

**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 LEAD PAC

ADDRESS (number and street)

43 SOUTH NINTH STREET 2ND FLOOR

☐ Check if different than previously reported. (ACC)

INDIANA

PA

15701

2. FEC IDENTIFICATION NUMBER ▼

CITY ▲

STATE ▲

ZIP CODE ▲

C C00548545

3. IS THIS
REPORTNEW
(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 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 Y Y

in the
State of

5. Covering Period

M M M /

D D D /

Y Y Y Y Y Y Y Y

04

01

2014

through

M M M /

D D D /

Y Y Y Y Y Y Y Y

06

30

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 Christine J. Toretti

Signature of Treasurer

Christine J. Toretti

[Electronically Filed]

Date

M M M /

D D D /

Y Y Y Y Y Y Y Y

07

14

2014

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

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 LEAD PAC

Report Covering the Period: From: M M / D D / Y Y Y Y 04 / 01 / 2014 To: M M / D D / Y Y Y Y 06 / 30 / 2014

| | COLUMN A This Period | COLUMN B Calendar Year-to-Date |
|--|-------------------------|-----------------------------------|
| 6. (a) Cash on Hand January 1, Y Y Y Y 2014 | | 81050.76 |
| (b) Cash on Hand at Beginning of Reporting Period..... | 86010.76 | |
| (c) Total Receipts (from Line 19) | 120532.50 | 175677.08 |
| (d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)..... | 206543.26 | 256727.84 |
| 7. Total Disbursements (from Line 31) | 80943.36 | 131127.94 |
| 8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) | 125599.90 | 125599.90 |
| 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 LEAD PAC

Report Covering the Period:

From:

| | | | | |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 04 | / | 01 | / | 2014 |

To:

| | | | | |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 06 | / | 30 | / | 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).....

120407.50

175552.08

(ii) Unitemized

125.00

125.00

(iii) TOTAL (add

Lines 11(a)(i) and (ii)..... ►

120532.50

175677.08

(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) ►

120532.50

175677.08

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))..... ►

120532.50

175677.08

20. Total Federal Receipts

(subtract Line 18(c) from Line 19) ►

120532.50

175677.08

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 | 30158.50 | 60343.08 |
| (c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) | 30158.50 | 60343.08 |
| 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) | 50784.86 | 50784.86 |
| 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 | 20000.00 |
| (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))..... | 0.00 | 20000.00 |
| 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)) .. | 80943.36 | 131127.94 |
| 32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31)..... | 80943.36 | 131127.94 |

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) | 120532.50 | 175677.08 |
| 34. Total Contribution Refunds (from Line 28(d)) | 0.00 | 20000.00 |
| 35. Net Contributions (other than loans) (subtract Line 34 from Line 33) | 120532.50 | 155677.08 |
| 36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) ► | 30158.50 | 60343.08 |
| 37. Offsets to Operating Expenditures (from Line 15, page 3)..... | 0.00 | 0.00 |
| 38. Net Operating Expenditures (subtract Line 37 from Line 36) ► | 30158.50 | 60343.08 |

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 12

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 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 LEAD PAC

Full Name (Last, First, Middle Initial)

A. Randy P Kendrick

Mailing Address 3964 E. Paradise View Drive

City State Zip Code
Paradise Valley AZ 85253

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 ▼

100000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 24 / 2014

Transaction ID : SA11AI.4177

Amount of Each Receipt this Period

100000.00

Full Name (Last, First, Middle Initial)

B. Palladio, LLC

Mailing Address PO Box 697

City State Zip Code
Indiana PA 15701

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

33000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
04 / 25 / 2014

Transaction ID : SA11AI.4201

Amount of Each Receipt this Period

8250.00

In-kind - Communications Consulting Fees to Waverly Row Consulting, LLC

Full Name (Last, First, Middle Initial)

C. Palladio, LLC

Mailing Address PO Box 697

City State Zip Code
Indiana PA 15701

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

33750.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 20 / 2014

Transaction ID : SA11AI.4203

Amount of Each Receipt this Period

750.00

In-kind - Communications Consulting Fees to Waverly Row Consulting, LLC

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

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

109000.00

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 12

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

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NAME OF COMMITTEE (In Full)
WOMEN LEAD PAC

| | | | | |
|---|-------------|---|--|--|
| Full Name (Last, First, Middle Initial) A. Palladio, LLC | | | Date of Receipt <div> <div>M M / D D / Y Y Y Y Y</div> <div>06 / 24 / 2014</div> </div> | |
| Mailing Address PO Box 697 | | | Transaction ID : SA11AI.4205 | |
| City Indiana | State PA | Zip Code 15701 | Amount of Each Receipt this Period <div> <div>8250.00</div> </div> | |
| FEC ID number of contributing federal political committee. C | | In-kind - Communications Consulting Fees to Waverly Row Consulting, LLC | | |
| Name of Employer | | Occupation | | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | Aggregate Year-to-Date ▼ <div> <div>42000.00</div> </div> | | |

| | | | | |
|---|-------------|---|--|--|
| Full Name (Last, First, Middle Initial) B. Christine J. Toretti | | | Date of Receipt <div> <div>M M / D D / Y Y Y Y Y</div> <div>05 / 26 / 2014</div> </div> | |
| Mailing Address 2428 Oak Drive | | | Transaction ID : SA11AI.4207 | |
| City Indiana | State PA | Zip Code 15701 | Amount of Each Receipt this Period <div> <div>3157.50</div> </div> | |
| FEC ID number of contributing federal political committee. C | | In-kind - Legal Fees to Clark Hill PLC | | |
| Name of Employer Palladio, LLC | | Occupation President | | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | Aggregate Year-to-Date ▼ <div> <div>8552.08</div> </div> | | |

| | | | | |
|---|-------|--|--|--|
| Full Name (Last, First, Middle Initial) C. | | | Date of Receipt <div> <div>M M / D D / Y Y Y Y Y</div> </div> | |
| Mailing Address | | | | |
| City | State | Zip Code | Amount of Each Receipt this Period <div> </div> | |
| FEC ID number of contributing federal political committee. C | | | | |
| Name of Employer | | Occupation | | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | Aggregate Year-to-Date ▼ <div> </div> | | |

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

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

11407.50

120407.50

| | | | | | | | | | | | |
|-------------------------------------|-----|--------------------------|-----|--------------------------|-----|--------------------------|-----|--------------------------|----|--------------------------|-----|
| <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 |

WOMEN LEAD PAC

A. Harper Polling

Mailing Address 121 State Street

| | | |
|------------|-------|----------|
| City | State | Zip Code |
| Harrisburg | PA | 17101 |

Purpose of Disbursement Survey Research Services

Candidate Name

| | | |
|----------------|--------------------------|-----------|
| 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) ▼ | | |

Date of Disbursement

Transaction ID : SB21B.4196

Amount of Each Disbursement this Period

6843.00

Full Name (Last, First, Middle Initial)

B. Harper Polling

Mailing Address 121 State Street

| | | |
|------------|-------|----------|
| City | State | Zip Code |
| Harrisburg | PA | 17101 |

Purpose of Disbursement Survey Research Services

Candidate Name

| | | |
|----------------|--------------------------|-----------|
| Office Sought: | <input type="checkbox"/> | House |
| | <input type="checkbox"/> | Senate |
| | <input type="checkbox"/> | President |

Disbursement For:

☐ Primary ☐ General

☐ Other (specify) ▼

Date of Disbursement

Transaction ID : SB21B.4197

Amount of Each Disbursement this Period

2853.00

Full Name (Last, First, Middle Initial)

C. Palladio, LLC

Mailing Address PO Box 697

| | | |
|---------|-------|----------|
| City | State | Zip Code |
| Indiana | PA | 15701 |

| |
|---|
| Purpose of Disbursement |
| In-kind - Communications Consulting Fees to Waverly Row Consulting, LLC |

Candidate Name

| | | |
|----------------|--------------------------|-----------|
| Office Sought: | <input type="checkbox"/> | House |
| | <input type="checkbox"/> | Senate |
| | <input type="checkbox"/> | President |

Disbursement For:

☐ Primary ☐ General

☐ Other (specify) ▼

Date of Disbursement

M M / D D / Y Y Y Y
04 25 2014

Transaction ID : SB21B.4202

Amount of Each Disbursement this Period

8250.00

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

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

17946.00

| | | | | | | | | | | | |
|-------------------------------------|-----|--------------------------|-----|--------------------------|-----|--------------------------|-----|--------------------------|----|--------------------------|-----|
| <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 |

WOMEN LEAD PAC

A. Palladio, LLC

Mailing Address PO Box 697

| | | |
|---------|-------|----------|
| City | State | Zip Code |
| Indiana | PA | 15701 |

| |
|---|
| Purpose of Disbursement |
| In-kind - Communications Consulting Fees to Waverly Row Consulting, LLC |

Candidate Name

| | | |
|----------------|--------------------------|-----------|
| Office Sought: | <input type="checkbox"/> | House |
| | <input type="checkbox"/> | Senate |
| | <input type="checkbox"/> | President |

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

Date of Disbursement

Transaction ID : SB21B.4204

Amount of Each Disbursement this Period

750.00

Full Name (Last, First, Middle Initial)

B. Palladio, LLC

Mailing Address PO Box 697

| | | |
|---------|-------|----------|
| City | State | Zip Code |
| Indiana | PA | 15701 |

| |
|---|
| Purpose of Disbursement |
| In-kind - Communications Consulting Fees to Waverly Row Consulting, LLC |

Candidate Name

| | | |
|----------------|--------------------------|-----------|
| 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) ▼ | | |

Date of Disbursement

Transaction ID : SB21B.4206

Amount of Each Disbursement this Period

8250.00

Full Name (Last, First, Middle Initial)

C. Christine J. Toretta

Mailing Address 2428 Oak Drive

| | | |
|---------|-------|----------|
| City | State | Zip Code |
| Indiana | PA | 15701 |

| |
|--|
| Purpose of Disbursement |
| In-kind - Legal Fees to Clark Hill PLC |

Candidate Name

| | | |
|----------------|--------------------------|-----------|
| 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) ▼ | | |

Date of Disbursement

M M / D D / Y Y Y Y
05 26 2014

Transaction ID : SB21B.4208

Amount of Each Disbursement this Period

3157.50

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

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

12157.50

30103.50

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 10 OF 12
 FOR LINE 24 OF FORM 3X

| | | | |
|--|--|---|--|
| NAME OF COMMITTEE (In Full) WOMEN LEAD PAC | | FEC IDENTIFICATION NUMBER ▼ C C00548545 | |
| Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report | | <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on | |

| | | | |
|---|-------------|---|---|
| Full Name of Payee Harper Polling | | Date of Public Distribution/Dissemination MM / DD / YYYY 05 / 02 / 2014 | |
| Mailing Address 121 State Street | | Amount 1250.00 | |
| City Harrisburg | State PA | Zip Code 17101 | Transaction ID : SE.4183 |
| Purpose of Expenditure Voter Contact Phones | | Category/ Type | Date of Disbursement or Obligation MM / DD / YYYY 05 / 02 / 2014 |
| Name of Federal Candidate CHARLOTTE R LANE | | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | Office Sought: <input checked="" type="checkbox"/> House District: 02 <input type="checkbox"/> President <input type="checkbox"/> Senate State: WV |
| Calendar Year-To-Date Per Election for Office Sought | | Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ | |

| | | | |
|---|-------------|---|---|
| Full Name of Payee Harper Polling | | Date of Public Distribution/Dissemination MM / DD / YYYY 05 / 08 / 2014 | |
| Mailing Address 121 State Street | | Amount 958.00 | |
| City Harrisburg | State PA | Zip Code 17101 | Transaction ID : SE.4187 |
| Purpose of Expenditure Voter Contact Phones | | Category/ Type | Date of Disbursement or Obligation MM / DD / YYYY 05 / 08 / 2014 |
| Name of Federal Candidate CHARLOTTE R LANE | | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | Office Sought: <input checked="" type="checkbox"/> House District: 02 <input type="checkbox"/> President <input type="checkbox"/> Senate State: WV |
| Calendar Year-To-Date Per Election for Office Sought | | Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ | |

| | |
|--|---------|
| (a) SUBTOTAL of Itemized Independent Expenditures..... ▶ | 2208.00 |
| (b) SUBTOTAL of Unitemized Independent Expenditures ▶ | |
| (c) TOTAL Independent Expenditures..... ▶ | |

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

Christine J. Toretti

[Electronically Filed]

Date

MM / DD / YYYY
07 / 14 / 2014

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 11 OF 12
 FOR LINE 24 OF FORM 3X

| | | | | | |
|---|--|--|---|---|--|
| NAME OF COMMITTEE (In Full) WOMEN LEAD PAC | | | FEC IDENTIFICATION NUMBER ▼ C C00548545 | | |
| Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M / D D / Y Y Y Y | | | | | |
| Full Name of Payee LN Consulting LLC | | | Date of Public Distribution/Dissemination 05 / 01 / 2014 | | |
| Mailing Address 121 State St. | | | Amount 11788.43 | | |
| City Harrisburg | | State PA | Zip Code 17101 | | |
| Purpose of Expenditure Direct Mail - Production and Postage | | Category/Type | | Transaction ID : SE.4180 Date of Disbursement or Obligation 05 / 01 / 2014 | |
| Name of Federal Candidate CHARLOTTE R LANE | | | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate District: <u>02</u> <input type="checkbox"/> President <input type="checkbox"/> State: <u>WV</u> | | |
| Calendar Year-To-Date Per Election for Office Sought 11788.43 | | | Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____ | | |
| Full Name of Payee LN Consulting LLC | | | Date of Public Distribution/Dissemination 05 / 07 / 2014 | | |
| Mailing Address 121 State St. | | | Amount 11788.43 | | |
| City Harrisburg | | State PA | Zip Code 17101 | | |
| Purpose of Expenditure Direct Mail - Production and Postage | | Category/Type | | Transaction ID : SE.4186 Date of Disbursement or Obligation 05 / 07 / 2014 | |
| Name of Federal Candidate CHARLOTTE R LANE | | | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate District: <u>02</u> <input type="checkbox"/> President <input type="checkbox"/> State: <u>WV</u> | | |
| Calendar Year-To-Date Per Election for Office Sought 24826.86 | | | Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____ | | |
| (a) SUBTOTAL of Itemized Independent Expenditures..... ▶ | | | 23576.86 | | |
| (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 <u>Christine J. Toretti</u> | | | Date 07 / 14 / 2014 | | |

[Electronically Filed]

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 12 OF 12
FOR LINE 24 OF FORM 3X

| | | |
|--|--|---|
| NAME OF COMMITTEE (In Full) WOMEN LEAD PAC | | FEC IDENTIFICATION NUMBER ▼ C C00548545 |
| Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on | | MM / DD / YYYY |

| | | |
|--|--------------------|--|
| Full Name of Payee LN Consulting LLC | | Date of Public Distribution/Dissemination MM / DD / YYYY 05 / 23 / 2014 |
| Mailing Address 121 State St. | | Amount 25000.00 |
| City Harrisburg | State PA | Zip Code 17101 |
| Purpose of Expenditure Online Advertising | Category/Type | Transaction ID : SE.4192 Date of Disbursement or Obligation MM / DD / YYYY 05 / 23 / 2014 |
| Name of Federal Candidate JONI K ERNST | | Office Sought: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: IA |
| Calendar Year-To-Date Per Election for Office Sought 25000.00 | | Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ |

| | | |
|---|---------------|--|
| Full Name of Payee | | Date of Public Distribution/Dissemination MM / DD / YYYY |
| Mailing Address | | Amount |
| City | State | Zip Code |
| Purpose of Expenditure | Category/Type | Date of Disbursement or Obligation MM / DD / YYYY |
| Name of Federal Candidate | | Office Sought: <input type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> President <input type="checkbox"/> Senate State: |
| Calendar Year-To-Date Per Election for Office Sought | | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ |

| | |
|--|-----------------|
| (a) SUBTOTAL of Itemized Independent Expenditures.....▶ | 25000.00 |
| (b) SUBTOTAL of Unitemized Independent Expenditures▶ | |
| (c) TOTAL Independent Expenditures.....▶ | 50784.86 |

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

*Christine J. Toretti**[Electronically Filed]*

Date

MM / DD / YYYY
07 / 14 / 2014

Signature