9ea2-d99c-4d70-a
Purpose of Expenditure Salary	Category/ Type	001	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 11 / 11 / 2014
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: LA
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Jeanne Tribou		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 11 / 11 / 2014	
Mailing Address 22369 Ponderosa Dr.		Amount 7.20	
City Mandeville	State LA	Zip Code 70471	Transaction ID : d7065c52-8405-4da7-8
Purpose of Expenditure Mileage	Category/ Type	002	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 11 / 11 / 2014
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: LA
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures.....		27.20	
(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]	
Signature		Date M M M / D D D / Y Y Y Y Y Y 05 / 18 / 2015	

Full Name of Payee April E Madrid			Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 11 / 2014		
Mailing Address 2153 Sweet Bay Circle			Amount 2.55		
City Bossier City	State LA	Zip Code 71111	Transaction ID : 7101aabc-6524-4d64-8 Date of Disbursement or Obligation MM / DD / YYYY 11 / 11 / 2014		
Purpose of Expenditure Mileage		Category/ Type 002			
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: LA		
Calendar Year-To-Date Per Election for Office Sought		554635.78	Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ▶		

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	22.55
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 3092 OF 3250
 FOR LINE 24 OF FORM 3X

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

Full Name of Payee Nicholas O Wilcox		Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 12 / 2014	
Mailing Address 1981 Cherokee St		Amount 43.00	
City Baton Rouge	State LA	Zip Code 70806	Transaction ID : 5af971ba-0494-4110-8
Purpose of Expenditure Salary	Category/Type 001	Date of Disbursement or Obligation MM / DD / YYYY 11 / 12 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: LA	
Calendar Year-To-Date Per Election for Office Sought 554635.78		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	

Full Name of Payee Nicholas O Wilcox		Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 12 / 2014	
Mailing Address 1981 Cherokee St		Amount 4.86	
City Baton Rouge	State LA	Zip Code 70806	Transaction ID : 9a159956-46db-4476-9
Purpose of Expenditure Mileage	Category/Type 002	Date of Disbursement or Obligation MM / DD / YYYY 11 / 12 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: LA	
Calendar Year-To-Date Per Election for Office Sought 554635.78		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	47.86
(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

MM / DD / YYYY
05 / 18 / 2015

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 3093 OF 3250
 FOR LINE 24 OF FORM 3X

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

Full Name of Payee Heather A Smith		Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 12 / 2014	
Mailing Address 995 Clairborne Rd		Amount 38.00	
City Calhoun	State LA	Zip Code 71225	Transaction ID : 081f265d-0003-4468-a Date of Disbursement or Obligation MM / DD / YYYY 11 / 12 / 2014
Purpose of Expenditure Salary		Category/Type 001	
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: LA
Calendar Year-To-Date Per Election for Office Sought 554635.78		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	

Full Name of Payee Heather A Smith		Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 12 / 2014	
Mailing Address 995 Clairborne Rd		Amount 14.10	
City Calhoun	State LA	Zip Code 71225	Transaction ID : ee31872a-6893-4701-b Date of Disbursement or Obligation MM / DD / YYYY 11 / 12 / 2014
Purpose of Expenditure Mileage		Category/Type 002	
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: LA
Calendar Year-To-Date Per Election for Office Sought 554635.78		Disbursement For: ☐ Primary ☒ 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

 MM / DD / YYYY

05 / 18 / 2015

Signature

Full Name of Payee John K Necaïse III		Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 12 / 2014	
Mailing Address 1905 Franklin Ave		Amount 40.00	
City New Orleans	State LA	Zip Code 70117	Transaction ID : e1e1d422-c87b-4f5f-9 Date of Disbursement or Obligation MM / DD / YYYY 11 / 12 / 2014
Purpose of Expenditure Salary		Category/ Type 001	
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: LA
Calendar Year-To-Date Per Election for Office Sought		554635.78	Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶ <table border="1" data-bbox="1089 1650 1364 1656"> <tr><td data-bbox="1089 1650 1364 1656">90.00</td></tr> </table>	90.00
90.00		
(b) SUBTOTAL of Unitemized Independent Expenditures	▶ <table border="1" data-bbox="1089 1656 1364 1661"> <tr><td data-bbox="1089 1656 1364 1661"></td></tr> </table>	
(c) TOTAL Independent Expenditures.....	▶ <table border="1" data-bbox="1089 1661 1364 1669"> <tr><td data-bbox="1089 1661 1364 1669"></td></tr> </table>	

Ms. Emily Buchanan

[Electronically Filed]

Date 05 / 18 / 2015

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 3095 OF 3250
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M M / D D D / Y Y Y Y Y Y					
Full Name of Payee John K Necaie III			Date of Public Distribution/Dissemination M M / D D / Y Y Y Y 11 / 12 / 2014		
Mailing Address 1905 Franklin Ave			Amount 13.56		
City New Orleans	State LA	Zip Code 70117	Transaction ID : 72c82f52-aa55-4a55-a		
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 11 / 12 / 2014		
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>LA</u>		
Calendar Year-To-Date Per Election for Office Sought		554635.78	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
Full Name of Payee Ryan Drake			Date of Public Distribution/Dissemination M M / D D / Y Y Y Y 11 / 12 / 2014		
Mailing Address 29637 Park St			Amount 60.00		
City Walker	State LA	Zip Code 70785	Transaction ID : 2e2f270d-1347-47bf-a		
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 11 / 12 / 2014		
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>LA</u>		
Calendar Year-To-Date Per Election for Office Sought		554635.78	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			73.56		
(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.					
Signature Ms. Emily Buchanan		[Electronically Filed]		Date M M / D D / Y Y Y Y 05 / 18 / 2015	

Full Name of Payee Ryan Drake		Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 12 / 2014	
Mailing Address 29637 Park St		Amount 14.10	
City Walker	State LA	Zip Code 70785	Transaction ID : 78c57e62-731b-4d48-a
Purpose of Expenditure Mileage	Category/ Type	002	Date of Disbursement or Obligation MM / DD / YYYY 11 / 12 / 2014
Name of Federal Candidate Ms. Mary L Landrieu	☐ Support ☒ Oppose	Office Sought: ☐ President ☒ Senate	District: 00 State: LA
Calendar Year-To-Date Per Election for Office Sought	554635.78		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶

Full Name of Payee Alice K Salazar		Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 12 / 2014	
Mailing Address 605 W Houston St		Amount 80.00	
City Marshall	State TX	Zip Code 75633	Transaction ID : 80de260e-cb46-483f-a
Purpose of Expenditure Salary	Category/ Type	001	Date of Disbursement or Obligation MM / DD / YYYY 11 / 12 / 2014
Name of Federal Candidate Ms. Mary L Landrieu	☐ Support ☒ Oppose	Office Sought: ☐ President ☒ Senate	District: 00 State: LA
Calendar Year-To-Date Per Election for Office Sought	554635.78		Disbursement For: 2014 ☐ Primary ☒ General ☐ Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	94.10
(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.

Date / /

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 3097 OF 3250
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC		FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on MM / DD / YYYY			
Full Name of Payee Alice K Salazar		Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 12 / 2014	
Mailing Address 605 W Houston St		Amount 47.70	
City Marshall	State TX	Zip Code 75633	Transaction ID : 55c933bc-e2a1-4656-b Date of Disbursement or Obligation MM / DD / YYYY 11 / 12 / 2014
Purpose of Expenditure Mileage		Category/ Type	002
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: LA
Calendar Year-To-Date Per Election for Office Sought		554635.78 Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Carla K Pilgreen		Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 12 / 2014	
Mailing Address 212 Stonecliff Dr		Amount 70.00	
City West Monro	State LA	Zip Code 71291	Transaction ID : a9c33891-d148-4b9c-9 Date of Disbursement or Obligation MM / DD / YYYY 11 / 12 / 2014
Purpose of Expenditure Salary		Category/ Type	001
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: LA
Calendar Year-To-Date Per Election for Office Sought		554635.78 Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶		117.70	
(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.			
Signature Ms. Emily Buchanan		Date MM / DD / YYYY 05 / 18 / 2015	
[Electronically Filed]			

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 3098 OF 3250
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M / D D / Y Y Y Y					
Full Name of Payee Carla K Pilgreen			Date of Public Distribution/Dissemination 11 / 12 / 2014		
Mailing Address 212 Stonecliff Dr			Amount 10.80		
City West Monro	State LA	Zip Code 71291	Transaction ID : e6a92d2a-1194-49dc-9		
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement or Obligation 11 / 12 / 2014		
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>LA</u>		
Calendar Year-To-Date Per Election for Office Sought		554635.78	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
Full Name of Payee Chelsey Waite			Date of Public Distribution/Dissemination 11 / 12 / 2014		
Mailing Address 3738 Woodland Ridge Blvd			Amount 25.00		
City Baton Rouge	State LA	Zip Code 70816	Transaction ID : b4fb1146-077c-465f-9		
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation 11 / 12 / 2014		
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>LA</u>		
Calendar Year-To-Date Per Election for Office Sought		554635.78	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			35.80		
(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.					
Signature Ms. Emily Buchanan		[Electronically Filed]		Date 05 / 18 / 2015	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 3099 OF 3250
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M / D D / Y Y Y Y Y Y					
Full Name of Payee Charleen Ecuyer			Date of Public Distribution/Dissemination 11 / 12 / 2014		
Mailing Address 3738 Woodland Ridge Blvd			Amount 25.00		
City Baton Rouge		State LA	Zip Code 70816		Transaction ID : eb966ce0-5db7-485c-a Date of Disbursement or Obligation 11 / 12 / 2014
Purpose of Expenditure Salary		Category/ Type 001			
Name of Federal Candidate Ms. Mary L Landrieu			Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: LA		
Calendar Year-To-Date Per Election for Office Sought 554635.78			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
Full Name of Payee Vanessa E Ecuyer			Date of Public Distribution/Dissemination 11 / 12 / 2014		
Mailing Address 3738 Woodland Ridge Blvd			Amount 25.00		
City Baton Rouge		State LA	Zip Code 70816		Transaction ID : e65f52f6-1d14-4faa-b Date of Disbursement or Obligation 11 / 12 / 2014
Purpose of Expenditure Salary		Category/ Type 001			
Name of Federal Candidate Ms. Mary L Landrieu			Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: LA		
Calendar Year-To-Date Per Election for Office Sought 554635.78			Disbursement For: ☐ Primary ☒ 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.					
Signature Ms. Emily Buchanan			Date 05 / 18 / 2015		
			[Electronically Filed]		

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 3100 OF 3250
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC		FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M / D D / Y Y Y Y			
Full Name of Payee Charleen Ecuyer		Date of Public Distribution/Dissemination 11 / 12 / 2014	
Mailing Address 3738 Woodland Ridge Blvd		Amount 5.70	
City Baton Rouge	State LA	Zip Code 70816	Transaction ID : 711c8514-50d6-4fbd-b
Purpose of Expenditure Mileage	Category/ Type	002	Date of Disbursement or Obligation 11 / 12 / 2014
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: LA
Calendar Year-To-Date Per Election for Office Sought		554635.78	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶
Full Name of Payee Beau Autin		Date of Public Distribution/Dissemination 11 / 12 / 2014	
Mailing Address 345 Auroura Ave		Amount 40.00	
City Metairie	State LA	Zip Code 70006	Transaction ID : fb8d5930-0c96-4c3b-a
Purpose of Expenditure Salary	Category/ Type	001	Date of Disbursement or Obligation 11 / 12 / 2014
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: LA
Calendar Year-To-Date Per Election for Office Sought		554635.78	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures.....▶		45.70	
(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.			
Signature Ms. Emily Buchanan		Date 05 / 18 / 2015	
		[Electronically Filed]	

Full Name of Payee Lesley Lennox		Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 12 / 2014	
Mailing Address 2305 Cleary Ave		Amount 15.00	
City Metairie	State LA	Zip Code 70001	Transaction ID : 2311169a-4758-4882-9 Date of Disbursement or Obligation MM / DD / YYYY 11 / 12 / 2014
Purpose of Expenditure Salary	Category/ Type	001	
Name of Federal Candidate Ms. Mary L Landrieu	☐ Support ☒ Oppose	Office Sought: ☐ President ☒ Senate	District: 00 State: LA
Calendar Year-To-Date Per Election for Office Sought	554635.78	Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....	16.68
(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.

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 3102 OF 3250
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M M / D D D / Y Y Y Y Y Y					
Full Name of Payee Lesley Lennox			Date of Public Distribution/Dissemination 11 / 12 / 2014		
Mailing Address 2305 Cleary Ave			Amount 1.80		
City Metairie	State LA	Zip Code 70001	Transaction ID : 6c2819d1-c51a-43c5-b		
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement or Obligation 11 / 12 / 2014		
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: LA		
Calendar Year-To-Date Per Election for Office Sought		554635.78	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
Full Name of Payee Michael A Toomey			Date of Public Distribution/Dissemination 11 / 12 / 2014		
Mailing Address 4120 Bon Aire Dr Apt 6307			Amount 25.00		
City Monroe	State LA	Zip Code 71212	Transaction ID : 985f4c2a-2b82-4e78-9		
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation 11 / 12 / 2014		
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: LA		
Calendar Year-To-Date Per Election for Office Sought		554635.78	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			26.80		
(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.					
Signature Ms. Emily Buchanan		[Electronically Filed]		Date 05 / 18 / 2015	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 3103 OF 3250
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M M / D D D / Y Y Y Y Y Y					
Full Name of Payee Michael A Toomey			Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 11 / 12 / 2014		
Mailing Address 4120 Bon Aire Dr Apt 6307			Amount 13.50		
City Monroe		State LA	Zip Code 71212		Transaction ID : 1d85554c-38e2-4af0-9
Purpose of Expenditure Mileage		Category/ Type 002		Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 11 / 12 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu			☐ Support ☒ Oppose		Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: LA
Calendar Year-To-Date Per Election for Office Sought			554635.78 Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
Full Name of Payee Jenny N Brown			Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 11 / 12 / 2014		
Mailing Address 1270 Lovelady Rd			Amount 40.00		
City West Monroe		State LA	Zip Code 71292		Transaction ID : e4b770b0-c25a-4c78-8
Purpose of Expenditure Salary		Category/ Type 001		Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 11 / 12 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu			☐ Support ☒ Oppose		Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: LA
Calendar Year-To-Date Per Election for Office Sought			554635.78 Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			53.50		
(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.					
Signature Ms. Emily Buchanan			[Electronically Filed]		Date M M M / D D D / Y Y Y Y Y Y 05 / 18 / 2015

Full Name of Payee Cathy Longtin		Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 12 / 2014	
Mailing Address 827 Navavre Ave		Amount 80.00	
City New Orleans	State LA	Zip Code 70124	Transaction ID : e93052fb-521f-4fce-9
Purpose of Expenditure Salary	Category/ Type	001	Date of Disbursement or Obligation MM / DD / YYYY 11 / 12 / 2014
Name of Federal Candidate Ms. Mary L Landrieu	☐ Support ☒ Oppose	Office Sought: ☐ President ☒ Senate	District: 00 State: LA
Calendar Year-To-Date Per Election for Office Sought	554635.78	Disbursement For: ☐ Primary ☒ General ☐ 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.

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 3105 OF 3250
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC		FEC IDENTIFICATION NUMBER ▼ C C00530766
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on		MM / DD / YYYY

Full Name of Payee Cathy Longtin		Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 12 / 2014
Mailing Address 827 Navavre Ave		Amount 8.10
City New Orleans	State LA	Zip Code 70124
Purpose of Expenditure Mileage	Category/Type 002	Transaction ID : d19c3737-b579-4cf1-b Date of Disbursement or Obligation MM / DD / YYYY 11 / 12 / 2014
Name of Federal Candidate Ms. Mary L Landrieu		Office Sought: ☐ House District: 00 ☒ Senate State: LA
Calendar Year-To-Date Per Election for Office Sought 554635.78		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶

Full Name of Payee Jerome M Weil		Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 12 / 2014
Mailing Address 101 Durham Drive		Amount 20.00
City Lafayette	State LA	Zip Code 70508
Purpose of Expenditure Salary	Category/Type 001	Transaction ID : 092246d9-489f-463e-9 Date of Disbursement or Obligation MM / DD / YYYY 11 / 12 / 2014
Name of Federal Candidate Ms. Mary L Landrieu		Office Sought: ☐ House District: 00 ☒ Senate State: LA
Calendar Year-To-Date Per Election for Office Sought 554635.78		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	28.10
(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

MM / DD / YYYY
05 / 18 / 2015

Signature

Full Name of Payee Theresa a Youngblood		Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 12 / 2014	
Mailing Address 102 S Main Street Apt A2		Amount 40.00	
City Berryville	State VA	Zip Code 22611	Transaction ID : 61b9c43b-2168-4fa2-a
Purpose of Expenditure Salary	Category/ Type	001	Date of Disbursement or Obligation MM / DD / YYYY 11 / 12 / 2014
Name of Federal Candidate Ms. Mary L Landrieu	☐ Support ☒ Oppose	Office Sought: ☐ House ☒ Senate	District: 00 State: LA
Calendar Year-To-Date Per Election for Office Sought	554635.78	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	44.50
(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.

Date / /

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 3107 OF 3250
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC		FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on		M M M / D D D / Y Y Y Y Y Y	
Full Name of Payee Eva M Johnston		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 11 / 12 / 2014	
Mailing Address 2517 N 47th St		Amount 30.00	
City Milwaukee	State WI	Zip Code 53210	Transaction ID : 954113e7-78f4-4b4a-9
Purpose of Expenditure Salary		Category/Type 001	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 11 / 12 / 2014
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: LA
Calendar Year-To-Date Per Election for Office Sought 554635.78		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Julia Perry		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 11 / 12 / 2014	
Mailing Address 2046 Perrin St Apt C		Amount 90.00	
City Shreveport	State LA	Zip Code 71101	Transaction ID : 765ced04-13e7-40af-b
Purpose of Expenditure Salary		Category/Type 001	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 11 / 12 / 2014
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: LA
Calendar Year-To-Date Per Election for Office Sought 554635.78		Disbursement For: ☐ Primary ☒ 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]	
Signature		Date M M M / D D D / Y Y Y Y Y Y 05 / 18 / 2015	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 3108 OF 3250
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M M / D D D / Y Y Y Y Y Y					
Full Name of Payee Julia Perry			Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 11 / 12 / 2014		
Mailing Address 2046 Perrin St Apt C			Amount 13.50		
City Shreveport		State LA	Zip Code 71101		Transaction ID : ba68940d-727f-43d4-a
Purpose of Expenditure Mileage		Category/ Type 002		Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 11 / 12 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu			☐ Support ☒ Oppose		Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>LA</u>
Calendar Year-To-Date Per Election for Office Sought 554635.78			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
Full Name of Payee Christopher Marquess			Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 11 / 12 / 2014		
Mailing Address 110 W Pecan St			Amount 50.00		
City Ville Platte		State LA	Zip Code 70586		Transaction ID : 37ec1d6a-b749-4a49-9
Purpose of Expenditure Salary		Category/ Type 001		Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 11 / 12 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu			☐ Support ☒ Oppose		Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>LA</u>
Calendar Year-To-Date Per Election for Office Sought 554635.78			Disbursement For: ☐ Primary ☒ 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.					
Signature Ms. Emily Buchanan			[Electronically Filed]		Date M M M / D D D / Y Y Y Y Y Y 05 / 18 / 2015

Full Name of Payee Christopher L Gilbert		Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 12 / 2014	
Mailing Address 55 Lovell Johnson Rd		Amount 60.00	
City Picayune	State MS	Zip Code 39466	Transaction ID : a0530535-511b-499d-9
Purpose of Expenditure Salary	Category/ Type	001	Date of Disbursement or Obligation MM / DD / YYYY 11 / 12 / 2014
Name of Federal Candidate Ms. Mary L Landrieu	☐ Support ☒ Oppose	Office Sought: ☐ President ☒ Senate	District: 00 State: LA
Calendar Year-To-Date Per Election for Office Sought	554635.78	Disbursement For: 2014 ☐ Other (specify) ▶	☐ Primary ☒ General

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	92.40
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 3110 OF 3250
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC		FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on		M M M / D D D / Y Y Y Y Y Y	
Full Name of Payee Christopher L Gilbert		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 11 / 12 / 2014	
Mailing Address 55 Lovell Johnson Rd		Amount 40.80	
City Picayune	State MS	Zip Code 39466	Transaction ID : b85a8be7-efaa-4d14-a
Purpose of Expenditure Mileage	Category/Type 002	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 11 / 12 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	
Office Sought: ☐ President ☒ Senate		District: 00 State: LA	
Calendar Year-To-Date Per Election for Office Sought 554635.78		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Gary W Fuhrmann		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 11 / 12 / 2014	
Mailing Address 9425 Jessica Drive		Amount 47.50	
City Shreveport	State LA	Zip Code 71106	Transaction ID : 0376f9f9-31ba-427d-b
Purpose of Expenditure Salary	Category/Type 001	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 11 / 12 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	
Office Sought: ☐ President ☒ Senate		District: 00 State: LA	
Calendar Year-To-Date Per Election for Office Sought 554635.78		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶		88.30	
(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.			
Signature Ms. Emily Buchanan		Date M M M / D D D / Y Y Y Y Y Y 05 / 18 / 2015	
[Electronically Filed]			

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 3111 OF 3250
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M M / D D D / Y Y Y Y Y Y					
Full Name of Payee Gary W Fuhrmann			Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 11 / 12 / 2014		
Mailing Address 9425 Jessica Drive			Amount 7.20		
City Shreveport		State LA	Zip Code 71106		Transaction ID : 1773fc02-b587-4f4b-8
Purpose of Expenditure Mileage		Category/ Type 002		Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 11 / 12 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu			Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: LA		
Calendar Year-To-Date Per Election for Office Sought			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
Full Name of Payee Felicia A Jones			Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 11 / 12 / 2014		
Mailing Address 4106 Martha St			Amount 80.00		
City Shreveport		State LA	Zip Code 71109		Transaction ID : 5e068a41-88f2-4be8-b
Purpose of Expenditure Salary		Category/ Type 001		Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 11 / 12 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu			Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: LA		
Calendar Year-To-Date Per Election for Office Sought			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			87.20		
(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.					
Signature Ms. Emily Buchanan			Date M M M / D D D / Y Y Y Y Y Y 05 / 18 / 2015		
[Electronically Filed]					

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 3112 OF 3250
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC		FEC IDENTIFICATION NUMBER ▼ C C00530766
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M / D D / Y Y Y Y Y Y		

Full Name of Payee Felicia A Jones		Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 11 / 12 / 2014
Mailing Address 4106 Martha St		Amount 9.90
City Shreveport	State LA	Zip Code 71109
Purpose of Expenditure Mileage	Category/ Type 002	Transaction ID : 8106d426-9459-4e1c-b Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 11 / 12 / 2014
Name of Federal Candidate Ms. Mary L Landrieu		Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: LA
Calendar Year-To-Date Per Election for Office Sought 554635.78		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶

Full Name of Payee Zachary Vidrine		Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 11 / 12 / 2014
Mailing Address 202 Rue Des Cajun		Amount 65.00
City Ville Platte	State LA	Zip Code 70586
Purpose of Expenditure Salary	Category/ Type 001	Transaction ID : ed6c3691-8212-47d7-8 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 11 / 12 / 2014
Name of Federal Candidate Ms. Mary L Landrieu		Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: LA
Calendar Year-To-Date Per Election for Office Sought 554635.78		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	74.90
(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

M M / D D / Y Y Y Y Y Y
05 / 18 / 2015

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 3113 OF 3250
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M M / D D D / Y Y Y Y Y Y					
Full Name of Payee Zachary Vidrine			Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 11 / 12 / 2014		
Mailing Address 202 Rue Des Cajun			Amount 16.80		
City Ville Platte	State LA	Zip Code 70586	Transaction ID : 54044546-d0ec-4f9d-b Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 11 / 12 / 2014		
Purpose of Expenditure Mileage		Category/ Type 002	Name of Federal Candidate Ms. Mary L Landrieu ☐ Support ☒ Oppose		
Calendar Year-To-Date Per Election for Office Sought 554635.78		Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: LA			
		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶			
Full Name of Payee Michael Vidrine			Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 11 / 12 / 2014		
Mailing Address 1103 West Wilson Street			Amount 70.00		
City Ville Platte	State LA	Zip Code 70586	Transaction ID : 352347da-4d02-4610-9 Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 11 / 12 / 2014		
Purpose of Expenditure Salary		Category/ Type 001	Name of Federal Candidate Ms. Mary L Landrieu ☐ Support ☒ Oppose		
Calendar Year-To-Date Per Election for Office Sought 554635.78		Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: LA			
		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶			
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			86.80		
(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.					
Signature Ms. Emily Buchanan		[Electronically Filed]		Date M M M / D D D / Y Y Y Y Y Y 05 / 18 / 2015	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 3114 OF 3250
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M / D D / Y Y Y Y Y Y					
Full Name of Payee Michael Vidrine			Date of Public Distribution/Dissemination 11 / 12 / 2014		
Mailing Address 1103 West Wilson Street			Amount 21.90		
City Ville Platte	State LA	Zip Code 70586	Transaction ID : 6c828c08-c79e-4745-9		
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement or Obligation 11 / 12 / 2014		
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>LA</u>		
Calendar Year-To-Date Per Election for Office Sought		554635.78	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
Full Name of Payee Cynthia N Schmit			Date of Public Distribution/Dissemination 11 / 12 / 2014		
Mailing Address 2226 Taft Circle Apt 1			Amount 15.00		
City Winchester	State VA	Zip Code 22601	Transaction ID : b8f9a818-88fa-4738-b		
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation 11 / 12 / 2014		
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>LA</u>		
Calendar Year-To-Date Per Election for Office Sought		554635.78	Disbursement For: ☐ Primary ☒ 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.					
Signature Ms. Emily Buchanan		[Electronically Filed]		Date 05 / 18 / 2015	

Full Name of Payee Gregory Green			Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 12 / 2014		
Mailing Address 2506 Bolch Street			Amount 61.20		
City Shreveport	State LA	Zip Code 71104	Transaction ID : 5155c909-52cd-4e50-b Date of Disbursement or Obligation MM / DD / YYYY 11 / 12 / 2014		
Purpose of Expenditure Mileage		Category/ Type 002			
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House ☒ Senate ☐ President ☐ Other (specify) _____		
Calendar Year-To-Date Per Election for Office Sought		554635.78	Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ► _____		

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	141.20
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

05 / 18 / 2015

FEC Schedule E (Form 3X) Rev. 09/2013

Full Name of Payee Joneisha Stewart		Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 12 / 2014	
Mailing Address 2329 Runnymede Dr		Amount 30.00	
City Marrero	State LA	Zip Code 70072	Transaction ID : 5440c755-ed7c-4964-b Date of Disbursement or Obligation MM / DD / YYYY 11 / 12 / 2014
Purpose of Expenditure Salary		Category/ Type 001	
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: LA
Calendar Year-To-Date Per Election for Office Sought		554635.78	Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ►

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	60.00
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

05 / 18 / 2015

FEC Schedule E (Form 3X) Rev. 09/2013

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 3117 OF 3250
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M M / D D D / Y Y Y Y Y Y					
Full Name of Payee Joneisha Stewart			Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 11 / 12 / 2014		
Mailing Address 2329 Runnymede Dr			Amount 9.00		
City Marrero	State LA	Zip Code 70072	Transaction ID : 678d87ec-be01-49db-a		
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 11 / 12 / 2014		
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>LA</u>		
Calendar Year-To-Date Per Election for Office Sought		554635.78	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
Full Name of Payee Jessica R Resendiz			Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 11 / 12 / 2014		
Mailing Address 9685 Paula St			Amount 90.00		
City Keithville	State LA	Zip Code 71047	Transaction ID : 755cac04-5e0c-42ac-9		
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 11 / 12 / 2014		
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>LA</u>		
Calendar Year-To-Date Per Election for Office Sought		554635.78	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			99.00		
(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 M M M / D D D / Y Y Y Y Y Y 05 / 18 / 2015		
Signature					

Full Name of Payee Lilly Green			Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 12 / 2014		
Mailing Address 205 Medallion Circle			Amount 80.00		
City Shreveport	State LA	Zip Code 71119	Transaction ID : e908b987-a5b7-4df1-9 Date of Disbursement or Obligation MM / DD / YYYY 11 / 12 / 2014		
Purpose of Expenditure Salary		Category/ Type 001			
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: LA		
Calendar Year-To-Date Per Election for Office Sought		554635.78	Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ▶		

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	99.20
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

Ms. Emily Buchanan

[Electronically Filed]

Date 05 / 18 / 2015

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 3119 OF 3250
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M / D D / Y Y Y Y Y Y					
Full Name of Payee Lilly Green			Date of Public Distribution/Dissemination 11 / 12 / 2014		
Mailing Address 205 Medallion Circle			Amount 67.80		
City Shreveport	State LA	Zip Code 71119	Transaction ID : 8fac0689-9570-4ba3-8		
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement or Obligation 11 / 12 / 2014		
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: LA		
Calendar Year-To-Date Per Election for Office Sought		554635.78	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
Full Name of Payee Timothy Foley			Date of Public Distribution/Dissemination 11 / 12 / 2014		
Mailing Address 20679 Glenbrook Terrace			Amount 40.00		
City Sterling	State VA	Zip Code 20165	Transaction ID : c7265457-7186-4fc9-9		
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation 11 / 12 / 2014		
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: LA		
Calendar Year-To-Date Per Election for Office Sought		554635.78	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			107.80		
(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.					
Signature Ms. Emily Buchanan		[Electronically Filed]		Date 05 / 18 / 2015	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 3120 OF 3250
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M M / D D D / Y Y Y Y Y Y					
Full Name of Payee Hannah J Landry			Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 11 / 12 / 2014		
Mailing Address 1110 N Coolidge			Amount 110.00		
City Gonzales	State LA	Zip Code 70737	Transaction ID : ac884fbc-43f4-4776-a		
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 11 / 12 / 2014		
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>LA</u>		
Calendar Year-To-Date Per Election for Office Sought		554635.78	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
Full Name of Payee Hannah J Landry			Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 11 / 12 / 2014		
Mailing Address 1110 N Coolidge			Amount 31.26		
City Gonzales	State LA	Zip Code 70737	Transaction ID : 66d19e56-77e2-40db-8		
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 11 / 12 / 2014		
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>LA</u>		
Calendar Year-To-Date Per Election for Office Sought		554635.78	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			141.26		
(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 M M M / D D D / Y Y Y Y Y Y 05 / 18 / 2015		
Signature					

Full Name of Payee Philip Elkins		Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 12 / 2014	
Mailing Address 227 Lincoln Dr		Amount 15.09	
City Bossier City	State LA	Zip Code 71111	Transaction ID : 6254c1bd-9175-4cb2-a Date of Disbursement or Obligation MM / DD / YYYY 11 / 12 / 2014
Purpose of Expenditure Mileage		Category/ Type 002	
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: LA
Calendar Year-To-Date Per Election for Office Sought 554635.78		Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	35.09
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

FEC Schedule E (Form 3X) Rev. 09/2013

Full Name of Payee Elvis Spears		Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 12 / 2014	
Mailing Address 2150 Hope St		Amount 8.40	
City New Orleans	State LA	Zip Code 70119	Transaction ID : 3437ad78-2759-4868-b
Purpose of Expenditure Mileage	Category/ Type 002	Date of Disbursement or Obligation MM / DD / YYYY 11 / 12 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu	☐ Support ☒ Oppose	Office Sought: ☐ President ☒ Senate	District: 00 State: LA
Calendar Year-To-Date Per Election for Office Sought	554635.78	Disbursement For: 2014 ☐ Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	88.40
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 3124 OF 3250
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M / D D / Y Y Y Y Y Y				
Full Name of Payee ERIC TABARY			Date of Public Distribution/Dissemination 11 / 12 / 2014	
Mailing Address 6101 NORA ST			Amount 40.00	
City METAIRIE	State LA	Zip Code 70003	Transaction ID : edaf9bdf-aa53-4038-9	
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation 11 / 12 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: LA	
Calendar Year-To-Date Per Election for Office Sought		554635.78	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee ERIC TABARY			Date of Public Distribution/Dissemination 11 / 12 / 2014	
Mailing Address 6101 NORA ST			Amount 1.20	
City METAIRIE	State LA	Zip Code 70003	Transaction ID : 82f83012-6101-49ad-9	
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement or Obligation 11 / 12 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: LA	
Calendar Year-To-Date Per Election for Office Sought		554635.78	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures.....▶			41.20	
(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 05 / 18 / 2015	
Signature				

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 3125 OF 3250
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M M / D D D / Y Y Y Y Y Y					
Full Name of Payee Carl Brent			Date of Public Distribution/Dissemination 11 / 12 / 2014		
Mailing Address 6718 Lake Willow Dr			Amount 80.00		
City New Orleans		State LA	Zip Code 70126		Transaction ID : f486d6d1-86c7-4c07-8
Purpose of Expenditure Salary		Category/Type 001		Date of Disbursement or Obligation 11 / 12 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu			☐ Support ☒ Oppose Office Sought: ☐ House ☒ Senate District: 00 ☐ President State: LA		
Calendar Year-To-Date Per Election for Office Sought 554635.78			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
Full Name of Payee Carl Brent			Date of Public Distribution/Dissemination 11 / 12 / 2014		
Mailing Address 6718 Lake Willow Dr			Amount 11.70		
City New Orleans		State LA	Zip Code 70126		Transaction ID : 11fa9be2-e135-4f34-9
Purpose of Expenditure Mileage		Category/Type 002		Date of Disbursement or Obligation 11 / 12 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu			☐ Support ☒ Oppose Office Sought: ☐ House ☒ Senate District: 00 ☐ President State: LA		
Calendar Year-To-Date Per Election for Office Sought 554635.78			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			91.70		
(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.					
Signature Ms. Emily Buchanan			Date 05 / 18 / 2015		

[Electronically Filed]

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 3126 OF 3250
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M M / D D D / Y Y Y Y Y Y					
Full Name of Payee Brogan A Benoit			Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 11 / 12 / 2014		
Mailing Address 7144 South River Rd			Amount 60.00		
City Addis		State LA	Zip Code 70710		Transaction ID : 39174aae-47d0-4a2a-b
Purpose of Expenditure Salary		Category/ Type 001		Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 11 / 12 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu			☐ Support ☒ Oppose		Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: LA
Calendar Year-To-Date Per Election for Office Sought			554635.78 Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
Full Name of Payee Brogan A Benoit			Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 11 / 12 / 2014		
Mailing Address 7144 South River Rd			Amount 6.30		
City Addis		State LA	Zip Code 70710		Transaction ID : 29e64584-3603-4adc-8
Purpose of Expenditure Mileage		Category/ Type 002		Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 11 / 12 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu			☐ Support ☒ Oppose		Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: LA
Calendar Year-To-Date Per Election for Office Sought			554635.78 Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			66.30		
(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.					
Signature Ms. Emily Buchanan			[Electronically Filed]		Date M M M / D D D / Y Y Y Y Y Y 05 / 18 / 2015

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 3127 OF 3250
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M M / D D D / Y Y Y Y Y Y					
Full Name of Payee Gage Blank			Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 11 / 12 / 2014		
Mailing Address 5342 Eudora Dr			Amount 40.00		
City Addis		State LA	Zip Code 70710		Transaction ID : dcb3448d-f472-4545-b
Purpose of Expenditure Salary		Category/ Type 001		Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 11 / 12 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu			☐ Support ☒ Oppose Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: LA		
Calendar Year-To-Date Per Election for Office Sought 554635.78			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
Full Name of Payee Gage Blank			Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 11 / 12 / 2014		
Mailing Address 5342 Eudora Dr			Amount 7.50		
City Addis		State LA	Zip Code 70710		Transaction ID : a1002301-3c91-46f7-b
Purpose of Expenditure Mileage		Category/ Type 002		Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 11 / 12 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu			☐ Support ☒ Oppose Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: LA		
Calendar Year-To-Date Per Election for Office Sought 554635.78			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			47.50		
(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.					
Signature Ms. Emily Buchanan			Date M M M / D D D / Y Y Y Y Y Y 05 / 18 / 2015		
[Electronically Filed]					

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 3128 OF 3250
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M M / D D D / Y Y Y Y Y Y					
Full Name of Payee Cynthia J Christmas			Date of Public Distribution/Dissemination 11 / 12 / 2014		
Mailing Address 1731 Frenchmen St			Amount 90.00		
City New Orleans	State LA	Zip Code 70116	Transaction ID : b7021d60-9496-4dfc-8		
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation 11 / 12 / 2014		
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>LA</u>		
Calendar Year-To-Date Per Election for Office Sought		554635.78	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶ _____		
Full Name of Payee Cynthia J Christmas			Date of Public Distribution/Dissemination 11 / 12 / 2014		
Mailing Address 1731 Frenchmen St			Amount 8.40		
City New Orleans	State LA	Zip Code 70116	Transaction ID : bf9b7660-143d-4fac-8		
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement or Obligation 11 / 12 / 2014		
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>LA</u>		
Calendar Year-To-Date Per Election for Office Sought		554635.78	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶ _____		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			98.40		
(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.					
Signature Ms. Emily Buchanan		[Electronically Filed]		Date 05 / 18 / 2015	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 3129 OF 3250
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC		FEC IDENTIFICATION NUMBER ▼ C C00530766
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on		MM / DD / YYYY

Full Name of Payee Evelyn Lesaicherre		Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 12 / 2014
Mailing Address 629 Radiance Ave		Amount 80.00
City Metairie	State LA	Zip Code 70001
Purpose of Expenditure Salary		Category/Type 001
Name of Federal Candidate Ms. Mary L Landrieu		Office Sought: ☐ House ☒ Senate ☐ President ☐ General
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶

Full Name of Payee Evelyn Lesaicherre		Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 12 / 2014
Mailing Address 629 Radiance Ave		Amount 5.40
City Metairie	State LA	Zip Code 70001
Purpose of Expenditure Mileage		Category/Type 002
Name of Federal Candidate Ms. Mary L Landrieu		Office Sought: ☐ House ☒ Senate ☐ President ☐ General
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	85.40
(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]

Signature

Date

MM / DD / YYYY
05 / 18 / 2015

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 3130 OF 3250
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on MM / DD / YYYY				
Full Name of Payee Christine Stevens			Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 12 / 2014	
Mailing Address 100 Asbury Ct			Amount 70.00	
City Winchester	State VA	Zip Code 22602	Transaction ID : 9977de69-7ee6-400d-a	
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation MM / DD / YYYY 11 / 12 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: LA	
Calendar Year-To-Date Per Election for Office Sought 554635.78		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
Full Name of Payee Jazmine d Conner			Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 12 / 2014	
Mailing Address 100 ASBURY CT			Amount 60.00	
City WINCHESTER	State VA	Zip Code 22602	Transaction ID : 6c017352-1c7a-4cea-a	
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation MM / DD / YYYY 11 / 12 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: LA	
Calendar Year-To-Date Per Election for Office Sought 554635.78		Disbursement For: ☐ Primary ☒ 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.				
Signature Ms. Emily Buchanan		[Electronically Filed]		Date MM / DD / YYYY 05 / 18 / 2015

Full Name of Payee Rodney O Culbreath		Date of Public Distribution/Dissemination M M / D D / Y Y Y Y 11 / 12 / 2014	
Mailing Address 100 Asbury Ct		Amount 70.00	
City Winchester	State VA	Zip Code 22602	Transaction ID : 627d3aee-9f89-4d72-a Date of Disbursement or Obligation M M / D D / Y Y Y Y 11 / 12 / 2014
Purpose of Expenditure Salary		Category/Type 001	
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: LA
Calendar Year-To-Date Per Election for Office Sought		554635.78	Disbursement For: ☐ Primary ☒ General ☐ 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.

Date _____

Signature

MM / DD / YYYY

05 / 18 / 2015

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 3132 OF 3250
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC		FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on		M M M / D D D / Y Y Y Y Y Y	
Full Name of Payee Rodney D Culbreth		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 11 / 12 / 2014	
Mailing Address 100 Asbury CT 3200 Dam Neck Rd		Amount 70.00	
City Winchester	State VA	Zip Code 22602	Transaction ID : 569c08ff-4c11-469c-a
Purpose of Expenditure Salary	Category/ Type	001	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 11 / 12 / 2014
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: LA
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Rze Culbreath		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 11 / 12 / 2014	
Mailing Address 100 Asbury Ct		Amount 60.00	
City Winchester	State VA	Zip Code 22602	Transaction ID : 92db2f18-969f-4cb1-8
Purpose of Expenditure Salary	Category/ Type	001	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 11 / 12 / 2014
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: LA
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: ☐ Primary ☒ 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]	
Signature		Date M M M / D D D / Y Y Y Y Y Y 05 / 18 / 2015	

Full Name of Payee Sheri J Peace			Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 12 / 2014		
Mailing Address 9685 Paula St			Amount Amount 15.90		
City Keithville	State LA	Zip Code 71047	Transaction ID : 07a2af4c-fbbb-4c87-8 Date of Disbursement or Obligation MM / DD / YYYY 11 / 12 / 2014		
Purpose of Expenditure Mileage		Category/ Type 002			
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House ☒ Senate ☐ President ☒ Senate		
Calendar Year-To-Date Per Election for Office Sought Amount 554635.78		Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ▶ _____			

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	95.90
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

Ms. Emily Buchanan

[Electronically Filed]

Date 05 / 18 / 2015

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 3134 OF 3250
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on MM / DD / YYYY				
Full Name of Payee Lilly Green			Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 13 / 2014	
Mailing Address 205 Medallion Circle			Amount 20.00	
City Shreveport	State LA	Zip Code 71119	Transaction ID : 3d3cc417-a334-4719-b	
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation MM / DD / YYYY 11 / 13 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>LA</u>	
Calendar Year-To-Date Per Election for Office Sought		554635.78	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Lilly Green			Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 13 / 2014	
Mailing Address 205 Medallion Circle			Amount 21.00	
City Shreveport	State LA	Zip Code 71119	Transaction ID : a52881e5-dd73-42d4-a	
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement or Obligation MM / DD / YYYY 11 / 13 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>LA</u>	
Calendar Year-To-Date Per Election for Office Sought		554635.78	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			41.00	
(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.				
Signature <i>Ms. Emily Buchanan</i>		[Electronically Filed]		Date MM / DD / YYYY 05 / 18 / 2015

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 3135 OF 3250
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M / D D / Y Y Y Y Y Y					
Full Name of Payee Amanda Boley			Date of Public Distribution/Dissemination 11 / 13 / 2014		
Mailing Address Split Oak Drive			Amount 47.50		
City charlotte	State NC	Zip Code 28227	Transaction ID : 98dd0306-d9fe-4436-a		
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation 11 / 13 / 2014		
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: LA		
Calendar Year-To-Date Per Election for Office Sought		554635.78	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
Full Name of Payee Amanda Boley			Date of Public Distribution/Dissemination 11 / 13 / 2014		
Mailing Address Split Oak Drive			Amount 16.86		
City charlotte	State NC	Zip Code 28227	Transaction ID : 6ca1171a-32ed-4966-b		
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement or Obligation 11 / 13 / 2014		
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: LA		
Calendar Year-To-Date Per Election for Office Sought		554635.78	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			64.36		
(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 05 / 18 / 2015		
Signature					

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 3136 OF 3250
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC		FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on		M M M / D D D / Y Y Y Y Y Y	
Full Name of Payee Amanda Boley		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 11 / 12 / 2014	
Mailing Address Split Oak Drive		Amount 67.50	
City charlotte	State NC	Zip Code 28227	Transaction ID : c4594c6a-4533-40ab-9
Purpose of Expenditure Salary	Category/ Type	001	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 11 / 12 / 2014
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: LA
Calendar Year-To-Date Per Election for Office Sought		554635.78	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶
Full Name of Payee Amanda Boley		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 11 / 12 / 2014	
Mailing Address Split Oak Drive		Amount 17.10	
City charlotte	State NC	Zip Code 28227	Transaction ID : e70ff7c0-1669-4f27-8
Purpose of Expenditure Mileage	Category/ Type	002	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 11 / 12 / 2014
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: LA
Calendar Year-To-Date Per Election for Office Sought		554635.78	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures.....		84.60	
(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.			
Signature <i>Ms. Emily Buchanan</i>		Date M M M / D D D / Y Y Y Y Y Y 05 / 18 / 2015	
		[Electronically Filed]	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 3137 OF 3250
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC		FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on		MM / DD / YYYY	
Full Name of Payee Corey S McKnight		Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 13 / 2014	
Mailing Address 1510 Bailey St		Amount 30.00	
City West Monroe	State LA	Zip Code 71292	Transaction ID : 4c58de05-af59-43c6-a
Purpose of Expenditure Salary	Category/Type 001	Date of Disbursement or Obligation MM / DD / YYYY 11 / 13 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	
Office Sought: ☐ President ☒ Senate		District: 00 State: LA	
Calendar Year-To-Date Per Election for Office Sought 554635.78		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Heather A Smith		Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 13 / 2014	
Mailing Address 995 Clairborne Rd		Amount 33.00	
City Calhoun	State LA	Zip Code 71225	Transaction ID : 25428b02-ec65-406d-a
Purpose of Expenditure Salary	Category/Type 001	Date of Disbursement or Obligation MM / DD / YYYY 11 / 13 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	
Office Sought: ☐ President ☒ Senate		District: 00 State: LA	
Calendar Year-To-Date Per Election for Office Sought 554635.78		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶		63.00	
(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.			
Signature Ms. Emily Buchanan		Date MM / DD / YYYY 05 / 18 / 2015	
		[Electronically Filed]	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 3138 OF 3250
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M / D D / Y Y Y Y				
Full Name of Payee Heather A Smith			Date of Public Distribution/Dissemination 11 / 13 / 2014	
Mailing Address 995 Clairborne Rd			Amount 21.00	
City Calhoun	State LA	Zip Code 71225	Transaction ID : d6472eab-34ca-47e8-8 Date of Disbursement or Obligation 11 / 13 / 2014	
Purpose of Expenditure Mileage		Category/ Type 002		
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: LA	
Calendar Year-To-Date Per Election for Office Sought		554635.78	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Gregory Green			Date of Public Distribution/Dissemination 11 / 13 / 2014	
Mailing Address 2506 Bolch Street			Amount 40.00	
City Shreveport	State LA	Zip Code 71104	Transaction ID : ac5a2e5b-0cef-4cec-b Date of Disbursement or Obligation 11 / 13 / 2014	
Purpose of Expenditure Salary		Category/ Type 001		
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: LA	
Calendar Year-To-Date Per Election for Office Sought		554635.78	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			61.00	
(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.				
Signature Ms. Emily Buchanan		[Electronically Filed]		Date 05 / 18 / 2015

Full Name of Payee Alice K Salazar		Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 13 / 2014	
Mailing Address 605 W Houston St		Amount 80.00	
City Marshall	State TX	Zip Code 75633	Transaction ID : b2c2e6af-a6ac-4c4a-b Date of Disbursement or Obligation MM / DD / YYYY 11 / 13 / 2014
Purpose of Expenditure Salary		Category/ Type 001	
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House ☒ Senate ☐ President ☐ Other (specify) _____
Calendar Year-To-Date Per Election for Office Sought		554635.78	Disbursement For: ☐ Primary ☒ General ☐ Other (specify) _____

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	94.10
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

Ms. Emily Buchanan

[Electronically Filed]

Date 05 / 18 / 2015

Signature _____

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 3140 OF 3250
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M M / D D D / Y Y Y Y Y Y				
Full Name of Payee Alice K Salazar			Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 11 / 13 / 2014	
Mailing Address 605 W Houston St			Amount 50.10	
City Marshall	State TX	Zip Code 75633	Transaction ID : f26beb8b-578c-49ca-b	
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 11 / 13 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>LA</u>	
Calendar Year-To-Date Per Election for Office Sought		554635.78	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Michael A Toomey			Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 11 / 13 / 2014	
Mailing Address 4120 Bon Aire Dr Apt 6307			Amount 35.00	
City Monroe	State LA	Zip Code 71212	Transaction ID : 1052b76f-198f-4ddf-9	
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 11 / 13 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>LA</u>	
Calendar Year-To-Date Per Election for Office Sought		554635.78	Disbursement For: ☐ Primary ☒ 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 M M M / D D D / Y Y Y Y Y Y 05 / 18 / 2015	
Signature				

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 3141 OF 3250
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC		FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on		M M M / D D D / Y Y Y Y Y Y	
Full Name of Payee Michael A Toomey		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 11 / 13 / 2014	
Mailing Address 4120 Bon Aire Dr Apt 6307		Amount 7.20	
City Monroe	State LA	Zip Code 71212	Transaction ID : 8a1afaff-805a-4d5a-9
Purpose of Expenditure Mileage	Category/ Type 002	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 11 / 13 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	
Office Sought: ☐ President ☒ Senate		District: 00 State: LA	
Calendar Year-To-Date Per Election for Office Sought 554635.78		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Tammay Williams		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 11 / 13 / 2014	
Mailing Address 924 N. Prieur St		Amount 70.00	
City New Orleans	State LA	Zip Code 70116	Transaction ID : 28ae825c-1d8e-4702-a
Purpose of Expenditure Salary	Category/ Type 001	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 11 / 13 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	
Office Sought: ☐ President ☒ Senate		District: 00 State: LA	
Calendar Year-To-Date Per Election for Office Sought 554635.78		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶		77.20	
(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]	
Signature		Date 05 / 18 / 2015	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 3142 OF 3250
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC		FEC IDENTIFICATION NUMBER ▼ C C00530766
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on		MM / DD / YYYY

Full Name of Payee Tammy Williams		Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 13 / 2014
Mailing Address 924 N. Prieur St		Amount 15.00
City New Orleans	State LA	Zip Code 70116
Purpose of Expenditure Mileage	Category/Type 002	Transaction ID : 799b9771-3b43-49a1-9 Date of Disbursement or Obligation MM / DD / YYYY 11 / 13 / 2014
Name of Federal Candidate Ms. Mary L Landrieu		Office Sought: ☐ House District: 00 ☒ Senate State: LA
Calendar Year-To-Date Per Election for Office Sought 554635.78		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶

Full Name of Payee Antoinette Franklin		Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 13 / 2014
Mailing Address 8822 Apple St		Amount 50.00
City New Orleans	State LA	Zip Code 70188
Purpose of Expenditure Salary	Category/Type 001	Transaction ID : ea9ecbc4-a24a-461c-a Date of Disbursement or Obligation MM / DD / YYYY 11 / 13 / 2014
Name of Federal Candidate Ms. Mary L Landrieu		Office Sought: ☐ House District: 00 ☒ Senate State: LA
Calendar Year-To-Date Per Election for Office Sought 554635.78		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	65.00
(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

MM / DD / YYYY
05 / 18 / 2015

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 3143 OF 3250
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC		FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on		M M M / D D D / Y Y Y Y Y Y	

Full Name of Payee Antoinette Franklin		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 11 / 13 / 2014	
Mailing Address 8822 Apple St		Amount 12.00	
City New Orleans	State LA	Zip Code 70188	Transaction ID : a436bee8-f26f-468d-b
Purpose of Expenditure Mileage	Category/Type 002	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 11 / 13 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu		Office Sought: ☐ House District: 00 ☒ Senate State: LA	
Calendar Year-To-Date Per Election for Office Sought 554635.78		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	

Full Name of Payee Patricia F Arnold		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 11 / 13 / 2014	
Mailing Address 1117 Clipper Dr		Amount 25.00	
City Slidell	State LA	Zip Code 70458	Transaction ID : 76ca90d8-5d2f-473e-9
Purpose of Expenditure Salary	Category/Type 001	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 11 / 13 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu		Office Sought: ☐ House District: 00 ☒ Senate State: LA	
Calendar Year-To-Date Per Election for Office Sought 554635.78		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	37.00
(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]

Signature

Date

M M M / D D D / Y Y Y Y Y Y
05 / 18 / 2015

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 3144 OF 3250
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M / D D / Y Y Y Y Y Y					
Full Name of Payee Patricia F Arnold			Date of Public Distribution/Dissemination 11 / 13 / 2014		
Mailing Address 1117 Clipper Dr			Amount 3.66		
City Slidell	State LA	Zip Code 70458	Transaction ID : da0c8e00-0190-4607-b		
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement or Obligation 11 / 13 / 2014		
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: LA		
Calendar Year-To-Date Per Election for Office Sought		554635.78	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
Full Name of Payee Felicia A Jones			Date of Public Distribution/Dissemination 11 / 13 / 2014		
Mailing Address 4106 Martha St			Amount 80.00		
City Shreveport	State LA	Zip Code 71109	Transaction ID : 2f466dc0-711a-426c-9		
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation 11 / 13 / 2014		
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: LA		
Calendar Year-To-Date Per Election for Office Sought		554635.78	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures.....▶			83.66		
(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.					
Signature Ms. Emily Buchanan		[Electronically Filed]		Date 05 / 18 / 2015	

Full Name of Payee Felicia A Jones		Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 13 / 2014	
Mailing Address 4106 Martha St		Amount 11.10	
City Shreveport	State LA	Zip Code 71109	Transaction ID : f8293aa5-ab0c-4777-8
Purpose of Expenditure Mileage	Category/ Type	002	Date of Disbursement or Obligation MM / DD / YYYY 11 / 13 / 2014
Name of Federal Candidate Ms. Mary L Landrieu	☐ Support ☒ Oppose	Office Sought: ☐ House ☒ Senate	District: 00 State: LA
Calendar Year-To-Date Per Election for Office Sought	554635.78		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶

Full Name of Payee Heather Ainsworth		Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 13 / 2014	
Mailing Address 9685 Paula St		Amount 80.00	
City Keithville	State LA	Zip Code 71047	Transaction ID : 6d0d899d-1d0c-41d7-8 Date of Disbursement or Obligation MM / DD / YYYY 11 / 13 / 2014
Purpose of Expenditure Salary	Category/ Type	001	
Name of Federal Candidate Ms. Mary L Landrieu	☐ Support ☒ Oppose	Office Sought: ☐ President ☒ Senate ☐ Other (specify) ▶	District: 00 State: LA Disbursement For: ☐ Primary ☒ General
Calendar Year-To-Date Per Election for Office Sought		554635.78	

(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.

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 3146 OF 3250
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M M / D D D / Y Y Y Y Y Y					
Full Name of Payee Heather Ainsworth			Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 11 / 13 / 2014		
Mailing Address 9685 Paula St			Amount 19.50		
City Keithville	State LA	Zip Code 71047	Transaction ID : 55c84915-b138-4f76-8		
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 11 / 13 / 2014		
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>LA</u>		
Calendar Year-To-Date Per Election for Office Sought		554635.78	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
Full Name of Payee Cathy Longtin			Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 11 / 13 / 2014		
Mailing Address 827 Navavre Ave			Amount 30.00		
City New Orleans	State LA	Zip Code 70124	Transaction ID : 1780e575-f8ce-4016-a		
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 11 / 13 / 2014		
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>LA</u>		
Calendar Year-To-Date Per Election for Office Sought		554635.78	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			49.50		
(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.					
Signature Ms. Emily Buchanan		[Electronically Filed]		Date M M M / D D D / Y Y Y Y Y Y 05 / 18 / 2015	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 3147 OF 3250
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M M / D D D / Y Y Y Y Y Y					
Full Name of Payee Cathy Longtin			Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 11 / 13 / 2014		
Mailing Address 827 Navavre Ave			Amount 4.80		
City New Orleans	State LA	Zip Code 70124	Transaction ID : 3e05f818-6557-4bf4-8		
Purpose of Expenditure Mileage		Category/Type 002	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 11 / 13 / 2014		
Name of Federal Candidate Ms. Mary L Landrieu			Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>LA</u>		
Calendar Year-To-Date Per Election for Office Sought 554635.78			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶ _____		
Full Name of Payee Gary W Fuhrmann			Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 11 / 13 / 2014		
Mailing Address 9425 Jessica Drive			Amount 50.00		
City Shreveport	State LA	Zip Code 71106	Transaction ID : 409b2e94-f9ec-4c92-a		
Purpose of Expenditure Salary		Category/Type 001	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 11 / 13 / 2014		
Name of Federal Candidate Ms. Mary L Landrieu			Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>LA</u>		
Calendar Year-To-Date Per Election for Office Sought 554635.78			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶ _____		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			54.80		
(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.					
Signature <u>Ms. Emily Buchanan</u> [Electronically Filed]			Date M M M / D D D / Y Y Y Y Y Y 05 / 18 / 2015		

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 3148 OF 3250
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC		FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on		M M M / D D D / Y Y Y Y Y Y	
Full Name of Payee Gary W Fuhrmann		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 11 / 13 / 2014	
Mailing Address 9425 Jessica Drive		Amount 10.80	
City Shreveport	State LA	Zip Code 71106	Transaction ID : 9a1c0b3b-d824-4246-9
Purpose of Expenditure Mileage	Category/ Type 002	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 11 / 13 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	
Office Sought: ☐ President ☒ Senate		District: 00 State: LA	
Calendar Year-To-Date Per Election for Office Sought 554635.78		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Francesca Blom		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 11 / 13 / 2014	
Mailing Address 101 Asbury Ct		Amount 97.50	
City Winchester	State VA	Zip Code 22602	Transaction ID : 94f92995-0525-47df-b
Purpose of Expenditure Salary	Category/ Type 001	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 11 / 13 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	
Office Sought: ☐ President ☒ Senate		District: 00 State: LA	
Calendar Year-To-Date Per Election for Office Sought 554635.78		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶		108.30	
(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.			
Signature Ms. Emily Buchanan		Date M M M / D D D / Y Y Y Y Y Y 05 / 18 / 2015	
		[Electronically Filed]	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 3149 OF 3250
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC		FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on		MM / DD / YYYY / / MM / DD / YYYY / /	

Full Name of Payee Zachary Vidrine		Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 13 / 2014	
Mailing Address 202 Rue Des Cajun		Amount 50.00	
City Ville Platte	State LA	Zip Code 70586	Transaction ID : 55d28335-b9c7-408a-b
Purpose of Expenditure Salary	Category/ Type 001	Date of Disbursement or Obligation MM / DD / YYYY 11 / 13 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: LA
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	

Full Name of Payee Zachary Vidrine		Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 13 / 2014	
Mailing Address 202 Rue Des Cajun		Amount 19.20	
City Ville Platte	State LA	Zip Code 70586	Transaction ID : d2f4ce59-b68f-49e0-9
Purpose of Expenditure Mileage	Category/ Type 002	Date of Disbursement or Obligation MM / DD / YYYY 11 / 13 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: LA
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: ☐ Primary ☒ 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.

Ms. Emily Buchanan

[Electronically Filed]

Date

 MM / DD / YYYY
 05 / 18 / 2015

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 3150 OF 3250
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M M / D D D / Y Y Y Y Y Y					
Full Name of Payee Christopher L Gilbert			Date of Public Distribution/Dissemination 11 / 13 / 2014		
Mailing Address 55 Lovell Johnson Rd			Amount 60.00		
City Picayune	State MS	Zip Code 39466	Transaction ID : 8f48853a-979e-4e88-9		
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation 11 / 13 / 2014		
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: LA		
Calendar Year-To-Date Per Election for Office Sought		554635.78	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
Full Name of Payee Christopher L Gilbert			Date of Public Distribution/Dissemination 11 / 13 / 2014		
Mailing Address 55 Lovell Johnson Rd			Amount 42.60		
City Picayune	State MS	Zip Code 39466	Transaction ID : 7b9078ee-6695-4925-9		
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement or Obligation 11 / 13 / 2014		
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: LA		
Calendar Year-To-Date Per Election for Office Sought		554635.78	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			102.60		
(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 05 / 18 / 2015		
Signature					

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 3151 OF 3250
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M / D D / Y Y Y Y Y Y					

Full Name of Payee Sheri J Peace			Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 11 / 13 / 2014		
Mailing Address 9685 Paula St			Amount 80.00		
City Keithville	State LA	Zip Code 71047	Transaction ID : 50b8e9ae-7cc5-4b65-8 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 11 / 13 / 2014		
Purpose of Expenditure Salary		Category/ Type 001			
Name of Federal Candidate Ms. Mary L Landrieu			☐ Support ☒ Oppose Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>LA</u>		
Calendar Year-To-Date Per Election for Office Sought 554635.78			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		

Full Name of Payee Sheri J Peace			Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 11 / 13 / 2014		
Mailing Address 9685 Paula St			Amount 23.40		
City Keithville	State LA	Zip Code 71047	Transaction ID : 3e981a68-5dce-43cb-8 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 11 / 13 / 2014		
Purpose of Expenditure Mileage		Category/ Type 002			
Name of Federal Candidate Ms. Mary L Landrieu			☐ Support ☒ Oppose Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>LA</u>		
Calendar Year-To-Date Per Election for Office Sought 554635.78			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	103.40
(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]

Signature _____ Date M M / D D / Y Y Y Y Y Y
05 / 18 / 2015

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 3152 OF 3250
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC		FEC IDENTIFICATION NUMBER ▼ C C00530766
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on		MM / DD / YYYY

Full Name of Payee Jessica R Resendiz		Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 13 / 2014
Mailing Address 9685 Paula St		Amount 90.00
City Keithville	State LA	Zip Code 71047
Purpose of Expenditure Salary	Category/Type 001	Transaction ID : 29f9f504-8d84-42af-a Date of Disbursement or Obligation MM / DD / YYYY 11 / 13 / 2014
Name of Federal Candidate Ms. Mary L Landrieu		Office Sought: ☐ House District: 00 ☒ Senate State: LA
Calendar Year-To-Date Per Election for Office Sought 554635.78		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶

Full Name of Payee Jessica R Resendiz		Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 13 / 2014
Mailing Address 9685 Paula St		Amount 22.20
City Keithville	State LA	Zip Code 71047
Purpose of Expenditure Mileage	Category/Type 002	Transaction ID : e0f20db2-a891-47d0-b Date of Disbursement or Obligation MM / DD / YYYY 11 / 13 / 2014
Name of Federal Candidate Ms. Mary L Landrieu		Office Sought: ☐ House District: 00 ☒ Senate State: LA
Calendar Year-To-Date Per Election for Office Sought 554635.78		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	112.20
(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]

Signature

Date

MM / DD / YYYY
05 / 18 / 2015

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 3153 OF 3250
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M M / D D D / Y Y Y Y Y Y					
Full Name of Payee Hannah J Landry			Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 11 / 13 / 2014		
Mailing Address 1110 N Coolidge			Amount 112.50		
City Gonzales	State LA	Zip Code 70737	Transaction ID : 28e7a601-03d0-4db5-a Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 11 / 13 / 2014		
Purpose of Expenditure Salary		Category/ Type 001	Name of Federal Candidate Ms. Mary L Landrieu ☐ Support ☒ Oppose		
Calendar Year-To-Date Per Election for Office Sought		554635.78	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: LA		
			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
Full Name of Payee Hannah J Landry			Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 11 / 13 / 2014		
Mailing Address 1110 N Coolidge			Amount 27.66		
City Gonzales	State LA	Zip Code 70737	Transaction ID : b78d9ec3-ea7f-4f18-a Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 11 / 13 / 2014		
Purpose of Expenditure Mileage		Category/ Type 002	Name of Federal Candidate Ms. Mary L Landrieu ☐ Support ☒ Oppose		
Calendar Year-To-Date Per Election for Office Sought		554635.78	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: LA		
			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			140.16		
(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.					
Signature Ms. Emily Buchanan		[Electronically Filed]		Date M M M / D D D / Y Y Y Y Y Y 05 / 18 / 2015	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 3154 OF 3250
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M M / D D D / Y Y Y Y Y Y					
Full Name of Payee Cynthia N Schmit			Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 11 / 13 / 2014		
Mailing Address 2226 Taft Circle Apt 1			Amount 20.00		
City Winchester		State VA	Zip Code 22601		
Purpose of Expenditure Salary		Category/Type 001		Transaction ID : a010b18d-8e76-4563-b Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 11 / 13 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu			☐ Support ☒ Oppose Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>LA</u>		
Calendar Year-To-Date Per Election for Office Sought 554635.78			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
Full Name of Payee Mary C Lee			Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 11 / 13 / 2014		
Mailing Address 1030 N Coolidge Ave			Amount 112.50		
City Gonzales		State LA	Zip Code 70737		
Purpose of Expenditure Salary		Category/Type 001		Transaction ID : 30ae9016-996d-41e8-9 Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 11 / 13 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu			☐ Support ☒ Oppose Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>LA</u>		
Calendar Year-To-Date Per Election for Office Sought 554635.78			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			132.50		
(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.					
Signature <u>Ms. Emily Buchanan</u> [Electronically Filed]			Date M M M / D D D / Y Y Y Y Y Y 05 / 18 / 2015		

Full Name of Payee Mary C Lee		Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 13 / 2014	
Mailing Address 1030 N Coolidge Ave		Amount 27.66	
City Gonzales	State LA	Zip Code 70737	Transaction ID : 4b4198e4-4e38-4b1d-b
Purpose of Expenditure Mileage	Category/ Type	002	Date of Disbursement or Obligation MM / DD / YYYY 11 / 13 / 2014
Name of Federal Candidate Ms. Mary L Landrieu	☐ Support ☒ Oppose	Office Sought: ☐ President ☒ Senate	District: 00 State: LA
Calendar Year-To-Date Per Election for Office Sought	554635.78		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶

Full Name of Payee Michael B Fuhrmann		Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 13 / 2014	
Mailing Address 329 Columbia St		Amount 50.00	
City Shreveport	State LA	Zip Code 71104	Transaction ID : 966266dc-b8b2-421f-9
Purpose of Expenditure Salary	Category/ Type	001	Date of Disbursement or Obligation MM / DD / YYYY 11 / 13 / 2014
Name of Federal Candidate Ms. Mary L Landrieu	☐ Support ☒ Oppose	Office Sought: ☐ President ☒ Senate	House District: <u>00</u> State: <u>LA</u>
Calendar Year-To-Date Per Election for Office Sought	554635.78		Disbursement For: 2014 ☐ Primary ☒ General ☐ Other (specify) ▶ _____

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	77.66
(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.

Date _____

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 3156 OF 3250
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC		FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on		M M M / D D D / Y Y Y Y Y Y	
Full Name of Payee Michael B Fuhrmann		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 11 / 13 / 2014	
Mailing Address 329 Columbia St		Amount 16.20	
City Shreveport	State LA	Zip Code 71104	Transaction ID : 6b82e1c3-bfc0-43ea-8
Purpose of Expenditure Mileage	Category/ Type 002	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 11 / 13 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	
Office Sought: ☐ President ☒ Senate		District: 00 State: LA	
Calendar Year-To-Date Per Election for Office Sought 554635.78		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Jennifer F Gilbert		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 11 / 13 / 2014	
Mailing Address 180 McNeil Steep Hollow Rd		Amount 55.00	
City Carriere	State MS	Zip Code 39426	Transaction ID : 12e5a342-88fb-4df5-b
Purpose of Expenditure Salary	Category/ Type 001	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 11 / 13 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	
Office Sought: ☐ President ☒ Senate		District: 00 State: LA	
Calendar Year-To-Date Per Election for Office Sought 554635.78		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶		71.20	
(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.			
Signature Ms. Emily Buchanan		Date M M M / D D D / Y Y Y Y Y Y 05 / 18 / 2015	
		[Electronically Filed]	

Full Name of Payee Colton R Overcash		Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 13 / 2014	
Mailing Address 121 Ohara Dr		Amount 120.00	
City Salisbury	State NC	Zip Code 28147	Transaction ID : 12755e84-db29-40ce-b
Purpose of Expenditure Salary	Category/ Type	001	Date of Disbursement or Obligation MM / DD / YYYY 11 / 13 / 2014
Name of Federal Candidate Ms. Mary L Landrieu	☐ Support ☒ Oppose	Office Sought: ☐ President ☒ Senate	District: 00 State: LA
Calendar Year-To-Date Per Election for Office Sought	554635.78	Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶		158.10
(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.

Signature

Full Name of Payee Christopher Marquess		Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 13 / 2014	
Mailing Address 110 W Pecan St		Amount _____ 50.00	
City Ville Platte	State LA	Zip Code 70586	Transaction ID : 069284bf-c035-4250-b Date of Disbursement or Obligation MM / DD / YYYY 11 / 13 / 2014
Purpose of Expenditure Salary		Category/ Type 001	
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>LA</u>
Calendar Year-To-Date Per Election for Office Sought		_____ 554635.78	Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ► _____

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	297.20
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

05 / 18 / 2015

FEC Schedule E (Form 3X) Rev. 09/2013

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 3159 OF 3250
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC		FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on		M M M / D D D / Y Y Y Y Y Y	
Full Name of Payee Christopher Marquess		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 11 / 13 / 2014	
Mailing Address 110 W Pecan St		Amount 34.80	
City Ville Platte	State LA	Zip Code 70586	Transaction ID : ec158b45-4067-4cb8-8
Purpose of Expenditure Mileage	Category/ Type 002	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 11 / 13 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	
Office Sought: ☐ President ☒ Senate		District: 00 State: LA	
Calendar Year-To-Date Per Election for Office Sought 554635.78		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Christopher Marquess		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 11 / 13 / 2014	
Mailing Address 110 W Pecan St		Amount 50.00	
City Ville Platte	State LA	Zip Code 70586	Transaction ID : 8fa4e610-d06a-41b5-8
Purpose of Expenditure Salary	Category/ Type 001	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 11 / 13 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	
Office Sought: ☐ President ☒ Senate		District: 00 State: LA	
Calendar Year-To-Date Per Election for Office Sought 554635.78		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶		84.80	
(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.			
Signature Ms. Emily Buchanan		Date M M M / D D D / Y Y Y Y Y Y 05 / 18 / 2015	
		[Electronically Filed]	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 3160 OF 3250
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC		FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on		M M M / D D D / Y Y Y Y Y Y	
Full Name of Payee Christopher Marquess		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 11 / 13 / 2014	
Mailing Address 110 W Pecan St		Amount 34.80	
City Ville Platte	State LA	Zip Code 70586	Transaction ID : 75a98e79-6111-4645-9
Purpose of Expenditure Mileage	Category/ Type 002	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 11 / 13 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	
Office Sought: ☐ President ☒ Senate		District: 00 State: LA	
Calendar Year-To-Date Per Election for Office Sought 554635.78		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Nicholas O Wilcox		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 11 / 13 / 2014	
Mailing Address 1981 Cherokee St		Amount 53.00	
City Baton Rouge	State LA	Zip Code 70806	Transaction ID : 4ba7d060-f229-4ad1-a
Purpose of Expenditure Salary	Category/ Type 001	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 11 / 13 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	
Office Sought: ☐ President ☒ Senate		District: 00 State: LA	
Calendar Year-To-Date Per Election for Office Sought 554635.78		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶		87.80	
(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.			
Signature Ms. Emily Buchanan		Date M M M / D D D / Y Y Y Y Y Y 05 / 18 / 2015	
		[Electronically Filed]	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 3161 OF 3250
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M M / D D D / Y Y Y Y Y Y					
Full Name of Payee Nicholas O Wilcox			Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 11 / 13 / 2014		
Mailing Address 1981 Cherokee St			Amount 7.50		
City Baton Rouge	State LA	Zip Code 70806	Transaction ID : 2b9392e5-bb85-43cc-a		
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 11 / 13 / 2014		
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>LA</u>		
Calendar Year-To-Date Per Election for Office Sought		554635.78	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
Full Name of Payee Julia Perry			Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 11 / 13 / 2014		
Mailing Address 2046 Perrin St Apt C			Amount 80.00		
City Shreveport	State LA	Zip Code 71101	Transaction ID : 8bcaf135-0587-42cb-8		
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 11 / 13 / 2014		
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>LA</u>		
Calendar Year-To-Date Per Election for Office Sought		554635.78	Disbursement For: ☐ Primary ☒ 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.					
Signature <i>Ms. Emily Buchanan</i>		[Electronically Filed]		Date M M M / D D D / Y Y Y Y Y Y 05 / 18 / 2015	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 3162 OF 3250
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M M / D D D / Y Y Y Y Y Y					
Full Name of Payee Julia Perry			Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 11 / 13 / 2014		
Mailing Address 2046 Perrin St Apt C			Amount 12.00		
City Shreveport	State LA	Zip Code 71101	Transaction ID : b65af7a7-309c-4ab9-9 Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 11 / 13 / 2014		
Purpose of Expenditure Mileage		Category/ Type 002			
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>LA</u>		
Calendar Year-To-Date Per Election for Office Sought		554635.78	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
Full Name of Payee Joshua J Huffman			Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 11 / 13 / 2014		
Mailing Address 211 Dixie Ave			Amount 60.00		
City Harrisonburg	State VA	Zip Code 22801	Transaction ID : bcee97de-4cea-4c6a-b Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 11 / 13 / 2014		
Purpose of Expenditure Salary		Category/ Type 001			
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>LA</u>		
Calendar Year-To-Date Per Election for Office Sought		554635.78	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			72.00		
(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.					
Signature Ms. Emily Buchanan		[Electronically Filed]		Date M M M / D D D / Y Y Y Y Y Y 05 / 18 / 2015	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 3163 OF 3250
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M M / D D D / Y Y Y Y Y Y					
Full Name of Payee ERIC TABARY			Date of Public Distribution/Dissemination 11 / 13 / 2014		
Mailing Address 6101 NORA ST			Amount 40.00		
City METAIRIE		State LA	Zip Code 70003		Transaction ID : b1137f2e-8375-4271-9
Purpose of Expenditure Salary		Category/ Type 001		Date of Disbursement or Obligation 11 / 13 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu			Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: LA		
Calendar Year-To-Date Per Election for Office Sought 554635.78			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
Full Name of Payee ERIC TABARY			Date of Public Distribution/Dissemination 11 / 13 / 2014		
Mailing Address 6101 NORA ST			Amount 0.60		
City METAIRIE		State LA	Zip Code 70003		Transaction ID : 817aa7a8-a5a9-4a61-9
Purpose of Expenditure Mileage		Category/ Type 002		Date of Disbursement or Obligation 11 / 13 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu			Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: LA		
Calendar Year-To-Date Per Election for Office Sought 554635.78			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			40.60		
(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.					
Signature Ms. Emily Buchanan			Date 05 / 18 / 2015		
[Electronically Filed]					

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 3164 OF 3250
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC		FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on		M M M / D D D / Y Y Y Y Y Y	
Full Name of Payee Philip Elkins		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 11 / 13 / 2014	
Mailing Address 227 Lincoln Dr		Amount 50.00	
City Bossier City	State LA	Zip Code 71111	Transaction ID : 3ba006ea-84f5-4a97-8
Purpose of Expenditure Salary	Category/ Type	001	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 11 / 13 / 2014
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: LA
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Philip Elkins		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 11 / 13 / 2014	
Mailing Address 227 Lincoln Dr		Amount 11.46	
City Bossier City	State LA	Zip Code 71111	Transaction ID : 94066d77-730e-4d68-b
Purpose of Expenditure Mileage	Category/ Type	002	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 11 / 13 / 2014
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: LA
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures.....		61.46	
(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]	
Signature		Date M M M / D D D / Y Y Y Y Y Y 05 / 18 / 2015	

Full Name of Payee Francis Richardson		Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 13 / 2014	
Mailing Address 220 Doucet Rd		Amount 51.00	
City Lafayette	State LA	Zip Code 70503	Transaction ID : a0e0539c-933d-45e3-b Date of Disbursement or Obligation MM / DD / YYYY 11 / 13 / 2014
Purpose of Expenditure Salary		Category/ Type 001	
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: LA
Calendar Year-To-Date Per Election for Office Sought		554635.78	Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ▶

Full Name of Payee Francis Richardson		Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 13 / 2014	
Mailing Address 220 Doucet Rd		Amount 3.21	
City Lafayette	State LA	Zip Code 70503	Transaction ID : e655d43d-6365-4ae9-a Date of Disbursement or Obligation MM / DD / YYYY 11 / 13 / 2014
Purpose of Expenditure Mileage		Category/ Type 002	
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: LA
Calendar Year-To-Date Per Election for Office Sought		554635.78	Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	54.21
(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.

Date _____

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 3166 OF 3250
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M M / D D D / Y Y Y Y Y Y					
Full Name of Payee Brogan A Benoit			Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 11 / 13 / 2014		
Mailing Address 7144 South River Rd			Amount 60.00		
City Addis	State LA	Zip Code 70710	Transaction ID : 58a580fa-3a21-492f-9 Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 11 / 13 / 2014		
Purpose of Expenditure Salary		Category/ Type 001			
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>LA</u>		
Calendar Year-To-Date Per Election for Office Sought		554635.78	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
Full Name of Payee Brogan A Benoit			Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 11 / 13 / 2014		
Mailing Address 7144 South River Rd			Amount 7.80		
City Addis	State LA	Zip Code 70710	Transaction ID : 4398b26e-bd75-49ca-b Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 11 / 13 / 2014		
Purpose of Expenditure Mileage		Category/ Type 002			
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>LA</u>		
Calendar Year-To-Date Per Election for Office Sought		554635.78	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			67.80		
(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 M M M / D D D / Y Y Y Y Y Y 05 / 18 / 2015		
Signature					

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 3167 OF 3250
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M M / D D D / Y Y Y Y Y Y					
Full Name of Payee Cynthia J Christmas			Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 11 / 13 / 2014		
Mailing Address 1731 Frenchmen St			Amount 90.00		
City New Orleans	State LA	Zip Code 70116	Transaction ID : fea74645-495d-4993-8		
Purpose of Expenditure Salary		Category/Type 001	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 11 / 13 / 2014		
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>LA</u>		
Calendar Year-To-Date Per Election for Office Sought		554635.78	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
Full Name of Payee Cynthia J Christmas			Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 11 / 13 / 2014		
Mailing Address 1731 Frenchmen St			Amount 9.00		
City New Orleans	State LA	Zip Code 70116	Transaction ID : 450702a1-c325-49d4-8		
Purpose of Expenditure Mileage		Category/Type 002	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 11 / 13 / 2014		
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>LA</u>		
Calendar Year-To-Date Per Election for Office Sought		554635.78	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			99.00		
(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.					
Signature <i>Ms. Emily Buchanan</i>		[Electronically Filed]		Date M M M / D D D / Y Y Y Y Y Y 05 / 18 / 2015	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 3169 OF 3250
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC		FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on / /			
Full Name of Payee Timothy Foley		Date of Public Distribution/Dissemination / / 11 / 13 / 2014	
Mailing Address 20679 Glenbrook Terrace		Amount 40.00	
City Sterling	State VA	Zip Code 20165	Transaction ID : 4ffc283a-a7cb-4da3-a Date of Disbursement or Obligation / / 11 / 13 / 2014
Purpose of Expenditure Salary		Category/ Type 001	
Name of Federal Candidate Ms. Mary L Landrieu		Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>LA</u>	
Calendar Year-To-Date Per Election for Office Sought 554635.78		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶ _____	
Full Name of Payee Gage Blank		Date of Public Distribution/Dissemination / / 11 / 13 / 2014	
Mailing Address 5342 Eudora Dr		Amount 40.00	
City Addis	State LA	Zip Code 70710	Transaction ID : 52de7902-753e-4c8a-a Date of Disbursement or Obligation / / 11 / 13 / 2014
Purpose of Expenditure Salary		Category/ Type 001	
Name of Federal Candidate Ms. Mary L Landrieu		Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>LA</u>	
Calendar Year-To-Date Per Election for Office Sought 554635.78		Disbursement For: ☐ Primary ☒ 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.			
Signature <i>Ms. Emily Buchanan</i>		Date / / 05 / 18 / 2015	
[Electronically Filed]			

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

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 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M M / D D D / Y Y Y Y Y Y					
Full Name of Payee Gage Blank			Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 11 / 13 / 2014		
Mailing Address 5342 Eudora Dr			Amount 4.50		
City Addis		State LA	Zip Code 70710		Transaction ID : 1eae0e08-144a-4091-9
Purpose of Expenditure Mileage		Category/ Type 002		Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 11 / 13 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu			☐ Support ☒ Oppose Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>LA</u>		
Calendar Year-To-Date Per Election for Office Sought 554635.78			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
Full Name of Payee Laura U Logie			Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 11 / 13 / 2014		
Mailing Address 2565 Shire Circle			Amount 30.00		
City Harrisonburg		State VA	Zip Code 22801		Transaction ID : 1281bf90-7286-486f-8
Purpose of Expenditure Salary		Category/ Type 001		Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 11 / 13 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu			☐ Support ☒ Oppose Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>LA</u>		
Calendar Year-To-Date Per Election for Office Sought 554635.78			Disbursement For: ☐ Primary ☒ 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.					
Signature Ms. Emily Buchanan			Date M M M / D D D / Y Y Y Y Y Y 05 / 18 / 2015		

[Electronically Filed]

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 3171 OF 3250
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC		FEC IDENTIFICATION NUMBER ▼ C C00530766
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on		MM / DD / YYYY

Full Name of Payee Carl Brent		Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 13 / 2014
Mailing Address 6718 Lake Willow Dr		Amount 80.00
City New Orleans	State LA	Zip Code 70126
Purpose of Expenditure Salary	Category/Type 001	Transaction ID : 3d44b008-8d05-4bb1-8 Date of Disbursement or Obligation MM / DD / YYYY 11 / 13 / 2014
Name of Federal Candidate Ms. Mary L Landrieu		Office Sought: ☐ House District: 00 ☒ Senate State: LA
Calendar Year-To-Date Per Election for Office Sought 554635.78		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶

Full Name of Payee Carl Brent		Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 13 / 2014
Mailing Address 6718 Lake Willow Dr		Amount 11.70
City New Orleans	State LA	Zip Code 70126
Purpose of Expenditure Mileage	Category/Type 002	Transaction ID : 6f18a09f-188a-4dd0-b Date of Disbursement or Obligation MM / DD / YYYY 11 / 13 / 2014
Name of Federal Candidate Ms. Mary L Landrieu		Office Sought: ☐ House District: 00 ☒ Senate State: LA
Calendar Year-To-Date Per Election for Office Sought 554635.78		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	91.70
(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]

Signature

Date

MM / DD / YYYY
05 / 18 / 2015

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 3172 OF 3250
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M M / D D D / Y Y Y Y Y Y				
Full Name of Payee Christine Stevens			Date of Public Distribution/Dissemination 11 / 13 / 2014	
Mailing Address 100 Asbury Ct			Amount 70.00	
City Winchester	State VA	Zip Code 22602	Transaction ID : e6049c80-52f9-44a9-8	
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation 11 / 13 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>LA</u>	
Calendar Year-To-Date Per Election for Office Sought		554635.78	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Jazmine d Conner			Date of Public Distribution/Dissemination 11 / 13 / 2014	
Mailing Address 100 ASBURY CT			Amount 70.00	
City WINCHESTER	State VA	Zip Code 22602	Transaction ID : a65e8322-4bc5-48cc-a	
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation 11 / 13 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>LA</u>	
Calendar Year-To-Date Per Election for Office Sought		554635.78	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			140.00	
(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.				
Signature Ms. Emily Buchanan		[Electronically Filed]		Date 05 / 18 / 2015

Full Name of Payee Rodney O Culbreath		Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 13 / 2014	
Mailing Address 100 Asbury Ct		Amount 70.00	
City Winchester	State VA	Zip Code 22602	Transaction ID : db61e0be-5a09-435d-9 Date of Disbursement or Obligation MM / DD / YYYY 11 / 13 / 2014
Purpose of Expenditure Salary	Category/ Type	001	
Name of Federal Candidate Ms. Mary L Landrieu	☐ Support ☒ Oppose	Office Sought: ☐ House ☒ Senate	District: 00 State: LA
Calendar Year-To-Date Per Election for Office Sought	554635.78	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶		140.00
(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 _____

Three digital displays are shown side-by-side, separated by slashes. The first display shows '05' under 'MM' labels. The second display shows '18' under 'DD' labels. The third display shows '2015' under 'YYYY' labels.

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 3174 OF 3250
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M M / D D D / Y Y Y Y Y Y					
Full Name of Payee Rodney D Culbreth			Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 11 / 13 / 2014		
Mailing Address 100 Asbury CT 3200 Dam Neck Rd			Amount 70.00		
City Winchester		State VA	Zip Code 22602		Transaction ID : e4815f4b-8757-4267-9
Purpose of Expenditure Salary		Category/Type 001		Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 11 / 13 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu			Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: LA ☐ Support ☒ Oppose		
Calendar Year-To-Date Per Election for Office Sought			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
Full Name of Payee Rze Culbreath			Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 11 / 13 / 2014		
Mailing Address 100 Asbury Ct			Amount 70.00		
City Winchester		State VA	Zip Code 22602		Transaction ID : e37cd8b6-6932-476d-8
Purpose of Expenditure Salary		Category/Type 001		Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 11 / 13 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu			Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: LA ☐ Support ☒ Oppose		
Calendar Year-To-Date Per Election for Office Sought			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			140.00		
(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.					
Signature Ms. Emily Buchanan			Date M M M / D D D / Y Y Y Y Y Y 05 / 18 / 2015		

[Electronically Filed]

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 3175 OF 3250
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M M / D D D / Y Y Y Y Y Y				
Full Name of Payee Brieshauna M Stevens			Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 11 / 13 / 2014	
Mailing Address 1703 Torrey Pines Ct			Amount 40.00	
City Reston	State VA	Zip Code 20190	Transaction ID : ebfbc077-2609-451d-a	
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 11 / 13 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>LA</u>	
Calendar Year-To-Date Per Election for Office Sought		554635.78	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Sarah Bassil			Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 11 / 14 / 2014	
Mailing Address 7650 Fallswood Way			Amount 60.00	
City Lorton	State VA	Zip Code 22079	Transaction ID : df2ee3be-aacf-4cff-9	
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 11 / 14 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>LA</u>	
Calendar Year-To-Date Per Election for Office Sought		554635.78	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			100.00	
(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 M M M / D D D / Y Y Y Y Y Y 05 / 18 / 2015	
Signature				

Full Name of Payee Laura U Logie			Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 14 / 2014		
Mailing Address 2565 Shire Circle			Amount 30.00		
City Harrisonburg	State VA	Zip Code 22801	Transaction ID : b31c1656-041d-4e1e-b Date of Disbursement or Obligation MM / DD / YYYY 11 / 14 / 2014		
Purpose of Expenditure Salary		Category/ Type 001			
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House ☒ Senate ☐ President ☐ Other (specify) _____		
Calendar Year-To-Date Per Election for Office Sought		554635.78	Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ► _____		

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	90.00
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 3177 OF 3250
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M M / D D D / Y Y Y Y Y Y				
Full Name of Payee Jerome M Weil			Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 11 / 14 / 2014	
Mailing Address 101 Durham Drive			Amount 15.00	
City Lafayette	State LA	Zip Code 70508	Transaction ID : 304cc5ba-a87d-4f5c-b	
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 11 / 14 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>LA</u>	
Calendar Year-To-Date Per Election for Office Sought		554635.78	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Jerome M Weil			Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 11 / 14 / 2014	
Mailing Address 101 Durham Drive			Amount 4.50	
City Lafayette	State LA	Zip Code 70508	Transaction ID : ab8b9707-ea0d-4207-b	
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 11 / 14 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>LA</u>	
Calendar Year-To-Date Per Election for Office Sought		554635.78	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			19.50	
(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.				
Signature <i>Ms. Emily Buchanan</i>		[Electronically Filed]		Date M M M / D D D / Y Y Y Y Y Y 05 / 18 / 2015

Full Name of Payee Jazmine d Conner			Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 14 / 2014		
Mailing Address 100 ASBURY CT			Amount 70.00		
City WINCHESTER	State VA	Zip Code 22602	Transaction ID : 021ea8b5-5792-43de-9 Date of Disbursement or Obligation MM / DD / YYYY 11 / 14 / 2014		
Purpose of Expenditure Salary		Category/ Type 001			
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House ☒ Senate ☐ President ☐ Other (specify) _____		
Calendar Year-To-Date Per Election for Office Sought		554635.78	Disbursement For: ☐ Primary ☒ General ☐ Other (specify) _____		

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	140.00
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

Ms. Emily Buchanan

[Electronically Filed]

Date 05 / 18 / 2015

Signature _____

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 3179 OF 3250
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC		FEC IDENTIFICATION NUMBER ▼ C C00530766
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on		MM / DD / YYYY

Full Name of Payee Jon E Conner		Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 14 / 2014
Mailing Address 100 Asbury Ct		Amount 70.00
City Winchester	State VA	Zip Code 22602
Purpose of Expenditure Salary	Category/ Type 001	Transaction ID : ed24f8b0-beb1-4de2-9 Date of Disbursement or Obligation MM / DD / YYYY 11 / 14 / 2014
Name of Federal Candidate Ms. Mary L Landrieu		Office Sought: ☐ House District: 00 ☒ Senate State: LA
Calendar Year-To-Date Per Election for Office Sought 554635.78		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶

Full Name of Payee Rodney O Culbreath		Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 14 / 2014
Mailing Address 100 Asbury Ct		Amount 70.00
City Winchester	State VA	Zip Code 22602
Purpose of Expenditure Salary	Category/ Type 001	Transaction ID : 2ff0b37e-6769-47ab-a Date of Disbursement or Obligation MM / DD / YYYY 11 / 14 / 2014
Name of Federal Candidate Ms. Mary L Landrieu		Office Sought: ☐ House District: 00 ☒ Senate State: LA
Calendar Year-To-Date Per Election for Office Sought 554635.78		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	140.00
(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

MM / DD / YYYY
05 / 18 / 2015

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 3180 OF 3250
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M M / D D D / Y Y Y Y Y Y					
Full Name of Payee Rodney D Culbreth			Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 11 / 14 / 2014		
Mailing Address 100 Asbury CT 3200 Dam Neck Rd			Amount 70.00		
City Winchester	State VA	Zip Code 22602	Transaction ID : a910771b-18d6-441c-9		
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 11 / 14 / 2014		
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>LA</u>		
Calendar Year-To-Date Per Election for Office Sought		554635.78	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
Full Name of Payee Rze Culbreath			Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 11 / 14 / 2014		
Mailing Address 100 Asbury Ct			Amount 70.00		
City Winchester	State VA	Zip Code 22602	Transaction ID : 351ca429-5207-4e09-9		
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 11 / 14 / 2014		
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>LA</u>		
Calendar Year-To-Date Per Election for Office Sought		554635.78	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			140.00		
(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.					
Signature Ms. Emily Buchanan		[Electronically Filed]		Date M M M / D D D / Y Y Y Y Y Y 05 / 18 / 2015	

Full Name of Payee Carla K Pilgreen			Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 14 / 2014		
Mailing Address 212 Stonecliff Dr			Amount 20.00		
City West Monro	State LA	Zip Code 71291	Transaction ID : 16d4f2bd-c089-484e-8		
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation MM / DD / YYYY 11 / 14 / 2014		
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: LA		
Calendar Year-To-Date Per Election for Office Sought		554635.78	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		

Full Name of Payee Carla K Pilgreen			Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 14 / 2014		
Mailing Address 212 Stonecliff Dr			Amount 9.00		
City West Monro	State LA	Zip Code 71291	Transaction ID : 5511f0d8-3427-4136-9 Date of Disbursement or Obligation MM / DD / YYYY 11 / 14 / 2014		
Purpose of Expenditure Mileage		Category/ Type 002			
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House ☒ Senate ☐ President ☒ Senate		
Calendar Year-To-Date Per Election for Office Sought 554635.78		Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ▶			

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	29.00
(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.

Date _____

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 3182 OF 3250
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M / D D / Y Y Y Y				
Full Name of Payee Joshua J Huffman			Date of Public Distribution/Dissemination M M / D D / Y Y Y Y 11 / 14 / 2014	
Mailing Address 211 Dixie Ave			Amount 40.00	
City Harrisonburg	State VA	Zip Code 22801	Transaction ID : 605f3205-abec-41e3-a	
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation M M / D D / Y Y Y Y 11 / 14 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>LA</u>	
Calendar Year-To-Date Per Election for Office Sought		554635.78	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Amanda Boley			Date of Public Distribution/Dissemination M M / D D / Y Y Y Y 11 / 14 / 2014	
Mailing Address Split Oak Drive			Amount 30.00	
City charlotte	State NC	Zip Code 28227	Transaction ID : bbcdc97d-63ca-472d-8	
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation M M / D D / Y Y Y Y 11 / 14 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>LA</u>	
Calendar Year-To-Date Per Election for Office Sought		554635.78	Disbursement For: ☐ Primary ☒ 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.				
Signature <i>Ms. Emily Buchanan</i>		[Electronically Filed]		Date M M / D D / Y Y Y Y 05 / 18 / 2015

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 3183 OF 3250
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M / D D / Y Y Y Y				
Full Name of Payee Amanda Boley			Date of Public Distribution/Dissemination 11 / 14 / 2014	
Mailing Address Split Oak Drive			Amount 14.43	
City charlotte	State NC	Zip Code 28227	Transaction ID : 522fe893-f850-4618-8	
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement or Obligation 11 / 14 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: LA	
Calendar Year-To-Date Per Election for Office Sought		554635.78	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee John K Necaie III			Date of Public Distribution/Dissemination 11 / 14 / 2014	
Mailing Address 1905 Franklin Ave			Amount 37.50	
City New Orleans	State LA	Zip Code 70117	Transaction ID : 44982a75-a84f-4955-9	
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation 11 / 14 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: LA	
Calendar Year-To-Date Per Election for Office Sought		554635.78	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			51.93	
(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.				
Signature Ms. Emily Buchanan		[Electronically Filed]		Date 05 / 18 / 2015

Full Name of Payee Charleen Ecuyer		Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 14 / 2014	
Mailing Address 3738 Woodland Ridge Blvd		Amount 32.50	
City Baton Rouge	State LA	Zip Code 70816	Transaction ID : 8548675e-a943-4cc7-9
Purpose of Expenditure Salary	Category/ Type	001	Date of Disbursement or Obligation MM / DD / YYYY 11 / 14 / 2014
Name of Federal Candidate Ms. Mary L Landrieu	☐ Support ☒ Oppose	Office Sought: ☐ House ☐ President	District: <u>00</u> State: <u>LA</u>
Calendar Year-To-Date Per Election for Office Sought	554635.78		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	43.99
(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 _____

Three digital display boxes are shown, separated by slashes. The first box displays '05' with 'M' and 'M' above it. The second box displays '18' with 'D' and 'D' above it. The third box displays '2015' with 'Y', 'Y', 'Y', and 'Y' above it.

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 3185 OF 3250
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC		FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on		M M M / D D D / Y Y Y Y Y Y	
Full Name of Payee Charleen Ecuyer		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 11 / 14 / 2014	
Mailing Address 3738 Woodland Ridge Blvd		Amount 4.92	
City Baton Rouge	State LA	Zip Code 70816	Transaction ID : 3ef865b0-5eca-48cf-b
Purpose of Expenditure Mileage	Category/Type 002	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 11 / 14 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose ☐ President ☒ Senate	
Office Sought: ☐ House ☒ Senate District: 00 State: LA		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Calendar Year-To-Date Per Election for Office Sought 554635.78			
Full Name of Payee Vanessa E Ecuyer		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 11 / 14 / 2014	
Mailing Address 3738 Woodland Ridge Blvd		Amount 32.50	
City Baton Rouge	State LA	Zip Code 70816	Transaction ID : ef75f2c4-de1d-41f0-b
Purpose of Expenditure Salary	Category/Type 001	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 11 / 14 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose ☐ President ☒ Senate	
Office Sought: ☐ House ☒ Senate District: 00 State: LA		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Calendar Year-To-Date Per Election for Office Sought 554635.78			
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶		37.42	
(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 M M M / D D D / Y Y Y Y Y Y 05 / 18 / 2015	

Full Name of Payee Philip Elkins		Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 14 / 2014	
Mailing Address 227 Lincoln Dr		Amount 20.00	
City Bossier City	State LA	Zip Code 71111	Transaction ID : c901a4f9-7ee0-43c5-b Date of Disbursement or Obligation MM / DD / YYYY 11 / 14 / 2014
Purpose of Expenditure Salary		Category/ Type 001	
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: LA
Calendar Year-To-Date Per Election for Office Sought 554635.78		Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ►	

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	52.50
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

Signature

Full Name of Payee Tabitha M Ecuyer		Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 14 / 2014	
Mailing Address 3738 Woodland Ridge Blvd		Amount Amount 32.50	
City Baton Rouge	State LA	Zip Code 70816	Transaction ID : 97ecc280-2038-48ca-9 Date of Disbursement or Obligation MM / DD / YYYY 11 / 14 / 2014
Purpose of Expenditure Salary		Category/ Type 001	
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: LA
Calendar Year-To-Date Per Election for Office Sought		Amount 554635.78	Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	37.30
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

05 / 18 / 2015

FEC Schedule E (Form 3X) Rev. 09/2013

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 3188 OF 3250
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC		FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M M / D D D / Y Y Y Y Y Y			
Full Name of Payee Tammay Williams		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 11 / 14 / 2014	
Mailing Address 924 N. Prieur St		Amount 80.00	
City New Orleans	State LA	Zip Code 70116	Transaction ID : 636638bd-e67d-4f7f-b Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 11 / 14 / 2014
Purpose of Expenditure Salary		Category/ Type 001	
Name of Federal Candidate Ms. Mary L Landrieu		Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>LA</u>	
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶ _____	
Full Name of Payee Tammay Williams		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 11 / 14 / 2014	
Mailing Address 924 N. Prieur St		Amount 16.50	
City New Orleans	State LA	Zip Code 70116	Transaction ID : 0b822ae0-6014-4e83-8 Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 11 / 14 / 2014
Purpose of Expenditure Mileage		Category/ Type 002	
Name of Federal Candidate Ms. Mary L Landrieu		Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>LA</u>	
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶ _____	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶		96.50	
(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.			
Signature <i>Ms. Emily Buchanan</i>		Date M M M / D D D / Y Y Y Y Y Y 05 / 18 / 2015	
[Electronically Filed]			

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

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 FOR LINE 24 OF FORM 3X

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

Full Name of Payee Gary W Fuhrmann		Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 14 / 2014	
Mailing Address 9425 Jessica Drive		Amount 55.00	
City Shreveport	State LA	Zip Code 71106	Transaction ID : e62b9cfa-3769-4a5b-9 Date of Disbursement or Obligation MM / DD / YYYY 11 / 14 / 2014
Purpose of Expenditure Salary	Category/ Type 001		
Name of Federal Candidate Ms. Mary L Landrieu		Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>LA</u>	
Calendar Year-To-Date Per Election for Office Sought 554635.78		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	

Full Name of Payee Gary W Fuhrmann		Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 14 / 2014	
Mailing Address 9425 Jessica Drive		Amount 9.00	
City Shreveport	State LA	Zip Code 71106	Transaction ID : d6b66bbc-b61b-4903-8 Date of Disbursement or Obligation MM / DD / YYYY 11 / 14 / 2014
Purpose of Expenditure Mileage	Category/ Type 002		
Name of Federal Candidate Ms. Mary L Landrieu		Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>LA</u>	
Calendar Year-To-Date Per Election for Office Sought 554635.78		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	64.00
(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

MM / DD / YYYY

05 / 18 / 2015

Signature

Full Name of Payee Francis Richardson		Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 14 / 2014	
Mailing Address 220 Doucet Rd		Amount 25.00	
City Lafayette	State LA	Zip Code 70503	Transaction ID : 2a44fbb1-4afc-46ca-8
Purpose of Expenditure Salary	Category/ Type	001	Date of Disbursement or Obligation MM / DD / YYYY 11 / 14 / 2014
Name of Federal Candidate Ms. Mary L Landrieu	☐ Support ☒ Oppose	Office Sought: ☐ House ☒ Senate ☐ President	District: 00 State: LA
Calendar Year-To-Date Per Election for Office Sought	554635.78		Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	85.00
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 3192 OF 3250
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M M / D D D / Y Y Y Y Y Y					
Full Name of Payee Francis Richardson			Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 11 / 14 / 2014		
Mailing Address 220 Doucet Rd			Amount 1.41		
City State Zip Code Lafayette LA 70503		Transaction ID : 8894d31a-93b8-45d3-8 Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 11 / 14 / 2014			
Purpose of Expenditure Mileage		Category/ Type 002			
Name of Federal Candidate Ms. Mary L Landrieu			Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: LA		
Calendar Year-To-Date Per Election for Office Sought 554635.78			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
Full Name of Payee Christopher L Gilbert			Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 11 / 14 / 2014		
Mailing Address 55 Lovell Johnson Rd			Amount 85.00		
City State Zip Code Picayune MS 39466		Transaction ID : 12ed66f5-727d-47b6-a Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 11 / 14 / 2014			
Purpose of Expenditure Salary		Category/ Type 001			
Name of Federal Candidate Ms. Mary L Landrieu			Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: LA		
Calendar Year-To-Date Per Election for Office Sought 554635.78			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			86.41		
(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.					
Signature Ms. Emily Buchanan			Date M M M / D D D / Y Y Y Y Y Y 05 / 18 / 2015		
[Electronically Filed]					

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 3193 OF 3250
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M / D D / Y Y Y Y				
Full Name of Payee Christopher L Gilbert			Date of Public Distribution/Dissemination 11 / 14 / 2014	
Mailing Address 55 Lovell Johnson Rd			Amount 48.00	
City Picayune	State MS	Zip Code 39466	Transaction ID : 1e8a001b-00ea-4199-9	
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement or Obligation 11 / 14 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>LA</u>	
Calendar Year-To-Date Per Election for Office Sought		554635.78	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Donna S Wilson			Date of Public Distribution/Dissemination 11 / 14 / 2014	
Mailing Address 4456 Country Hill Dr			Amount 10.00	
City Baton Rouge	State LA	Zip Code 70816	Transaction ID : 5010e069-42d1-459b-b	
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation 11 / 14 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>LA</u>	
Calendar Year-To-Date Per Election for Office Sought		554635.78	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures.....▶			58.00	
(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.				
Signature Ms. Emily Buchanan		[Electronically Filed]		Date 05 / 18 / 2015

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 3194 OF 3250
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on			M M M / D D D / Y Y Y Y Y Y	
Full Name of Payee Donna S Wilson		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 11 / 14 / 2014		
Mailing Address 4456 Country Hill Dr		Amount 7.20		
City Baton Rouge	State LA	Zip Code 70816	Transaction ID : 4979c880-a39f-4714-b	
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 11 / 14 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: LA	
Calendar Year-To-Date Per Election for Office Sought		554635.78	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Heather Ainsworth		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 11 / 14 / 2014		
Mailing Address 9685 Paula St		Amount 80.00		
City Keithville	State LA	Zip Code 71047	Transaction ID : 9a4fef95-3143-46fc-a	
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 11 / 14 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: LA	
Calendar Year-To-Date Per Election for Office Sought		554635.78	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures.....		87.20		
(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.				
Signature Ms. Emily Buchanan		[Electronically Filed] Date M M M / D D D / Y Y Y Y Y Y 05 / 18 / 2015		

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 3195 OF 3250
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M M / D D D / Y Y Y Y Y Y				
Full Name of Payee Heather Ainsworth			Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 11 / 14 / 2014	
Mailing Address 9685 Paula St			Amount 22.80	
City Keithville		State LA	Zip Code 71047	
Purpose of Expenditure Mileage		Category/ Type	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 11 / 14 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: LA	
Calendar Year-To-Date Per Election for Office Sought			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Jenny N Brown			Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 11 / 14 / 2014	
Mailing Address 1270 Lovelady Rd			Amount 30.00	
City West Monroe		State LA	Zip Code 71292	
Purpose of Expenditure Salary		Category/ Type	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 11 / 14 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: LA	
Calendar Year-To-Date Per Election for Office Sought			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			52.80	
(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.				
Signature Ms. Emily Buchanan		[Electronically Filed]		Date M M M / D D D / Y Y Y Y Y Y 05 / 18 / 2015

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 3197 OF 3250
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M M / D D D / Y Y Y Y Y Y					
Full Name of Payee ERIC TABARY			Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 11 / 14 / 2014		
Mailing Address 6101 NORA ST			Amount 0.90		
City METAIRIE		State LA	Zip Code 70003		Transaction ID : 08cff9d4-8dde-4346-a
Purpose of Expenditure Mileage		Category/ Type 002		Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 11 / 14 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu			☐ Support ☒ Oppose		Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: LA
Calendar Year-To-Date Per Election for Office Sought			554635.78 Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
Full Name of Payee Hannah J Landry			Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 11 / 14 / 2014		
Mailing Address 1110 N Coolidge			Amount 60.00		
City Gonzales		State LA	Zip Code 70737		Transaction ID : ca2ca4dd-62a1-4b4d-a
Purpose of Expenditure Salary		Category/ Type 001		Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 11 / 14 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu			☐ Support ☒ Oppose		Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: LA
Calendar Year-To-Date Per Election for Office Sought			554635.78 Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			60.90		
(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.					
Signature Ms. Emily Buchanan			[Electronically Filed]		Date M M M / D D D / Y Y Y Y Y Y 05 / 18 / 2015

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 3198 OF 3250
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M M / D D D / Y Y Y Y Y Y					
Full Name of Payee Hannah J Landry			Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 11 / 14 / 2014		
Mailing Address 1110 N Coolidge			Amount 9.00		
City Gonzales	State LA	Zip Code 70737	Transaction ID : 98e10450-5317-41f5-8		
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 11 / 14 / 2014		
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>LA</u>		
Calendar Year-To-Date Per Election for Office Sought		554635.78	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
Full Name of Payee Mary C Lee			Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 11 / 14 / 2014		
Mailing Address 1030 N Coolidge Ave			Amount 60.00		
City Gonzales	State LA	Zip Code 70737	Transaction ID : 3b9f9d81-1010-4103-9		
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 11 / 14 / 2014		
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>LA</u>		
Calendar Year-To-Date Per Election for Office Sought		554635.78	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			69.00		
(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.					
Signature Ms. Emily Buchanan		[Electronically Filed]		Date M M M / D D D / Y Y Y Y Y Y 05 / 18 / 2015	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 3199 OF 3250
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M M / D D D / Y Y Y Y Y Y					
Full Name of Payee Mary C Lee			Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 11 / 14 / 2014		
Mailing Address 1030 N Coolidge Ave			Amount 9.00		
City Gonzales	State LA	Zip Code 70737	Transaction ID : f6616797-e83b-487e-b Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 11 / 14 / 2014		
Purpose of Expenditure Mileage		Category/ Type 002			
Name of Federal Candidate Ms. Mary L Landrieu			Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: LA		
Calendar Year-To-Date Per Election for Office Sought 554635.78			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
Full Name of Payee Zachary Vidrine			Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 11 / 14 / 2014		
Mailing Address 202 Rue Des Cajun			Amount 60.00		
City Ville Platte	State LA	Zip Code 70586	Transaction ID : 0a17444b-d4b0-4660-8 Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 11 / 14 / 2014		
Purpose of Expenditure Salary		Category/ Type 001			
Name of Federal Candidate Ms. Mary L Landrieu			Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: LA		
Calendar Year-To-Date Per Election for Office Sought 554635.78			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			69.00		
(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.					
Signature Ms. Emily Buchanan			Date M M M / D D D / Y Y Y Y Y Y 05 / 18 / 2015		
[Electronically Filed]					

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 3200 OF 3250
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M M / D D D / Y Y Y Y Y Y					
Full Name of Payee Zachary Vidrine			Date of Public Distribution/Dissemination 11 / 14 / 2014		
Mailing Address 202 Rue Des Cajun			Amount 20.40		
City Ville Platte		State LA	Zip Code 70586		Transaction ID : c649ceac-9bb2-4d12-a
Purpose of Expenditure Mileage		Category/Type 002		Date of Disbursement or Obligation 11 / 14 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu			☐ Support ☒ Oppose Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>LA</u>		
Calendar Year-To-Date Per Election for Office Sought 554635.78			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶ _____		
Full Name of Payee Patricia F Arnold			Date of Public Distribution/Dissemination 11 / 14 / 2014		
Mailing Address 1117 Clipper Dr			Amount 12.00		
City Slidell		State LA	Zip Code 70458		Transaction ID : bf350d8b-196e-45c1-b
Purpose of Expenditure Salary		Category/Type 001		Date of Disbursement or Obligation 11 / 14 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu			☐ Support ☒ Oppose Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>LA</u>		
Calendar Year-To-Date Per Election for Office Sought 554635.78			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶ _____		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			32.40		
(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.					
Signature <u>Ms. Emily Buchanan</u> [Electronically Filed]			Date 05 / 18 / 2015		

Full Name of Payee Patricia F Arnold		Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 14 / 2014	
Mailing Address 1117 Clipper Dr		Amount 4.92	
City Slidell	State LA	Zip Code 70458	Transaction ID : b4e8f23f-9306-4ad8-9 Date of Disbursement or Obligation MM / DD / YYYY 11 / 14 / 2014
Purpose of Expenditure Mileage		Category/ Type 002	
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House ☒ Senate ☐ President District: 00 State: LA
Calendar Year-To-Date Per Election for Office Sought 554635.78		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	

Full Name of Payee Jordan L Randall		Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 14 / 2014	
Mailing Address 27 Mesa St		Amount 5.00	
City Kenner	State LA	Zip Code 70065	Transaction ID : 83f29d8a-ff82-41ec-9 Date of Disbursement or Obligation MM / DD / YYYY 11 / 14 / 2014
Purpose of Expenditure Salary		Category/ Type 001	
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: LA
Calendar Year-To-Date Per Election for Office Sought 554635.78		Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....	9.92
(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.

Date _____

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 3202 OF 3250
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC		FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on		M M M / D D D / Y Y Y Y Y Y	
Full Name of Payee Jennifer F Gilbert		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 11 / 14 / 2014	
Mailing Address 180 McNeil Steep Hollow Rd		Amount 70.00	
City Carriere	State MS	Zip Code 39426	Transaction ID : f462b103-3f2e-4c6d-8
Purpose of Expenditure Salary	Category/ Type	001	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 11 / 14 / 2014
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>LA</u>
Calendar Year-To-Date Per Election for Office Sought		554635.78	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶
Full Name of Payee Jennifer F Gilbert		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 11 / 14 / 2014	
Mailing Address 180 McNeil Steep Hollow Rd		Amount 43.20	
City Carriere	State MS	Zip Code 39426	Transaction ID : 2ae7cad6-8746-435a-9
Purpose of Expenditure Mileage	Category/ Type	002	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 11 / 14 / 2014
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>LA</u>
Calendar Year-To-Date Per Election for Office Sought		554635.78	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures.....		113.20	
(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]	
Signature		Date 05 / 18 / 2015	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 3203 OF 3250
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M / D D / Y Y Y Y					
Full Name of Payee Alice K Salazar			Date of Public Distribution/Dissemination M M / D D / Y Y Y Y 11 / 14 / 2014		
Mailing Address 605 W Houston St			Amount 80.00		
City Marshall		State TX	Zip Code 75633		Transaction ID : d4698672-19bc-48ca-8
Purpose of Expenditure Salary		Category/Type 001		Date of Disbursement or Obligation M M / D D / Y Y Y Y 11 / 14 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu			Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>LA</u> ☐ Support ☒ Oppose		
Calendar Year-To-Date Per Election for Office Sought			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
Full Name of Payee Alice K Salazar			Date of Public Distribution/Dissemination M M / D D / Y Y Y Y 11 / 14 / 2014		
Mailing Address 605 W Houston St			Amount 46.80		
City Marshall		State TX	Zip Code 75633		Transaction ID : ff484069-01ce-48b3-a
Purpose of Expenditure Mileage		Category/Type 002		Date of Disbursement or Obligation M M / D D / Y Y Y Y 11 / 14 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu			Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>LA</u> ☐ Support ☒ Oppose		
Calendar Year-To-Date Per Election for Office Sought			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			126.80		
(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.					
Signature <u>Ms. Emily Buchanan</u> [Electronically Filed]			Date M M / D D / Y Y Y Y 05 / 18 / 2015		

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 3204 OF 3250
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M M / D D D / Y Y Y Y Y Y					
Full Name of Payee Carl Brent			Date of Public Distribution/Dissemination 11 / 14 / 2014		
Mailing Address 6718 Lake Willow Dr			Amount 80.00		
City New Orleans		State LA	Zip Code 70126		Transaction ID : 2b7126bf-2329-42d1-9
Purpose of Expenditure Salary		Category/Type 001		Date of Disbursement or Obligation 11 / 14 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu			Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: LA ☐ Support ☒ Oppose		
Calendar Year-To-Date Per Election for Office Sought			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
Full Name of Payee Carl Brent			Date of Public Distribution/Dissemination 11 / 14 / 2014		
Mailing Address 6718 Lake Willow Dr			Amount 11.10		
City New Orleans		State LA	Zip Code 70126		Transaction ID : 504379fd-8901-4c05-a
Purpose of Expenditure Mileage		Category/Type 002		Date of Disbursement or Obligation 11 / 14 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu			Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: LA ☐ Support ☒ Oppose		
Calendar Year-To-Date Per Election for Office Sought			Disbursement For: ☐ Primary ☒ 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.					
Signature Ms. Emily Buchanan			Date 05 / 18 / 2015		

[Electronically Filed]

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 3205 OF 3250
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M M / D D D / Y Y Y Y Y Y					
Full Name of Payee Timothy Foley			Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 11 / 14 / 2014		
Mailing Address 20679 Glenbrook Terrace			Amount 10.00		
City Sterling		State VA	Zip Code 20165		Transaction ID : fa2cbe17-0d05-4428-b
Purpose of Expenditure Salary		Category/ Type 001		Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 11 / 14 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu			Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: LA		
Calendar Year-To-Date Per Election for Office Sought			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
Full Name of Payee Michael Vidrine			Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 11 / 14 / 2014		
Mailing Address 1103 West Wilson Street			Amount 55.00		
City Ville Platte		State LA	Zip Code 70586		Transaction ID : d5bc44c9-dad2-4e77-a
Purpose of Expenditure Salary		Category/ Type 001		Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 11 / 14 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu			Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: LA		
Calendar Year-To-Date Per Election for Office Sought			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			65.00		
(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.					
Signature Ms. Emily Buchanan			Date M M M / D D D / Y Y Y Y Y Y 05 / 18 / 2015		
[Electronically Filed]					

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 3206 OF 3250
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M M / D D D / Y Y Y Y Y Y					
Full Name of Payee Michael Vidrine			Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 11 / 14 / 2014		
Mailing Address 1103 West Wilson Street			Amount 21.60		
City Ville Platte	State LA	Zip Code 70586	Transaction ID : e2254991-4ecd-4432-a		
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 11 / 14 / 2014		
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>LA</u>		
Calendar Year-To-Date Per Election for Office Sought		554635.78	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
Full Name of Payee Cathy Longtin			Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 11 / 14 / 2014		
Mailing Address 827 Navavre Ave			Amount 75.00		
City New Orleans	State LA	Zip Code 70124	Transaction ID : f9e74010-242a-46cf-8		
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 11 / 14 / 2014		
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>LA</u>		
Calendar Year-To-Date Per Election for Office Sought		554635.78	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			96.60		
(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 M M M / D D D / Y Y Y Y Y Y 05 / 18 / 2015		
Signature					

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 3207 OF 3250
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M / D D / Y Y Y Y					
Full Name of Payee Cathy Longtin			Date of Public Distribution/Dissemination 11 / 14 / 2014		
Mailing Address 827 Navavre Ave			Amount 9.90		
City New Orleans	State LA	Zip Code 70124	Transaction ID : 0fea945e-a0c1-49d2-b		
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement or Obligation 11 / 14 / 2014		
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: LA		
Calendar Year-To-Date Per Election for Office Sought		554635.78	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
Full Name of Payee Colton R Overcash			Date of Public Distribution/Dissemination 11 / 14 / 2014		
Mailing Address 121 Ohara Dr			Amount 80.00		
City Salisbury	State NC	Zip Code 28147	Transaction ID : 759bd9e1-2aa9-4a3a-9		
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation 11 / 14 / 2014		
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: LA		
Calendar Year-To-Date Per Election for Office Sought		554635.78	Disbursement For: ☐ Primary ☒ 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.					
Signature Ms. Emily Buchanan		[Electronically Filed]		Date 05 / 18 / 2015	

Full Name of Payee Colton R Overcash		Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 14 / 2014	
Mailing Address 121 Ohara Dr		Amount 33.60	
City Salisbury	State NC	Zip Code 28147	Transaction ID : f479a08f-730a-453a-8 Date of Disbursement or Obligation MM / DD / YYYY 11 / 14 / 2014
Purpose of Expenditure Mileage		Category/ Type 002	
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: LA
Calendar Year-To-Date Per Election for Office Sought		554635.78	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶

Full Name of Payee Cynthia J Christmas		Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 15 / 2014	
Mailing Address 1731 Frenchmen St		Amount 60.00	
City New Orleans	State LA	Zip Code 70116	Transaction ID : 5a4d6240-e4b8-4c69-a Date of Disbursement or Obligation MM / DD / YYYY 11 / 15 / 2014
Purpose of Expenditure Salary	Category/ Type	001	
Name of Federal Candidate Ms. Mary L Landrieu	☐ Support ☒ Oppose	Office Sought: ☐ President ☒ Senate	District: 00 State: LA
Calendar Year-To-Date Per Election for Office Sought	554635.78	Disbursement For: 2014 ☐ Other (specify) ▶	☐ Primary ☒ General

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	93.60
(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.

Signature

05 / 18 / 2015

Full Name of Payee Jessica R Resendiz		Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 14 / 2014	
Mailing Address 9685 Paula St		Amount 90.00	
City Keithville	State LA	Zip Code 71047	Transaction ID : e3b1b6ea-d379-48d7-8
Purpose of Expenditure Salary	Category/ Type	001	Date of Disbursement or Obligation MM / DD / YYYY 11 / 14 / 2014
Name of Federal Candidate Ms. Mary L Landrieu	☐ Support ☒ Oppose	Office Sought: ☐ House ☐ President	District: <u>00</u> State: <u>LA</u>
Calendar Year-To-Date Per Election for Office Sought	554635.78		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶ _____

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	99.00
(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.

Date / /

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 3210 OF 3250
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M / D D / Y Y Y Y					
Full Name of Payee Jessica R Resendiz			Date of Public Distribution/Dissemination 11 / 14 / 2014		
Mailing Address 9685 Paula St			Amount 16.20		
City Keithville	State LA	Zip Code 71047	Transaction ID : aa7e1c05-cb16-496d-8		
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement or Obligation 11 / 14 / 2014		
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: LA		
Calendar Year-To-Date Per Election for Office Sought		554635.78	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
Full Name of Payee Charleen Ecuyer			Date of Public Distribution/Dissemination 11 / 15 / 2014		
Mailing Address 3738 Woodland Ridge Blvd			Amount 40.00		
City Baton Rouge	State LA	Zip Code 70816	Transaction ID : 192aaf3a-7146-448c-a		
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation 11 / 15 / 2014		
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: LA		
Calendar Year-To-Date Per Election for Office Sought		554635.78	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			56.20		
(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.					
Signature Ms. Emily Buchanan		[Electronically Filed]		Date 05 / 18 / 2015	

Full Name of Payee Charleen Ecuyer		Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 15 / 2014	
Mailing Address 3738 Woodland Ridge Blvd		Amount 9.00	
City Baton Rouge	State LA	Zip Code 70816	Transaction ID : 5280d5f1-f324-4f8b-9 Date of Disbursement or Obligation MM / DD / YYYY 11 / 15 / 2014
Purpose of Expenditure Mileage	Category/ Type 002		
Name of Federal Candidate Ms. Mary L Landrieu	☐ Support ☒ Oppose	Office Sought: ☐ President ☒ Senate	District: 00 State: LA
Calendar Year-To-Date Per Election for Office Sought	554635.78	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	

Full Name of Payee Vanessa E Ecuyer		Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 15 / 2014	
Mailing Address 3738 Woodland Ridge Blvd		Amount 40.00	
City Baton Rouge	State LA	Zip Code 70816	Transaction ID : a2983681-e1eb-42d2-9
Purpose of Expenditure Salary	Category/ Type	001	Date of Disbursement or Obligation MM / DD / YYYY 11 / 15 / 2014
Name of Federal Candidate Ms. Mary L Landrieu	☐ Support ☒ Oppose	Office Sought: ☐ President ☒ Senate	District: 00 State: LA
Calendar Year-To-Date Per Election for Office Sought	554635.78		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	49.00
(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.

Date / /

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 3212 OF 3250
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on MM / DD / YYYY					
Full Name of Payee Chelsey Waite			Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 15 / 2014		
Mailing Address 3738 Woodland Ridge Blvd			Amount 40.00		
City Baton Rouge	State LA	Zip Code 70816	Transaction ID : 2a24a5af-5f94-4efa-a		
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation MM / DD / YYYY 11 / 15 / 2014		
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>LA</u>		
Calendar Year-To-Date Per Election for Office Sought		554635.78	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
Full Name of Payee Beau Autin			Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 15 / 2014		
Mailing Address 345 Auroura Ave			Amount 25.00		
City Metairie	State LA	Zip Code 70006	Transaction ID : c6a33ff2-31a6-46ef-8		
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation MM / DD / YYYY 11 / 15 / 2014		
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>LA</u>		
Calendar Year-To-Date Per Election for Office Sought		554635.78	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			65.00		
(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.					
Signature <i>Ms. Emily Buchanan</i>		[Electronically Filed]		Date MM / DD / YYYY 05 / 18 / 2015	

Full Name of Payee Beau Autin		Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 15 / 2014	
Mailing Address 345 Auroura Ave		Amount 1.29	
City Metairie	State LA	Zip Code 70006	Transaction ID : 79af88c8-7525-4ba7-b
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement or Obligation MM / DD / YYYY 11 / 15 / 2014
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: LA
Calendar Year-To-Date Per Election for Office Sought 554635.78		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	

Full Name of Payee Regina R Mouton		Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 15 / 2014	
Mailing Address 5827 Brighton Pl		Amount 20.00	
City New Orleans	State LA	Zip Code 70131	Transaction ID : e391939d-a0b7-4c66-a Date of Disbursement or Obligation MM / DD / YYYY 11 / 15 / 2014
Purpose of Expenditure Salary	Category/ Type 001		
Name of Federal Candidate Ms. Mary L Landrieu	☐ Support ☒ Oppose	Office Sought: ☐ President ☒ Senate	District: 00 State: LA
Calendar Year-To-Date Per Election for Office Sought	554635.78	Disbursement For: 2014 ☐ Primary ☒ General ☐ Other (specify) ►	

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	21.29
(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.

Date _____

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 3214 OF 3250
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on MM / DD / YYYY					
Full Name of Payee Regina R Mouton			Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 15 / 2014		
Mailing Address 5827 Brighton Pl			Amount 6.00		
City New Orleans	State LA	Zip Code 70131	Transaction ID : c70f73fd-3f19-412a-a		
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement or Obligation MM / DD / YYYY 11 / 15 / 2014		
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>LA</u>		
Calendar Year-To-Date Per Election for Office Sought		554635.78	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
Full Name of Payee Courtney Goldstein			Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 15 / 2014		
Mailing Address 1809 N Woodlawn			Amount 40.00		
City Metairie	State LA	Zip Code 70001	Transaction ID : f4f85f12-b521-4c08-8		
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation MM / DD / YYYY 11 / 15 / 2014		
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>LA</u>		
Calendar Year-To-Date Per Election for Office Sought		554635.78	Disbursement For: ☐ Primary ☒ 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.					
Signature <i>Ms. Emily Buchanan</i>		[Electronically Filed]		Date MM / DD / YYYY 05 / 18 / 2015	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 3215 OF 3250
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC		FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M M / D D D / Y Y Y Y Y Y			
Full Name of Payee Courtney Goldstein		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 11 / 15 / 2014	
Mailing Address 1809 N Woodlawn		Amount 6.60	
City Metairie	State LA	Zip Code 70001	Transaction ID : d9b8759d-cf2a-4f8d-8 Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 11 / 15 / 2014
Purpose of Expenditure Mileage		Category/ Type 002	
Name of Federal Candidate Ms. Mary L Landrieu		Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: LA ☐ Support ☒ Oppose	
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Christopher Marquess		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 11 / 15 / 2014	
Mailing Address 110 W Pecan St		Amount 50.00	
City Ville Platte	State LA	Zip Code 70586	Transaction ID : 8de5bd10-64a8-42e7-9 Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 11 / 15 / 2014
Purpose of Expenditure Salary		Category/ Type 001	
Name of Federal Candidate Ms. Mary L Landrieu		Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: LA ☐ Support ☒ Oppose	
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶		56.60	
(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.			
Signature Ms. Emily Buchanan		Date M M M / D D D / Y Y Y Y Y Y 05 / 18 / 2015 [Electronically Filed]	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 3216 OF 3250
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC		FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on MM / DD / YYYY			
Full Name of Payee Christopher Marquess		Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 15 / 2014	
Mailing Address 110 W Pecan St		Amount 34.50	
City Ville Platte	State LA	Zip Code 70586	Transaction ID : 43252cca-381c-4d48-b
Purpose of Expenditure Mileage	Category/ Type 002	Date of Disbursement or Obligation MM / DD / YYYY 11 / 15 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☐ House District: <u>00</u> ☒ Oppose ☐ President ☒ Senate State: <u>LA</u>	
Calendar Year-To-Date Per Election for Office Sought 554635.78		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶ _____	
Full Name of Payee Sandra C Montalbano		Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 15 / 2014	
Mailing Address 4177 Lowerline St		Amount 35.00	
City Slidell	State LA	Zip Code 70461	Transaction ID : 165c9fa8-284c-41a7-8
Purpose of Expenditure Salary	Category/ Type 001	Date of Disbursement or Obligation MM / DD / YYYY 11 / 15 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☐ House District: <u>00</u> ☒ Oppose ☐ President ☒ Senate State: <u>LA</u>	
Calendar Year-To-Date Per Election for Office Sought 554635.78		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶ _____	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶		69.50	
(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 Signature		[Electronically Filed] Date MM / DD / YYYY 05 / 18 / 2015	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 3217 OF 3250
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC		FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on		M M M / D D D / Y Y Y Y Y Y	
Full Name of Payee Sandra C Montalbano		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 11 / 15 / 2014	
Mailing Address 4177 Lowerline St		Amount 2.40	
City Slidell	State LA	Zip Code 70461	Transaction ID : 445f8410-2cd5-442e-9
Purpose of Expenditure Mileage	Category/Type 002	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 11 / 15 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	
Office Sought: ☐ President ☒ Senate		District: 00 State: LA	
Calendar Year-To-Date Per Election for Office Sought 554635.78		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Hannah J Landry		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 11 / 15 / 2014	
Mailing Address 1110 N Coolidge		Amount 80.00	
City Gonzales	State LA	Zip Code 70737	Transaction ID : c0087a35-dbe3-491e-9
Purpose of Expenditure Salary	Category/Type 001	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 11 / 15 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	
Office Sought: ☐ President ☒ Senate		District: 00 State: LA	
Calendar Year-To-Date Per Election for Office Sought 554635.78		Disbursement For: ☐ Primary ☒ 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.			
Signature Ms. Emily Buchanan		Date M M M / D D D / Y Y Y Y Y Y 05 / 18 / 2015	
[Electronically Filed]			

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

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 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M / D D / Y Y Y Y Y Y					
Full Name of Payee Hannah J Landry			Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 11 / 15 / 2014		
Mailing Address 1110 N Coolidge			Amount 18.00		
City Gonzales	State LA	Zip Code 70737	Transaction ID : 02081043-e7b8-4857-9 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 11 / 15 / 2014		
Purpose of Expenditure Mileage		Category/ Type 002			
Name of Federal Candidate Ms. Mary L Landrieu			☐ Support Office Sought: ☐ House District: 00 ☒ Oppose ☐ President ☒ Senate State: LA		
Calendar Year-To-Date Per Election for Office Sought 554635.78			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
Full Name of Payee Mary C Lee			Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 11 / 15 / 2014		
Mailing Address 1030 N Coolidge Ave			Amount 80.00		
City Gonzales	State LA	Zip Code 70737	Transaction ID : 55eae716-d4e3-49e6-8 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 11 / 15 / 2014		
Purpose of Expenditure Salary		Category/ Type 001			
Name of Federal Candidate Ms. Mary L Landrieu			☐ Support Office Sought: ☐ House District: 00 ☒ Oppose ☐ President ☒ Senate State: LA		
Calendar Year-To-Date Per Election for Office Sought 554635.78			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			98.00		
(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 _____ Signature			[Electronically Filed] Date M M / D D / Y Y Y Y Y Y 05 / 18 / 2015		

Full Name of Payee Joneisha Stewart		Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 15 / 2014	
Mailing Address 2329 Runnymede Dr		Amount Amount 50.00	
City Marrero	State LA	Zip Code 70072	Transaction ID : 2555fde9-4cc1-4d28-a
Purpose of Expenditure Salary	Category/ Type	001	Date of Disbursement or Obligation MM / DD / YYYY 11 / 15 / 2014
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: LA
Calendar Year-To-Date Per Election for Office Sought		Year-To-Date 554635.78	Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....	68.00
(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.

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 3220 OF 3250
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M / D D / Y Y Y Y					
Full Name of Payee Joneisha Stewart			Date of Public Distribution/Dissemination M M / D D / Y Y Y Y 11 / 15 / 2014		
Mailing Address 2329 Runnymede Dr			Amount 4.20		
City Marrero	State LA	Zip Code 70072	Transaction ID : 7649b815-7418-41d5-9		
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement or Obligation M M / D D / Y Y Y Y 11 / 15 / 2014		
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: LA		
Calendar Year-To-Date Per Election for Office Sought		554635.78	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
Full Name of Payee Lesley Lennox			Date of Public Distribution/Dissemination M M / D D / Y Y Y Y 11 / 15 / 2014		
Mailing Address 2305 Cleary Ave			Amount 42.50		
City Metairie	State LA	Zip Code 70001	Transaction ID : 83c6d374-a19c-4b0f-b		
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation M M / D D / Y Y Y Y 11 / 15 / 2014		
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: LA		
Calendar Year-To-Date Per Election for Office Sought		554635.78	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			46.70		
(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.					
Signature Ms. Emily Buchanan		[Electronically Filed]		Date M M / D D / Y Y Y Y 05 / 18 / 2015	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 3222 OF 3250
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC		FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on		M M M / D D D / Y Y Y Y Y Y	
Full Name of Payee Gary W Fuhrmann		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 11 / 15 / 2014	
Mailing Address 9425 Jessica Drive		Amount 20.40	
City Shreveport	State LA	Zip Code 71106	Transaction ID : a547c547-4615-433f-8
Purpose of Expenditure Mileage	Category/Type 002	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 11 / 15 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose ☐ President ☒ Senate	
Office Sought: ☐ House ☒ Senate		District: 00 State: LA	
Calendar Year-To-Date Per Election for Office Sought 554635.78		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Cynthia N Schmit		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 11 / 15 / 2014	
Mailing Address 2226 Taft Circle Apt 1		Amount 55.00	
City Winchester	State VA	Zip Code 22601	Transaction ID : a85d72d8-863f-4c26-b
Purpose of Expenditure Salary	Category/Type 001	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 11 / 15 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose ☐ President ☒ Senate	
Office Sought: ☐ House ☒ Senate		District: 00 State: LA	
Calendar Year-To-Date Per Election for Office Sought 554635.78		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶		75.40	
(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.			
Signature Ms. Emily Buchanan		Date M M M / D D D / Y Y Y Y Y Y 05 / 18 / 2015	
[Electronically Filed]			

Full Name of Payee Felicia A Jones			Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 15 / 2014		
Mailing Address 4106 Martha St			Amount 9.60		
City Shreveport	State LA	Zip Code 71109	Transaction ID : 21f39140-1241-4f55-a Date of Disbursement or Obligation MM / DD / YYYY 11 / 15 / 2014		
Purpose of Expenditure Mileage		Category/ Type 002			
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: LA		
Calendar Year-To-Date Per Election for Office Sought		554635.78	Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ►		

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	89.60
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

05 / 18 / 2015

FEC Schedule E (Form 3X) Rev. 09/2013

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 3224 OF 3250
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M / D D / Y Y Y Y Y Y				
Full Name of Payee Janet Morris			Date of Public Distribution/Dissemination 11 / 15 / 2014	
Mailing Address 620 Old Barbome Rd Lot 2			Amount 25.00	
City West Monroe	State LA	Zip Code 71291	Transaction ID : 5efc9dee-6e26-46f1-9	
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation 11 / 15 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>LA</u>	
Calendar Year-To-Date Per Election for Office Sought		554635.78	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Elvis Spears			Date of Public Distribution/Dissemination 11 / 15 / 2014	
Mailing Address 2150 Hope St			Amount 60.00	
City New Orleans	State LA	Zip Code 70119	Transaction ID : e90a21b3-eb35-4d8f-a	
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation 11 / 15 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>LA</u>	
Calendar Year-To-Date Per Election for Office Sought		554635.78	Disbursement For: ☐ Primary ☒ 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 05 / 18 / 2015	
Signature				

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 3225 OF 3250
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M / D D / Y Y Y Y Y Y					
Full Name of Payee Elvis Spears			Date of Public Distribution/Dissemination 11 / 15 / 2014		
Mailing Address 2150 Hope St			Amount 9.00		
City New Orleans	State LA	Zip Code 70119	Transaction ID : ae300e1b-8ca8-4b43-b		
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement or Obligation 11 / 15 / 2014		
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: LA		
Calendar Year-To-Date Per Election for Office Sought		554635.78	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
Full Name of Payee Gregory Green			Date of Public Distribution/Dissemination 11 / 15 / 2014		
Mailing Address 2506 Bolch Street			Amount 80.00		
City Shreveport	State LA	Zip Code 71104	Transaction ID : 07c87a8c-4f40-4335-a		
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation 11 / 15 / 2014		
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: LA		
Calendar Year-To-Date Per Election for Office Sought		554635.78	Disbursement For: ☐ Primary ☒ 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.					
Signature Ms. Emily Buchanan		[Electronically Filed]		Date 05 / 18 / 2015	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 3226 OF 3250
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC		FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on		M M M / D D D / Y Y Y Y Y Y	
Full Name of Payee Gregory Green		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 11 / 15 / 2014	
Mailing Address 2506 Bolch Street		Amount 52.80	
City Shreveport	State LA	Zip Code 71104	Transaction ID : 9f470618-e7a9-4448-9
Purpose of Expenditure Mileage	Category/ Type	002	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 11 / 15 / 2014
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>LA</u>
Calendar Year-To-Date Per Election for Office Sought		554635.78	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶
Full Name of Payee Lilly Green		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 11 / 15 / 2014	
Mailing Address 205 Medallion Circle		Amount 80.00	
City Shreveport	State LA	Zip Code 71119	Transaction ID : 44208a22-e749-4c5d-b
Purpose of Expenditure Salary	Category/ Type	001	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 11 / 15 / 2014
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>LA</u>
Calendar Year-To-Date Per Election for Office Sought		554635.78	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures.....		132.80	
(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]	
Signature		Date 05 / 18 / 2015	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 3227 OF 3250
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M M / D D D / Y Y Y Y Y Y					
Full Name of Payee Lilly Green			Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 11 / 15 / 2014		
Mailing Address 205 Medallion Circle			Amount 61.80		
City Shreveport	State LA	Zip Code 71119	Transaction ID : 26f963a0-2cc1-43b3-9		
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 11 / 15 / 2014		
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>LA</u>		
Calendar Year-To-Date Per Election for Office Sought		554635.78	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
Full Name of Payee Colton R Overcash			Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 11 / 15 / 2014		
Mailing Address 121 Ohara Dr			Amount 95.00		
City Salisbury	State NC	Zip Code 28147	Transaction ID : 0566ee75-220b-4bc9-8		
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 11 / 15 / 2014		
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>LA</u>		
Calendar Year-To-Date Per Election for Office Sought		554635.78	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			156.80		
(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.					
Signature Ms. Emily Buchanan		[Electronically Filed]		Date M M M / D D D / Y Y Y Y Y Y 05 / 18 / 2015	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 3228 OF 3250
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC		FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on / /			
Full Name of Payee Colton R Overcash		Date of Public Distribution/Dissemination / / 11 / 15 / 2014	
Mailing Address 121 Ohara Dr		Amount 38.70	
City Salisbury	State NC	Zip Code 28147	Transaction ID : 605d4f53-60b1-4b9f-9 Date of Disbursement or Obligation / / 11 / 15 / 2014
Purpose of Expenditure Mileage		Category/ Type 002	
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>LA</u>
Calendar Year-To-Date Per Election for Office Sought 554635.78		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶ _____	
Full Name of Payee Jessica R Resendiz		Date of Public Distribution/Dissemination / / 11 / 15 / 2014	
Mailing Address 9685 Paula St		Amount 50.00	
City Keithville	State LA	Zip Code 71047	Transaction ID : 8539f623-9943-4c84-b Date of Disbursement or Obligation / / 11 / 15 / 2014
Purpose of Expenditure Salary		Category/ Type 001	
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>LA</u>
Calendar Year-To-Date Per Election for Office Sought 554635.78		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶ _____	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶		 88.70	
(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.			
Signature <i>Ms. Emily Buchanan</i>		Date / / 05 / 18 / 2015	
<i>[Electronically Filed]</i>			

Full Name of Payee Jessica R Resendiz			Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 15 / 2014		
Mailing Address 9685 Paula St			Amount 12.90		
City Keithville	State LA	Zip Code 71047	Transaction ID : ff88e2d9-8166-4a9b-a		
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement or Obligation MM / DD / YYYY 11 / 15 / 2014		
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House ☒ Senate ☐ President District: 00 State: LA		
Calendar Year-To-Date Per Election for Office Sought		554635.78	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		

Full Name of Payee Alice K Salazar		Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 15 / 2014	
Mailing Address 605 W Houston St		Amount 80.00	
City Marshall	State TX	Zip Code 75633	Transaction ID : 5f02001e-26ed-408d-b Date of Disbursement or Obligation MM / DD / YYYY 11 / 15 / 2014
Purpose of Expenditure Salary		Category/ Type 001	
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: LA
Calendar Year-To-Date Per Election for Office Sought 554635.78		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	92.90
(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.

Signature

05 / 18 / 2015

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 3230 OF 3250
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC		FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on		MM / DD / YYYY	
Full Name of Payee Alice K Salazar		Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 15 / 2014	
Mailing Address 605 W Houston St		Amount 52.20	
City Marshall	State TX	Zip Code 75633	Transaction ID : 2e79d500-a476-4d90-b
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement or Obligation MM / DD / YYYY 11 / 15 / 2014
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: LA
Calendar Year-To-Date Per Election for Office Sought		554635.78	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶
Full Name of Payee Laura U Logie		Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 15 / 2014	
Mailing Address 2565 Shire Circle		Amount 40.00	
City Harrisonburg	State VA	Zip Code 22801	Transaction ID : f9f9dcfb-7853-4047-9
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation MM / DD / YYYY 11 / 15 / 2014
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: LA
Calendar Year-To-Date Per Election for Office Sought		554635.78	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶		92.20	
(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.			
Signature Ms. Emily Buchanan		Date MM / DD / YYYY 05 / 18 / 2015	
		[Electronically Filed]	

Full Name of Payee Carla K Pilgreen		Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 15 / 2014	
Mailing Address 212 Stonecliff Dr		Amount 25.00	
City West Monro	State LA	Zip Code 71291	Transaction ID : 3fb344bf-c237-4b6b-8 Date of Disbursement or Obligation MM / DD / YYYY 11 / 15 / 2014
Purpose of Expenditure Salary	Category/ Type	001	
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House ☒ Senate ☐ President District: 00 State: LA
Calendar Year-To-Date Per Election for Office Sought 554635.78		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	

Full Name of Payee Carla K Pilgreen		Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 15 / 2014	
Mailing Address 212 Stonecliff Dr		Amount 6.00	
City West Monro	State LA	Zip Code 71291	Transaction ID : 1240515a-234b-4374-a Date of Disbursement or Obligation MM / DD / YYYY 11 / 15 / 2014
Purpose of Expenditure Mileage	Category/ Type 002		
Name of Federal Candidate Ms. Mary L Landrieu	☐ Support ☒ Oppose	Office Sought: ☐ President ☒ Senate ☐ Other (specify) ▶	District: 00 State: LA ☐ Primary ☒ General
Calendar Year-To-Date Per Election for Office Sought	554635.78		

(a) SUBTOTAL of Itemized Independent Expenditures.....	➤	31.00
(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.

Date _____

Signature

Full Name of Payee Michael Vidrine			Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 15 / 2014		
Mailing Address 1103 West Wilson Street			Amount 32.70		
City Ville Platte	State LA	Zip Code 70586	Transaction ID : ad8b6d75-b59b-4c26-9 Date of Disbursement or Obligation MM / DD / YYYY 11 / 15 / 2014		
Purpose of Expenditure Mileage		Category/ Type 002			
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House ☒ Senate ☐ President ☒ Senate		
Calendar Year-To-Date Per Election for Office Sought 554635.78		Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ▶			
District: 00			State: LA		

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	82.70
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

Ms. Emily Buchanan

[Electronically Filed]

Date 05 / 18 / 2015

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 3233 OF 3250
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M M / D D D / Y Y Y Y Y Y				
Full Name of Payee ERIC TABARY			Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 11 / 15 / 2014	
Mailing Address 6101 NORA ST			Amount 70.00	
City METAIRIE	State LA	Zip Code 70003	Transaction ID : 392a776e-0d4c-43ce-9	
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 11 / 15 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>LA</u>	
Calendar Year-To-Date Per Election for Office Sought		554635.78	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee ERIC TABARY			Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 11 / 15 / 2014	
Mailing Address 6101 NORA ST			Amount 1.80	
City METAIRIE	State LA	Zip Code 70003	Transaction ID : 250d5d7e-94ed-489d-9	
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 11 / 15 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>LA</u>	
Calendar Year-To-Date Per Election for Office Sought		554635.78	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			71.80	
(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 M M M / D D D / Y Y Y Y Y Y 05 / 18 / 2015	
Signature				

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 3234 OF 3250
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M M / D D D / Y Y Y Y Y Y				
Full Name of Payee Carl Brent			Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 11 / 15 / 2014	
Mailing Address 6718 Lake Willow Dr			Amount 80.00	
City New Orleans	State LA	Zip Code 70126	Transaction ID : 10411318-8324-4175-b	
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 11 / 15 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>LA</u>	
Calendar Year-To-Date Per Election for Office Sought		554635.78	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Carl Brent			Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 11 / 15 / 2014	
Mailing Address 6718 Lake Willow Dr			Amount 11.10	
City New Orleans	State LA	Zip Code 70126	Transaction ID : a8d2f97b-2d97-4f0f-8	
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 11 / 15 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>LA</u>	
Calendar Year-To-Date Per Election for Office Sought		554635.78	Disbursement For: ☐ Primary ☒ 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 M M M / D D D / Y Y Y Y Y Y 05 / 18 / 2015	
Signature				

Full Name of Payee Theresa a Youngblood		Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 15 / 2014	
Mailing Address 102 S Main Street Apt A2		Amount 80.00	
City Berryville	State VA	Zip Code 22611	Transaction ID : 4a413e91-5aab-4940-8
Purpose of Expenditure Salary	Category/ Type	001	Date of Disbursement or Obligation MM / DD / YYYY 11 / 15 / 2014
Name of Federal Candidate Ms. Mary L Landrieu	☐ Support ☒ Oppose	Office Sought: ☐ President ☒ Senate	District: 00 State: LA
Calendar Year-To-Date Per Election for Office Sought	554635.78	Disbursement For: 2014 ☐ Other (specify) ▶	☐ Primary ☒ General

Full Name of Payee Julia Perry		Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 15 / 2014	
Mailing Address 2046 Perrin St Apt C		Amount Amount 100.00	
City Shreveport	State LA	Zip Code 71101	Transaction ID : 1293645c-3ca6-4e8e-9 Date of Disbursement or Obligation MM / DD / YYYY 11 / 15 / 2014
Purpose of Expenditure Salary		Category/ Type 001	
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House ☒ Senate ☐ President ☐ Other (specify) _____
Calendar Year-To-Date Per Election for Office Sought		Amount 554635.78	Disbursement For: ☐ Primary ☒ General ☐ 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.

Date _____

Signature

Full Name of Payee Cynthia J Christmas		Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 15 / 2014	
Mailing Address 1731 Frenchmen St		Amount 60.00	
City New Orleans	State LA	Zip Code 70116	Transaction ID : d3f1921c-9676-4635-9 Date of Disbursement or Obligation MM / DD / YYYY 11 / 15 / 2014
Purpose of Expenditure Salary		Category/ Type 001	
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: LA
Calendar Year-To-Date Per Election for Office Sought		554635.78	Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....	70.50
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures.....	

Signature

Full Name of Payee Amanda Boley		Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 16 / 2014	
Mailing Address Split Oak Drive		Amount 47.50	
City charlotte	State NC	Zip Code 28227	Transaction ID : 869b051e-6e25-4616-b
Purpose of Expenditure Salary	Category/ Type	001	Date of Disbursement or Obligation MM / DD / YYYY 11 / 16 / 2014
Name of Federal Candidate Ms. Mary L Landrieu	☐ Support ☒ Oppose	Office Sought: ☐ President ☒ Senate	District: 00 State: LA
Calendar Year-To-Date Per Election for Office Sought	554635.78		Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	55.00
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

05 / 18 / 2015

FEC Schedule E (Form 3X) Rev. 09/2013

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 3238 OF 3250
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M M / D D D / Y Y Y Y Y Y				
Full Name of Payee Amanda Boley			Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 11 / 16 / 2014	
Mailing Address Split Oak Drive			Amount 14.22	
City charlotte		State NC	Zip Code 28227	
Purpose of Expenditure Mileage			Category/Type 002	
Name of Federal Candidate Ms. Mary L Landrieu			Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: LA	
Calendar Year-To-Date Per Election for Office Sought			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Patricia F Arnold			Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 11 / 16 / 2014	
Mailing Address 1117 Clipper Dr			Amount 27.00	
City Slidell		State LA	Zip Code 70458	
Purpose of Expenditure Salary			Category/Type 001	
Name of Federal Candidate Ms. Mary L Landrieu			Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: LA	
Calendar Year-To-Date Per Election for Office Sought			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			41.22	
(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.				
Signature <u>Ms. Emily Buchanan</u>			Date M M M / D D D / Y Y Y Y Y Y 05 / 18 / 2015	
[Electronically Filed]				

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 3239 OF 3250
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC		FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on		M M M / D D D / Y Y Y Y Y Y	
Full Name of Payee Patricia F Arnold		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 11 / 16 / 2014	
Mailing Address 1117 Clipper Dr		Amount 5.85	
City Slidell	State LA	Zip Code 70458	Transaction ID : 69c377ea-0b12-4bc4-8
Purpose of Expenditure Mileage	Category/Type 002	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 11 / 16 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose ☐ President ☒ Senate	
Office Sought: ☐ House ☒ Senate District: 00 State: LA		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Calendar Year-To-Date Per Election for Office Sought 554635.78			
Full Name of Payee Gregory Green		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 11 / 16 / 2014	
Mailing Address 2506 Bolch Street		Amount 80.00	
City Shreveport	State LA	Zip Code 71104	Transaction ID : e958cd67-2b8c-436a-b
Purpose of Expenditure Salary	Category/Type 001	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 11 / 16 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose ☐ President ☒ Senate	
Office Sought: ☐ House ☒ Senate District: 00 State: LA		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Calendar Year-To-Date Per Election for Office Sought 554635.78			
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶		85.85	
(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.			
Signature Ms. Emily Buchanan		Date M M M / D D D / Y Y Y Y Y Y 05 / 18 / 2015	
[Electronically Filed]			

Full Name of Payee Gregory Green			Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 16 / 2014		
Mailing Address 2506 Bolch Street			Amount 35.10		
City Shreveport	State LA	Zip Code 71104	Transaction ID : 5be7cb91-98f5-4054-8		
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement or Obligation MM / DD / YYYY 11 / 16 / 2014		
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House ☒ Senate ☐ President District: 00 State: LA		
Calendar Year-To-Date Per Election for Office Sought		554635.78	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		

Full Name of Payee Gary W Fuhrmann			Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 16 / 2014		
Mailing Address 9425 Jessica Drive			Amount 62.50		
City Shreveport	State LA	Zip Code 71106	Transaction ID : 4e3cedab-6f4f-4b93-a Date of Disbursement or Obligation MM / DD / YYYY 11 / 16 / 2014		
Purpose of Expenditure Salary		Category/ Type 001			
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House ☒ Senate ☐ President ☒ Senate District: 00 State: LA		
Calendar Year-To-Date Per Election for Office Sought		554635.78	Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ▶		

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	97.60
(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.

Date _____

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 3241 OF 3250
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M M / D D D / Y Y Y Y Y Y					
Full Name of Payee Gary W Fuhrmann			Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 11 / 16 / 2014		
Mailing Address 9425 Jessica Drive			Amount 8.40		
City Shreveport		State LA	Zip Code 71106		Transaction ID : 1c83bbb0-1339-413e-9
Purpose of Expenditure Mileage		Category/ Type 002		Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 11 / 16 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu			☐ Support ☒ Oppose Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>LA</u>		
Calendar Year-To-Date Per Election for Office Sought 554635.78			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶ _____		
Full Name of Payee Cynthia N Schmit			Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 11 / 16 / 2014		
Mailing Address 2226 Taft Circle Apt 1			Amount 20.00		
City Winchester		State VA	Zip Code 22601		Transaction ID : 2d2447e0-7814-4766-a
Purpose of Expenditure Salary		Category/ Type 001		Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 11 / 16 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu			☐ Support ☒ Oppose Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>LA</u>		
Calendar Year-To-Date Per Election for Office Sought 554635.78			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶ _____		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			28.40		
(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.					
Signature <i>Ms. Emily Buchanan</i>			Date M M M / D D D / Y Y Y Y Y Y 05 / 18 / 2015		
[Electronically Filed]					

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 3242 OF 3250
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC		FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on		M M M / D D D / Y Y Y Y Y Y	
Full Name of Payee Zachary Vidrine		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 11 / 16 / 2014	
Mailing Address 202 Rue Des Cajun		Amount 20.00	
City Ville Platte	State LA	Zip Code 70586	Transaction ID : 674cd461-2f6a-4d6a-b
Purpose of Expenditure Salary	Category/Type 001	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 11 / 16 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	
Office Sought: ☐ House ☒ Senate		District: 00 State: LA	
Calendar Year-To-Date Per Election for Office Sought 554635.78		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Zachary Vidrine		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 11 / 16 / 2014	
Mailing Address 202 Rue Des Cajun		Amount 14.10	
City Ville Platte	State LA	Zip Code 70586	Transaction ID : 749fc0fb-1444-4ad3-8
Purpose of Expenditure Mileage	Category/Type 002	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 11 / 16 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	
Office Sought: ☐ House ☒ Senate		District: 00 State: LA	
Calendar Year-To-Date Per Election for Office Sought 554635.78		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶		34.10	
(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.			
Signature Ms. Emily Buchanan		Date M M M / D D D / Y Y Y Y Y Y 05 / 18 / 2015	
[Electronically Filed]			

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 3243 OF 3250
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M M / D D D / Y Y Y Y Y Y					
Full Name of Payee Lilly Green			Date of Public Distribution/Dissemination 11 / 16 / 2014		
Mailing Address 205 Medallion Circle			Amount 80.00		
City Shreveport	State LA	Zip Code 71119	Transaction ID : 28b3be3b-2981-467d-b Date of Disbursement or Obligation 11 / 16 / 2014		
Purpose of Expenditure Salary		Category/ Type 001			
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: LA		
Calendar Year-To-Date Per Election for Office Sought 554635.78			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
Full Name of Payee Lilly Green			Date of Public Distribution/Dissemination 11 / 16 / 2014		
Mailing Address 205 Medallion Circle			Amount 57.00		
City Shreveport	State LA	Zip Code 71119	Transaction ID : c649096c-65bb-493b-9 Date of Disbursement or Obligation 11 / 16 / 2014		
Purpose of Expenditure Mileage		Category/ Type 002			
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: LA		
Calendar Year-To-Date Per Election for Office Sought 554635.78			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			137.00		
(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.					
Signature Ms. Emily Buchanan		[Electronically Filed]		Date 05 / 18 / 2015	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 3244 OF 3250
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M / D D / Y Y Y Y Y Y					
Full Name of Payee ERIC TABARY			Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 11 / 16 / 2014		
Mailing Address 6101 NORA ST			Amount 40.00		
City METAIRIE		State LA	Zip Code 70003		Transaction ID : 85affbbd-b528-41fd-9
Purpose of Expenditure Salary		Category/ Type 001		Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 11 / 16 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu			☐ Support ☒ Oppose		Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: LA
Calendar Year-To-Date Per Election for Office Sought			554635.78 Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
Full Name of Payee ERIC TABARY			Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 11 / 16 / 2014		
Mailing Address 6101 NORA ST			Amount 1.50		
City METAIRIE		State LA	Zip Code 70003		Transaction ID : c30b9bde-912d-414a-9
Purpose of Expenditure Mileage		Category/ Type 002		Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 11 / 16 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu			☐ Support ☒ Oppose		Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: LA
Calendar Year-To-Date Per Election for Office Sought			554635.78 Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			41.50		
(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.					
Signature Ms. Emily Buchanan			[Electronically Filed]		Date M M / D D / Y Y Y Y Y Y 05 / 18 / 2015

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 3245 OF 3250
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC		FEC IDENTIFICATION NUMBER ▼ C C00530766
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on		MM / DD / YYYY

Full Name of Payee Theresa a Youngblood		Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 16 / 2014
Mailing Address 102 S Main Street Apt A2		Amount 80.00
City Berryville	State VA	Zip Code 22611
Purpose of Expenditure Salary	Category/Type 001	Transaction ID : 186b45e3-a29e-4240-8 Date of Disbursement or Obligation MM / DD / YYYY 11 / 16 / 2014
Name of Federal Candidate Ms. Mary L Landrieu		Office Sought: ☐ House District: 00 ☒ Senate State: LA
Calendar Year-To-Date Per Election for Office Sought 554635.78		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶

Full Name of Payee Colton R Overcash		Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 16 / 2014
Mailing Address 121 Ohara Dr		Amount 92.00
City Salisbury	State NC	Zip Code 28147
Purpose of Expenditure Salary	Category/Type 001	Transaction ID : 39e0ee57-99a4-4c6f-b Date of Disbursement or Obligation MM / DD / YYYY 11 / 16 / 2014
Name of Federal Candidate Ms. Mary L Landrieu		Office Sought: ☐ House District: 00 ☒ Senate State: LA
Calendar Year-To-Date Per Election for Office Sought 554635.78		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	172.00
(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

MM / DD / YYYY
05 / 18 / 2015

Signature

Full Name of Payee Colton R Overcash		Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 16 / 2014	
Mailing Address 121 Ohara Dr		Amount 44.40	
City Salisbury	State NC	Zip Code 28147	Transaction ID : 65e9bfd1-2281-4a4a-a Date of Disbursement or Obligation MM / DD / YYYY 11 / 16 / 2014
Purpose of Expenditure Mileage		Category/ Type 002	
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: LA
Calendar Year-To-Date Per Election for Office Sought		554635.78	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ►

Full Name of Payee Christine Stevens		Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 16 / 2014	
Mailing Address 100 Asbury Ct		Amount 30.00	
City Winchester	State VA	Zip Code 22602	Transaction ID : 395e42b8-b82a-4844-9
Purpose of Expenditure Salary	Category/ Type	001	Date of Disbursement or Obligation MM / DD / YYYY 11 / 16 / 2014
Name of Federal Candidate Ms. Mary L Landrieu	☐ Support ☒ Oppose	Office Sought: ☐ President ☒ Senate	District: 00 State: LA
Calendar Year-To-Date Per Election for Office Sought	554635.78	Disbursement For: 2014 ☐ Other (specify) ▶	☐ Primary ☒ General

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	74.40
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 3247 OF 3250
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M / D D / Y Y Y Y					
Full Name of Payee Jazmine d Conner			Date of Public Distribution/Dissemination 11 / 16 / 2014		
Mailing Address 100 ASBURY CT			Amount 30.00		
City WINCHESTER		State VA	Zip Code 22602		Transaction ID : e8e87311-888b-4d4d-a
Purpose of Expenditure Salary		Category/ Type	Date of Disbursement or Obligation 11 / 16 / 2014		
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: LA		
Calendar Year-To-Date Per Election for Office Sought		554635.78		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Jon E Conner			Date of Public Distribution/Dissemination 11 / 16 / 2014		
Mailing Address 100 Asbury Ct			Amount 30.00		
City Winchester		State VA	Zip Code 22602		Transaction ID : a15fadaf-45f2-4457-9
Purpose of Expenditure Salary		Category/ Type	Date of Disbursement or Obligation 11 / 16 / 2014		
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: LA		
Calendar Year-To-Date Per Election for Office Sought		554635.78		Disbursement For: ☐ Primary ☒ 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.					
Signature Ms. Emily Buchanan		[Electronically Filed]		Date 05 / 18 / 2015	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 3248 OF 3250
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC		FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on		MM / DD / YYYY	

Full Name of Payee Rodney O Culbreath		Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 16 / 2014	
Mailing Address 100 Asbury Ct		Amount 30.00	
City Winchester	State VA	Zip Code 22602	Transaction ID : 59ebe019-60fa-4715-b
Purpose of Expenditure Salary	Category/ Type	001	Date of Disbursement or Obligation MM / DD / YYYY 11 / 16 / 2014
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>LA</u>
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	

Full Name of Payee Rodney D Culbreth		Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 16 / 2014	
Mailing Address 100 Asbury CT 3200 Dam Neck Rd		Amount 30.00	
City Winchester	State VA	Zip Code 22602	Transaction ID : b251fb22-2dcc-4e4d-a
Purpose of Expenditure Salary	Category/ Type	001	Date of Disbursement or Obligation MM / DD / YYYY 11 / 16 / 2014
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>LA</u>
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: ☐ Primary ☒ 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

MM / DD / YYYY
05 / 18 / 2015

Signature

Full Name of Payee Virginia T Grant		Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 16 / 2014	
Mailing Address 134 Shore Crest Circle		Amount Amount 20.00	
City Carriere	State MS	Zip Code 39426	Transaction ID : 2f911ed3-5c8e-4084-a Date of Disbursement or Obligation MM / DD / YYYY 11 / 16 / 2014
Purpose of Expenditure Salary		Category/ Type 001	
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House ☒ Senate ☐ President ☒ Senate
Calendar Year-To-Date Per Election for Office Sought Amount 554635.78		Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	50.00
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

FEC Schedule E (Form 3X) Rev. 09/2013

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 3250 OF 3250
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M / D D / Y Y Y Y Y Y					
Full Name of Payee Virginia T Grant			Date of Public Distribution/Dissemination 11 / 16 / 2014		
Mailing Address 134 Shore Crest Circle			Amount 4.20		
City Carriere	State MS	Zip Code 39426	Transaction ID : d33824c8-f354-4f2c-8		
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement or Obligation 11 / 16 / 2014		
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: LA		
Calendar Year-To-Date Per Election for Office Sought		554635.78	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
Full Name of Payee Caleb Craig			Date of Public Distribution/Dissemination 11 / 04 / 2014		
Mailing Address 1410 Bushville drive			Amount 120.00		
City Lenoir	State NC	Zip Code 28645	Transaction ID : 58342912-611f-4c2c-9		
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation 11 / 04 / 2014		
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: NC		
Calendar Year-To-Date Per Election for Office Sought		1095959.94	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			124.20		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶					
(c) TOTAL Independent Expenditures..... ▶			611933.33		
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.					
Signature Ms. Emily Buchanan		[Electronically Filed]		Date 05 / 18 / 2015	