



**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Write or Type Committee Name

**WOMEN SPEAK OUT PAC**

Report Covering the Period: From:  /  /  To:  /  /

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2015"/>	<input type="text" value="16662.75"/>	<input type="text" value="16662.75"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="1043.50"/>	
(c) Total Receipts (from Line 19) .....	<input type="text" value="649409.78"/>	<input type="text" value="650985.22"/>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	<input type="text" value="650453.28"/>	<input type="text" value="667647.97"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="153541.39"/>	<input type="text" value="170736.08"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="496911.89"/>	<input type="text" value="496911.89"/>
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<input type="text" value="0.00"/>	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<input type="text" value="20704.43"/>	

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

Write or Type Committee Name

WOMEN SPEAK OUT PAC

Report Covering the Period: From: 07 / 01 / 2015 To: 12 / 31 / 2015

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).....	643415.78	644115.78
(ii) Unitemized .....	5994.00	6869.44
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	649409.78	650985.22
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5) .....	649409.78	650985.22
12. Transfers From Affiliated/Other Party Committees.....	0.00	0.00
13. All Loans Received .....	0.00	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).....	0.00	0.00
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))..	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))..... ▶	649409.78	650985.22
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	649409.78	650985.22

**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 .....	153541.39	173736.08
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	153541.39	173736.08
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	0.00	0.00
24. Independent Expenditures (use Schedule E) .....	0.00	0.00
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	-3000.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	-3000.00
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	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	153541.39	170736.08
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	153541.39	170736.08

**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) .....	649409.78	650985.22
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	-3000.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	649409.78	653985.22
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) .....	153541.39	173736.08
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	153541.39	173736.08

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 6 OF 32
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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**

**A. Richard & Nancy Alvord**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 4939 Northeast Laurelcree Lane  
 City Seattle State WA Zip Code 98105-2053  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Retired Occupation Private Investor  
 Receipt For: 2015  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼ 50000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 05 / 2015  
**Transaction ID : SA11AI.4667**  
 Amount of Each Receipt this Period  
 50000.00

**B. Richard Buening**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 18660 North Highway 45  
 City Effingham State IL Zip Code 62401-6961  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Buening Implement Occupation Owner  
 Receipt For: 2015  
 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 / 08 / 2015  
**Transaction ID : SA11AI.4677**  
 Amount of Each Receipt this Period  
 300.00

**C. Christine Caruso**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1723 Spring Lake Drive  
 City Orlando State FL Zip Code 32804-7111  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Info Requested Occupation Info Requested  
 Receipt For: 2015  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼ 365.78

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 02 / 2015  
**Transaction ID : SA11AI.4653**  
 Amount of Each Receipt this Period  
 365.78

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	50665.78
<b>TOTAL</b> 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: (check only one)	PAGE 7 OF 32
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**WOMEN SPEAK OUT PAC**

**A. Kay Chung**  
Full Name (Last, First, Middle Initial)  
Mailing Address 33707 42nd Ct S  
City Federal Way State WA Zip Code 98001  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Costco Occupation Pharmacist  
Receipt For: 2015  
 Primary  General  
 Other (specify) ▼  
Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
10 / 03 / 2015  
**Transaction ID : SA11AI.4659**  
Amount of Each Receipt this Period  
500.00

**B. Jack Connelly**  
Full Name (Last, First, Middle Initial)  
Mailing Address 3902 North Proctor Street  
City Tacoma State WA Zip Code 98407-5730  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Self-Employed Occupation Attorney  
Receipt For: 2015  
 Primary  General  
 Other (specify) ▼  
Aggregate Year-to-Date ▼ 5000.00

Date of Receipt  
10 / 08 / 2015  
**Transaction ID : SA11AI.4683**  
Amount of Each Receipt this Period  
5000.00

**C. Daniel Costello**  
Full Name (Last, First, Middle Initial)  
Mailing Address 9236 South Komensky Avenue  
City Oak Lawn State IL Zip Code 60453-1929  
FEC ID number of contributing federal political committee. **C**  
Name of Employer University of Notre DAME Occupation Professor  
Receipt For: 2015  
 Primary  General  
 Other (specify) ▼  
Aggregate Year-to-Date ▼ 1000.00

Date of Receipt  
10 / 29 / 2015  
**Transaction ID : SA11AI.4707**  
Amount of Each Receipt this Period  
1000.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	6500.00
<b>TOTAL</b> 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 8 OF 32  
(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**

**A. Carol Crossed**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1675 Clover Street  
 City Rochester State NY Zip Code 14618-2517  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Seamless Garment Network Occupation President Susan B Anthony Birthplace M  
 Receipt For: 2015  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼ 5000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 28 / 2015  
**Transaction ID : SA11AI.4720**  
 Amount of Each Receipt this Period  
 5000.00

**B. Sean Fieler**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 40 Haslet Avenue  
 City Princeton State NJ Zip Code 08540-4914  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Chiaroscuro Foundation Occupation President  
 Receipt For: 2015  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼ 75000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 08 / 03 / 2015  
**Transaction ID : SA11AI.4326**  
 Amount of Each Receipt this Period  
 75000.00

**C. Arthur E. Fullan**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 936 Piper Lane  
 City Yardley State PA Zip Code 19067-4614  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Retired Occupation Retired  
 Receipt For: 2015  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼ 550.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 13 / 2015  
**Transaction ID : SA11AI.4691**  
 Amount of Each Receipt this Period  
 550.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 80550.00  
**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 9 OF 32  
(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**

**A. Robert Howe**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 3228 Arbor Drive  
 City Pleasanton State CA Zip Code 94566-6972  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Retired Occupation Retired  
 Receipt For: 2015  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼ 600.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 08 / 04 / 2015  
**Transaction ID : SA11AI.4327**  
 Amount of Each Receipt this Period  
 300.00

**B. Robert Howe**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 3228 Arbor Drive  
 City Pleasanton State CA Zip Code 94566-6972  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Retired Occupation Retired  
 Receipt For: 2015  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼ 900.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 11 / 04 / 2015  
**Transaction ID : SA11AI.4710**  
 Amount of Each Receipt this Period  
 300.00

**c. Phyllis A. Joseph**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 563 Harding Road  
 City Zanesville State OH Zip Code 43701-1725  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Retired Occupation Retired  
 Receipt For: 2015  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 08 / 2015  
**Transaction ID : SA11AI.4681**  
 Amount of Each Receipt this Period  
 1000.00

**SUBTOTAL** of Receipts This Page (optional).....▶ 1600.00  
**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 10 OF 32  
(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. Francis J. Mahoney**

Mailing Address 2800 Northeast 14th Street Apt. 1

City State Zip Code  
Fort Lauderdale FL 33304-1679

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Retired Retired

Receipt For: 2015  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 05 / 2015  
**Transaction ID : SA11AI.4663**

Amount of Each Receipt this Period  
250.00

Full Name (Last, First, Middle Initial)  
**B. John W. Matthews**

Mailing Address P.O. Box 761384

City State Zip Code  
San Antonio TX 78245-6384

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Retired Retired

Receipt For: 2015  
 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 / 02 / 2015  
**Transaction ID : SA11AI.4657**

Amount of Each Receipt this Period  
1000.00

Full Name (Last, First, Middle Initial)  
**C. Rose Perra**

Mailing Address 898 Larson Drive

City State Zip Code  
Zumbrota MN 55992-1158

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Retired Retired

Receipt For: 2015  
 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 / 05 / 2015  
**Transaction ID : SA11AI.4665**

Amount of Each Receipt this Period  
300.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 1550.00

**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: (check only one)	PAGE 11 OF 32
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)  
**WOMEN SPEAK OUT PAC**

**A. Stephen Prescott**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2021 North Broad Street  
 City Fremont State NE Zip Code 68025-2947  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer St. Mark Lutheran Church - Omaha Occupation Interim Dir. of Christian Education  
 Receipt For: 2015  
 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  
 12 / 07 / 2015  
**Transaction ID : SA11AI.4716**  
 Amount of Each Receipt this Period  
 300.00

**B. Shelley Sekula-Gibbs M.D.**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 14222 Golf View Trail  
 City Houston State TX Zip Code 77059-4404  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Retired Occupation Physician  
 Receipt For: 2015  
 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 / 08 / 2015  
**Transaction ID : SA11AI.4679**  
 Amount of Each Receipt this Period  
 1000.00

**C. Susan B Anthony List, Inc.**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1200 New Hampshire Ave NW Ste 750  
 City Washington State DC Zip Code 20036  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼ 100000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 16 / 2015  
**Transaction ID : SA11AI.4266**  
 Amount of Each Receipt this Period  
 100000.00  
 Donation

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	101300.00
<b>TOTAL</b> 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: (check only one)	PAGE 12 OF 32
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**WOMEN SPEAK OUT PAC**

**A. Susan B Anthony List, Inc.**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1200 New Hampshire Ave NW  
 Ste 750  
 City Washington State DC Zip Code 20036  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 500000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 12 / 17 / 2015  
**Transaction ID : SA11AI.4267**  
 Amount of Each Receipt this Period  
 400000.00  
 Donation

**B. Robert Swoboda**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 317 Highridge Road  
 City Burlington State WI Zip Code 53105-1041  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Aurora Medical Group Physician  
 Receipt For: 2015  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 08 / 17 / 2015  
**Transaction ID : SA11AI.4545**  
 Amount of Each Receipt this Period  
 500.00

**C. John Valerius**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1909 Canterbury Street  
 City Irving State TX Zip Code 75062-3551  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Retired Retired  
 Receipt For: 2015  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 750.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 02 / 2015  
**Transaction ID : SA11AI.4655**  
 Amount of Each Receipt this Period  
 750.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	401250.00
<b>TOTAL</b> This Period (last page this line number only).....▶	643415.78

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

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

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**WOMEN SPEAK OUT PAC**

Full Name (Last, First, Middle Initial)

**A. 406 Enterprises**

Mailing Address P.O. Box 75727

City Washington State DC Zip Code 20013

Purpose of Disbursement  
Mobile Ads-VA State Races

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
11 / 16 / 2015

**Transaction ID : SB21B.4298**

Amount of Each Disbursement this Period

10008.00

Full Name (Last, First, Middle Initial)

**B. All Seasons Strategies, LLC**

Mailing Address P.O. Box 3521

City Spokane State WA Zip Code 99202

Purpose of Disbursement  
Field Management

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
09 / 03 / 2015

**Transaction ID : SB21B.4269**

Amount of Each Disbursement this Period

6000.00

Full Name (Last, First, Middle Initial)

**C. All Seasons Strategies, LLC**

Mailing Address P.O. Box 3521

City Spokane State WA Zip Code 99202

Purpose of Disbursement  
Field Management

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
10 / 07 / 2015

**Transaction ID : SB21B.4281**

Amount of Each Disbursement this Period

6000.00

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

22008.00

**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 Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**WOMEN SPEAK OUT PAC**

Full Name (Last, First, Middle Initial)

**A. All Seasons Strategies, LLC**

Mailing Address P.O. Box 3521

City Spokane State WA Zip Code 99202

Purpose of Disbursement  
Field Management

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
11 / 02 / 2015

Transaction ID : **SB21B.4297**

Amount of Each Disbursement this Period

6000.00

Full Name (Last, First, Middle Initial)

**B. All Seasons Strategies, LLC**

Mailing Address P.O. Box 3521

City Spokane State WA Zip Code 99202

Purpose of Disbursement  
Travel & Field Management

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
12 / 02 / 2015

Transaction ID : **SB21B.4306**

Amount of Each Disbursement this Period

15164.41

Full Name (Last, First, Middle Initial)

**C. American Marketing & Publishing**

Mailing Address 7380 Sprout Springs Rd  
Ste 210-248

City Flowery Branch State GA Zip Code 30542

Purpose of Disbursement  
Door Hangers-VA State Elections

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
09 / 24 / 2015

Transaction ID : **SB21B.4271**

Amount of Each Disbursement this Period

2522.00

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

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

23686.41

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

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

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**WOMEN SPEAK OUT PAC**

Full Name (Last, First, Middle Initial)

**A. American Marketing & Publishing**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
10		16		2015

Mailing Address 7380 Sprout Springs Rd  
Ste 210-248

**Transaction ID : SB21B.4294**

City Flowery Branch State GA Zip Code 30542

Amount of Each Disbursement this Period

4,000.00
----------

Purpose of Disbursement  
Doorhangers-VA State Race

--

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Full Name (Last, First, Middle Initial)

**B. American Marketing & Publishing**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
10		20		2015

Mailing Address 7380 Sprout Springs Rd  
Ste 210-248

**Transaction ID : SB21B.4295**

City Flowery Branch State GA Zip Code 30542

Amount of Each Disbursement this Period

2,987.50
----------

Purpose of Disbursement  
Doorhangers-VA State Race

--

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Full Name (Last, First, Middle Initial)

**C. American Marketing & Publishing**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
12		02		2015

Mailing Address 7380 Sprout Springs Rd  
Ste 210-248

**Transaction ID : SB21B.4305**

City Flowery Branch State GA Zip Code 30542

Amount of Each Disbursement this Period

1,167.50
----------

Purpose of Disbursement  
Printing

--

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

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

40197.50
----------

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

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

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

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**WOMEN SPEAK OUT PAC**

Full Name (Last, First, Middle Initial)

**A. Brad Armentrout**

Mailing Address 427 Spring Oaks Drive

City Rockingham State VA Zip Code 22801

Purpose of Disbursement  
Travel

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
12 / 22 / 2015

**Transaction ID : SB21B.4310**

Amount of Each Disbursement this Period

630.00

Full Name (Last, First, Middle Initial)

**B. Authorize.net**

Mailing Address P.O. Box 947

City American Fork State UT Zip Code 84003-0947

Purpose of Disbursement  
Credit Card Processing Fees

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
07 / 02 / 2015

**Transaction ID : SB21B.4215**

Amount of Each Disbursement this Period

40.00

Full Name (Last, First, Middle Initial)

**C. Authorize.net**

Mailing Address P.O. Box 947

City American Fork State UT Zip Code 84003-0947

Purpose of Disbursement  
Credit Card Processing Fees

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
08 / 04 / 2015

**Transaction ID : SB21B.4216**

Amount of Each Disbursement this Period

40.70

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

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

710.70

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

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

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**WOMEN SPEAK OUT PAC**

Full Name (Last, First, Middle Initial)

**A. Authorize.net**

Mailing Address P.O. Box 947

City American Fork State UT Zip Code 84003-0947

Purpose of Disbursement  
Credit Card Processing Fees

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
09 / 02 / 2015

**Transaction ID : SB21B.4217**

Amount of Each Disbursement this Period

40.35

Category/  
Type

Full Name (Last, First, Middle Initial)

**B. Authorize.net**

Mailing Address P.O. Box 947

City American Fork State UT Zip Code 84003-0947

Purpose of Disbursement  
Credit Card Processing Fees

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
10 / 02 / 2015

**Transaction ID : SB21B.4218**

Amount of Each Disbursement this Period

40.35

Category/  
Type

Full Name (Last, First, Middle Initial)

**C. Authorize.net**

Mailing Address P.O. Box 947

City American Fork State UT Zip Code 84003-0947

Purpose of Disbursement  
Credit Card Processing Fees

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
11 / 03 / 2015

**Transaction ID : SB21B.4219**

Amount of Each Disbursement this Period

41.35

Category/  
Type

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

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

122.05

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

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

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**WOMEN SPEAK OUT PAC**

Full Name (Last, First, Middle Initial)

**A. Authorize.net**

Mailing Address P.O. Box 947

City American Fork State UT Zip Code 84003-0947

Purpose of Disbursement  
Credit Card Processing Fees

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement: MM / DD / YYYY  
12 / 02 / 2015

Transaction ID : **SB21B.4220**

Amount of Each Disbursement this Period: 40.35

Category/Type

Full Name (Last, First, Middle Initial)

**B. Chris Beatty**

Mailing Address 427 Spring Oaks Dr

City Rockingham State VA Zip Code 22801

Purpose of Disbursement  
Travel Expenses

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement: MM / DD / YYYY  
10 / 16 / 2015

Transaction ID : **SB21B.4290**

Amount of Each Disbursement this Period: 420.00

Category/Type

Full Name (Last, First, Middle Initial)

**C. CBB Chain Bridge Bank**

Mailing Address 1445 Laughlin Ave

City McLean State VA Zip Code 22101

Purpose of Disbursement  
Travel

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement: MM / DD / YYYY  
10 / 27 / 2015

Transaction ID : **SB21B.4222**

Amount of Each Disbursement this Period: 11892.20

Category/Type

**SUBTOTAL** of Disbursements This Page (optional)..... ▶ 12352.55

**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 Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**WOMEN SPEAK OUT PAC**

Full Name (Last, First, Middle Initial)

**A. CBB Chain Bridge Bank**

Mailing Address 1445 Laughlin Ave

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
11		06		2015

**Transaction ID : SB21B.4262**

Amount of Each Disbursement this Period

40.00
-------

Full Name (Last, First, Middle Initial)

**B. CBB Chain Bridge Bank**

Mailing Address 1445 Laughlin Ave

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
11		23		2015

**Transaction ID : SB21B.4263**

Amount of Each Disbursement this Period

40.00
-------

Full Name (Last, First, Middle Initial)

**C. CBB Chain Bridge Bank**

Mailing Address 1445 Laughlin Ave

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
12		01		2015

**Transaction ID : SB21B.4264**

Amount of Each Disbursement this Period

20.00
-------

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

100.00
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**TOTAL** This Period (last page this line number only)..... ▶

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

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

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**WOMEN SPEAK OUT PAC**

Full Name (Last, First, Middle Initial) <b>A. CBB Chain Bridge Bank</b>		Date of Disbursement MM / DD / YYYY 12 / 04 / 2015
Mailing Address 1445 Laughlin Ave		<b>Transaction ID : SB21B.4265</b>
City McLean	State VA	
Purpose of Disbursement Bank fees	Candidate Name	Amount of Each Disbursement this Period 40.00
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: District:		

Full Name (Last, First, Middle Initial) <b>B. CBB Chain Bridge Bank</b>		Date of Disbursement MM / DD / YYYY 12 / 22 / 2015
Mailing Address 1445 Laughlin Ave		<b>Transaction ID : SB21B.4248</b>
City McLean	State VA	
Purpose of Disbursement Stop Payment Charge	Candidate Name	Amount of Each Disbursement this Period 20.00
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: District:		

Full Name (Last, First, Middle Initial) <b>C. CBB Chain Bridge Bank</b>		Date of Disbursement MM / DD / YYYY 12 / 22 / 2015
Mailing Address 1445 Laughlin Ave		<b>Transaction ID : SB21B.4249</b>
City McLean	State VA	
Purpose of Disbursement Stop Payment charge	Candidate Name	Amount of Each Disbursement this Period 20.00
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	80.00
<b>TOTAL</b> 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 Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**WOMEN SPEAK OUT PAC**

Full Name (Last, First, Middle Initial)

**A. Chris Crawford**

Mailing Address 200 Q St NE  
Apt 2230

City Washington State DC Zip Code 20002

Purpose of Disbursement  
Travel

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
11		16		2015

**Transaction ID : SB21B.4300**

Amount of Each Disbursement this Period

858.99
--------

Full Name (Last, First, Middle Initial)

**B. Timothy Edson**

Mailing Address 836 5th St NE

City Washington State DC Zip Code 20002

Purpose of Disbursement  
Travel Expenses

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09		24		2015

**Transaction ID : SB21B.4279**

Amount of Each Disbursement this Period

538.37
--------

Full Name (Last, First, Middle Initial)

**C. Timothy Edson**

Mailing Address 836 5th St NE

City Washington State DC Zip Code 20002

Purpose of Disbursement  
Travel Expenses

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
11		16		2015

**Transaction ID : SB21B.4304**

Amount of Each Disbursement this Period

319.77
--------

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

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

1717.13
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**WOMEN SPEAK OUT PAC**

Full Name (Last, First, Middle Initial)

**A. HWS Headway Work Force Solutions**

Mailing Address 421 Fayetteville St #1020

City Raleigh State NC Zip Code 27601

Purpose of Disbursement  
Payroll

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
10 / 16 / 2015

Transaction ID : **SB21B.4228**

Amount of Each Disbursement this Period

2175.70

Full Name (Last, First, Middle Initial)

**B. HWS Headway Work Force Solutions**

Mailing Address 421 Fayetteville St #1020

City Raleigh State NC Zip Code 27601

Purpose of Disbursement  
Payroll

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
10 / 16 / 2015

Transaction ID : **SB21B.4230**

Amount of Each Disbursement this Period

5694.92

Full Name (Last, First, Middle Initial)

**C. HWS Headway Work Force Solutions**

Mailing Address 421 Fayetteville St #1020

City Raleigh State NC Zip Code 27601

Purpose of Disbursement  
Payroll

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
10 / 23 / 2015

Transaction ID : **SB21B.4296**

Amount of Each Disbursement this Period

10969.84

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

18840.46

**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 Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**WOMEN SPEAK OUT PAC**

Full Name (Last, First, Middle Initial)

**A. HWS Headway Work Force Solutions**

Mailing Address 421 Fayetteville St #1020

City Raleigh State NC Zip Code 27601

Purpose of Disbursement Payroll

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: 11 / 02 / 2015

Transaction ID : **SB21B.4231**

Amount of Each Disbursement this Period: 15450.37

Category/Type

Full Name (Last, First, Middle Initial)

**B. HWS Headway Work Force Solutions**

Mailing Address 421 Fayetteville St #1020

City Raleigh State NC Zip Code 27601

Purpose of Disbursement Payroll

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: 11 / 23 / 2015

Transaction ID : **SB21B.4232**

Amount of Each Disbursement this Period: 5371.66

Category/Type

Full Name (Last, First, Middle Initial)

**C. HWS Headway Work Force Solutions**

Mailing Address 421 Fayetteville St #1020

City Raleigh State NC Zip Code 27601

Purpose of Disbursement Payroll

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: 12 / 14 / 2015

Transaction ID : **SB21B.4233**

Amount of Each Disbursement this Period: 2003.08

Category/Type

**SUBTOTAL** of Disbursements This Page (optional)..... ▶ 22825.11

**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 Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**WOMEN SPEAK OUT PAC**

Full Name (Last, First, Middle Initial)

**A. i360**

Mailing Address P.O. Box 37046

City Baltimore State MD Zip Code 21297-3046

Purpose of Disbursement  
Software Management

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
10 / 07 / 2015

**Transaction ID : SB21B.4284**

Amount of Each Disbursement this Period

2250.00

Full Name (Last, First, Middle Initial)

**B. i360**

Mailing Address P.O. Box 37046

City Baltimore State MD Zip Code 21297-3046

Purpose of Disbursement  
Software Management

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
11 / 16 / 2015

**Transaction ID : SB21B.4302**

Amount of Each Disbursement this Period

500.00

Full Name (Last, First, Middle Initial)

**C. i360**

Mailing Address P.O. Box 37046

City Baltimore State MD Zip Code 21297-3046

Purpose of Disbursement  
Software Management

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
12 / 22 / 2015

**Transaction ID : SB21B.4308**

Amount of Each Disbursement this Period

500.00

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

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

3250.00

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

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

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**WOMEN SPEAK OUT PAC**

Full Name (Last, First, Middle Initial)

**A. Intuit**

Mailing Address 2700 Coast Ave

City Mountain View State CA Zip Code 94043

Purpose of Disbursement  
Credit Card Processing Fees

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
11 / 02 / 2015

**Transaction ID : SB21B.4213**

Amount of Each Disbursement this Period

15.95

Full Name (Last, First, Middle Initial)

**B. Intuit**

Mailing Address 2700 Coast Ave

City Mountain View State CA Zip Code 94043

Purpose of Disbursement  
Credit Card Processing Fees

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
11 / 02 / 2015

**Transaction ID : SB21B.4245**

Amount of Each Disbursement this Period

14.32

Full Name (Last, First, Middle Initial)

**C. Intuit**

Mailing Address 2700 Coast Ave

City Mountain View State CA Zip Code 94043

Purpose of Disbursement  
Credit Card Processing Fees

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
11 / 06 / 2015

**Transaction ID : SB21B.4257**

Amount of Each Disbursement this Period

0.98

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

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

31.25

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

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

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**WOMEN SPEAK OUT PAC**

Full Name (Last, First, Middle Initial)

**A. Intuit**

Mailing Address 2700 Coast Ave

City Mountain View State CA Zip Code 94043

Purpose of Disbursement  
Credit Card Processing Fees

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
12 / 02 / 2015

**Transaction ID : SB21B.4214**

Amount of Each Disbursement this Period

15.95

Full Name (Last, First, Middle Initial)

**B. KE Strategies**

Mailing Address 836 Pendleton Dr

City Salem State VA Zip Code 24153

Purpose of Disbursement  
Research

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
09 / 24 / 2015

**Transaction ID : SB21B.4275**

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

**C. Jordan Labiosa**

Mailing Address 102 Hickory Lane

City New Castle State VA Zip Code 24127

Purpose of Disbursement  
Payroll

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
09 / 15 / 2015

**Transaction ID : SB21B.4312**

Amount of Each Disbursement this Period

1237.60

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

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

2253.55

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

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

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**WOMEN SPEAK OUT PAC**

Full Name (Last, First, Middle Initial)

**A. Jordan Labiosa**

Mailing Address 102 Hickory Lane

City New Castle State VA Zip Code 24127

Purpose of Disbursement  
Travel Expenses

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
10 / 16 / 2015

**Transaction ID : SB21B.4292**

Amount of Each Disbursement this Period

186.19

Full Name (Last, First, Middle Initial)

**B. Jordan Labiosa**

Mailing Address 102 Hickory Lane

City New Castle State VA Zip Code 24127

Purpose of Disbursement  
Travel Expenses

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
11 / 16 / 2015

**Transaction ID : SB21B.4303**

Amount of Each Disbursement this Period

145.21

Full Name (Last, First, Middle Initial)

**C. Jordan Labiosa**

Mailing Address 102 Hickory Lane

City New Castle State VA Zip Code 24127

Purpose of Disbursement  
Travel Expense

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
12 / 02 / 2015

**Transaction ID : SB21B.4307**

Amount of Each Disbursement this Period

757.49

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

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

1088.89

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

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

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**WOMEN SPEAK OUT PAC**

Full Name (Last, First, Middle Initial)

**A. Jordan Labiosa**

Mailing Address 102 Hickory Lane

City New Castle State VA Zip Code 24127

Purpose of Disbursement  
Travel Expense

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
12 / 22 / 2015

Transaction ID : **SB21B.4309**

Amount of Each Disbursement this Period

41.40

Full Name (Last, First, Middle Initial)

**B. Paychex**

Mailing Address 3060 Williams Dr #200

City Fairfax State VA Zip Code 22031

Purpose of Disbursement  
Professional Fees

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
07 / 10 / 2015

Transaction ID : **SB21B.4234**

Amount of Each Disbursement this Period

3.99

Full Name (Last, First, Middle Initial)

**C. Paychex**

Mailing Address 3060 Williams Dr #200

City Fairfax State VA Zip Code 22031

Purpose of Disbursement  
Professional Fees

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
08 / 10 / 2015

Transaction ID : **SB21B.4235**

Amount of Each Disbursement this Period

66.10

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

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

111.49

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

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

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**WOMEN SPEAK OUT PAC**

Full Name (Last, First, Middle Initial)

**A. Paychex**

Mailing Address 3060 Williams Dr  
#200

City Fairfax State VA Zip Code 22031

Purpose of Disbursement  
Professional Fees

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

**Transaction ID : SB21B.4236**

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

**B. Paychex**

Mailing Address 3060 Williams Dr  
#200

City Fairfax State VA Zip Code 22031

Purpose of Disbursement  
Payroll Taxes

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

**Transaction ID : SB21B.4313**

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

**C. Paychex**

Mailing Address 3060 Williams Dr  
#200

City Fairfax State VA Zip Code 22031

Purpose of Disbursement  
Professional Fees

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

**Transaction ID : SB21B.4238**

Amount of Each Disbursement this Period

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

**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 Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**WOMEN SPEAK OUT PAC**

Full Name (Last, First, Middle Initial)

**A. Paychex**

Mailing Address 3060 Williams Dr  
#200

City Fairfax State VA Zip Code 22031

Purpose of Disbursement Professional Fees

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement: MM / DD / YYYY  
10 / 08 / 2015

**Transaction ID : SB21B.4239**

Amount of Each Disbursement this Period  
65.62

Full Name (Last, First, Middle Initial)

**B. Printing Express, LLC**

Mailing Address 21 Warehouse Rd

City Harrisonburg State VA Zip Code 22801-9704

Purpose of Disbursement Printing for mailings

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement: MM / DD / YYYY  
10 / 07 / 2015

**Transaction ID : SB21B.4288**

Amount of Each Disbursement this Period  
3283.31

Full Name (Last, First, Middle Initial)

**C. Righters Group**

Mailing Address 504 Cranford Rd

City Smithfield State VA Zip Code 23430-1506

Purpose of Disbursement Copywriting

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement: MM / DD / YYYY  
10 / 07 / 2015

**Transaction ID : SB21B.4286**

Amount of Each Disbursement this Period  
1000.00

**SUBTOTAL** of Disbursements This Page (optional)..... ▶ 4348.93

**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 Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**WOMEN SPEAK OUT PAC**

Full Name (Last, First, Middle Initial)

**A. The Lukens Company**

Mailing Address 2800 Shirlington Rd

City Arlington State VA Zip Code 22206

Purpose of Disbursement Mailings

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: 09 / 24 / 2015

Transaction ID : **SB21B.4277**

Amount of Each Disbursement this Period: 6685.17

Category/Type

Full Name (Last, First, Middle Initial)

**B. Travelers Insurance**

Mailing Address P.O. Box 98476

City Dallas State TX Zip Code 75266-0333

Purpose of Disbursement Workers Comp-Return of Premium

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: 10 / 07 / 2015

Transaction ID : **SB21B.4314**

Amount of Each Disbursement this Period: -7765.00

Category/Type

Full Name (Last, First, Middle Initial)

**C.**

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement

Amount of Each Disbursement this Period

Category/Type

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	-1079.83
<b>TOTAL</b> This Period (last page this line number only).....▶	153172.34

**SCHEDULE D (FEC Form 3X)**

**DEBTS AND OBLIGATIONS**

**Excluding Loans**

(Use separate schedule(s) for each numbered line)	PAGE 32 OF 32
	FOR LINE NUMBER: (check only one) <input type="checkbox"/> 9 <input checked="" type="checkbox"/> 10

NAME OF COMMITTEE (In Full)  
**WOMEN SPEAK OUT PAC**

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>Susan B Anthony List, Inc.</b>	Nature of Debt (Purpose): Existing Loan owed to SBA
Mailing Address 1200 New Hampshire Ave NW Ste 750	
City State Zip Code Washington DC 20036	

Outstanding Balance Beginning This Period 10500.00	<b>Transaction ID : SD10.4157</b>	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 10500.00

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>Susan B Anthony List, Inc.</b>	Nature of Debt (Purpose): Loan for FEC Reporting Services
Mailing Address 1200 New Hampshire Ave NW Ste 750	
City State Zip Code Washington DC 20036	

Outstanding Balance Beginning This Period 5000.00	<b>Transaction ID : SD10.4110</b>	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 5000.00

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>Susan B Anthony List, Inc.</b>	Nature of Debt (Purpose): Mailings Expense
Mailing Address 1200 New Hampshire Ave NW Ste 750	
City State Zip Code Washington DC 20036	

Outstanding Balance Beginning This Period 0.00	<b>Transaction ID : SD10.4318</b>	
Amount Incurred This Period 5204.43	Payment This Period 0.00	Outstanding Balance at Close of This Period 5204.43

1) <b>SUBTOTALS</b> This Period This Page (optional)..... ▶	20704.43
2) <b>TOTALS</b> This Period (last page this line number only)..... ▶	20704.43
3) <b>TOTAL OUTSTANDING LOANS</b> from Schedule C (last page only) ..... ▶	0.00
4) <b>ADD 2) and 3)</b> and carry forward to appropriate line of Summary Page (last page only) ▶	20704.43