

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

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

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

Date of Public Distribution/Dissemination 10 / 27 / 2014
Amount 70.00
Transaction ID : 67f49704-90ca-4e9c-a
Date of Disbursement or Obligation 10 / 27 / 2014

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

Calendar Year-To-Date Per Election for Office Sought 210468.99
Disbursement For: [] Primary [X] General 2014 [] Other (specify)

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

Date of Public Distribution/Dissemination 10 / 27 / 2014
Amount 45.00
Transaction ID : 21d0f12d-4c4a-4c48-b
Date of Disbursement or Obligation 10 / 27 / 2014

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

Calendar Year-To-Date Per Election for Office Sought 210468.99
Disbursement For: [] Primary [X] General 2014 [] Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures 115.00
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL Independent Expenditures

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

Ms. Emily Buchanan [Electronically Filed] Date 10 / 28 / 2014
Signature

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

Full Name of Payee Sharon t Craig
Mailing Address 1410 Bushville Dr
City Lenoir State NC Zip Code 28645
Purpose of Expenditure Salary Category/Type 001
Name of Federal Candidate Ms. Kay Hagan [] Support [X] Oppose
Calendar Year-To-Date Per Election for Office Sought 1066066.46

Date of Public Distribution/Dissemination 10 / 27 / 2014
Amount 40.00
Transaction ID : 0942b727-4411-4180-b
Date of Disbursement or Obligation 10 / 27 / 2014
Office Sought: [] House District: 00 [] President [X] Senate State: NC
Disbursement For: [] Primary [X] General 2014 [] Other (specify)

Full Name of Payee Sharon t Craig
Mailing Address 1410 Bushville Dr
City Lenoir State NC Zip Code 28645
Purpose of Expenditure Mileage Category/Type 002
Name of Federal Candidate Ms. Kay Hagan [] Support [X] Oppose
Calendar Year-To-Date Per Election for Office Sought 1066066.46

Date of Public Distribution/Dissemination 10 / 27 / 2014
Amount 15.00
Transaction ID : 848b0827-3efb-4d61-9
Date of Disbursement or Obligation 10 / 27 / 2014
Office Sought: [] House District: 00 [] President [X] Senate State: NC
Disbursement For: [] Primary [X] General 2014 [] Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures 55.00
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL Independent Expenditures

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

Full Name of Payee James Kindstedt
Mailing Address 5510 Dogwood Dr
City Winston Salem State NC Zip Code 27105
Purpose of Expenditure Salary Category/Type 001
Name of Federal Candidate Ms. Kay Hagan [] Support [X] Oppose
Calendar Year-To-Date Per Election for Office Sought 1066066.46

Date of Public Distribution/Dissemination 10 / 27 / 2014
Amount 31.80
Transaction ID : b23d1dd7-1880-439c-9
Date of Disbursement or Obligation 10 / 27 / 2014
Office Sought: [] House District: 00 [] President [X] Senate State: NC
Disbursement For: [] Primary [X] General 2014 [] Other (specify)

Full Name of Payee James Kindstedt
Mailing Address 5510 Dogwood Dr
City Winston Salem State NC Zip Code 27105
Purpose of Expenditure Mileage Category/Type 002
Name of Federal Candidate Ms. Kay Hagan [] Support [X] Oppose
Calendar Year-To-Date Per Election for Office Sought 1066066.46

Date of Public Distribution/Dissemination 10 / 27 / 2014
Amount 10.50
Transaction ID : da4288ac-1921-4643-b
Date of Disbursement or Obligation 10 / 27 / 2014
Office Sought: [] House District: 00 [] President [X] Senate State: NC
Disbursement For: [] Primary [X] General 2014 [] Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures 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.

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

Full Name of Payee Joanna Kindstedt
Mailing Address 2134 Tobaccoville Rd
City Rural Hall State NC Zip Code 27045
Purpose of Expenditure Salary Category/Type 001
Name of Federal Candidate Ms. Kay Hagan [] Support [X] Oppose
Calendar Year-To-Date Per Election for Office Sought 1066066.46

Date of Public Distribution/Dissemination 10 / 27 / 2014
Amount 31.80
Transaction ID : 5968cf8e-eca7-45d5-8
Date of Disbursement or Obligation 10 / 27 / 2014
Office Sought: [] House District: 00 [] President [X] Senate State: NC
Disbursement For: [] Primary [X] General 2014 [] Other (specify)

Full Name of Payee Ashlee G Anderson
Mailing Address 2226 Enloe St
City Fayetteville State NC Zip Code 28306
Purpose of Expenditure Salary Category/Type 001
Name of Federal Candidate Ms. Kay Hagan [] Support [X] Oppose
Calendar Year-To-Date Per Election for Office Sought 1066066.46

Date of Public Distribution/Dissemination 10 / 27 / 2014
Amount 25.00
Transaction ID : 22a51d92-6a5e-4c6b-9
Date of Disbursement or Obligation 10 / 27 / 2014
Office Sought: [] House District: 00 [] President [X] Senate State: NC
Disbursement For: [] Primary [X] General 2014 [] Other (specify)

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

Full Name of Payee Ashlee G Anderson
Mailing Address 2226 Enloe St
City Fayetteville State NC Zip Code 28306
Purpose of Expenditure Mileage Category/Type 002
Name of Federal Candidate Ms. Kay Hagan [] Support [X] Oppose
Calendar Year-To-Date Per Election for Office Sought 1066066.46

Date of Public Distribution/Dissemination 10 / 27 / 2014
Amount 6.60
Transaction ID : 783dfec8-e633-44f9-b
Date of Disbursement or Obligation 10 / 27 / 2014
Office Sought: [] House District: 00 [] President [X] Senate State: NC
Disbursement For: [] Primary [X] General 2014 [] Other (specify)

Full Name of Payee Toni A Persinger-Buckler
Mailing Address 5330 Nestleway Dr
City Clemmons State NC Zip Code 27012
Purpose of Expenditure Salary Category/Type 001
Name of Federal Candidate Ms. Kay Hagan [] Support [X] Oppose
Calendar Year-To-Date Per Election for Office Sought 1066066.46

Date of Public Distribution/Dissemination 10 / 27 / 2014
Amount 32.50
Transaction ID : 6058da67-52fc-4020-9
Date of Disbursement or Obligation 10 / 27 / 2014
Office Sought: [] House District: 00 [] President [X] Senate State: NC
Disbursement For: [] Primary [X] General 2014 [] Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures 39.10
(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.
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NAME OF COMMITTEE (In Full) Women Speak Out PAC
FEC IDENTIFICATION NUMBER C C00530766
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Full Name of Payee Toni A Persinger-Buckler
Mailing Address 5330 Nestleway Dr
City Clemmons State NC Zip Code 27012
Purpose of Expenditure Mileage Category/Type 002
Name of Federal Candidate Ms. Kay Hagan [] Support [X] Oppose
Calendar Year-To-Date Per Election for Office Sought 1066066.46

Date of Public Distribution/Dissemination 10 / 27 / 2014
Amount 4.05
Transaction ID : c1cc599e-7c72-4a1a-8
Date of Disbursement or Obligation 10 / 27 / 2014
Office Sought: [] House District: 00 [] President [X] Senate State: NC
Disbursement For: [] Primary [X] General 2014 [] Other (specify)

Full Name of Payee Jacob Bernas
Mailing Address 458 S Glendale
City Wichita State KS Zip Code 67218
Purpose of Expenditure Salary Category/Type 001
Name of Federal Candidate Mr. Greg Orman [] Support [X] Oppose
Calendar Year-To-Date Per Election for Office Sought 188002.26

Date of Public Distribution/Dissemination 10 / 27 / 2014
Amount 30.00
Transaction ID : 51c0be4a-7522-44ab-a
Date of Disbursement or Obligation 10 / 27 / 2014
Office Sought: [] House District: 00 [] President [X] Senate State: KS
Disbursement For: [] Primary [X] General 2014 [] Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures 34.05
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL Independent Expenditures

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FEC IDENTIFICATION NUMBER C C00530766
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Full Name of Payee Jacob Bernas
Mailing Address 458 S Glendale
City Wichita State KS Zip Code 67218
Purpose of Expenditure Mileage Category/Type 002
Name of Federal Candidate Mr. Greg Orman [] Support [X] Oppose
Calendar Year-To-Date Per Election for Office Sought 188002.26

Date of Public Distribution/Dissemination 10 / 27 / 2014
Amount 9.00
Transaction ID : 2a6e3a7a-d9d8-4cf8-b
Date of Disbursement or Obligation 10 / 27 / 2014
Office Sought: [] House District: 00 [] President [X] Senate State: KS
Disbursement For: [] Primary [X] General 2014 [] Other (specify)

Full Name of Payee Dianna R Williams
Mailing Address 1510 W Pawnee Apt 2103
City Wichita State KS Zip Code 67213
Purpose of Expenditure Salary Category/Type 001
Name of Federal Candidate Mr. Greg Orman [] Support [X] Oppose
Calendar Year-To-Date Per Election for Office Sought 188002.26

Date of Public Distribution/Dissemination 10 / 27 / 2014
Amount 25.00
Transaction ID : f52b0ec8-6d02-4b27-8
Date of Disbursement or Obligation 10 / 27 / 2014
Office Sought: [] House District: 00 [] President [X] Senate State: KS
Disbursement For: [] Primary [X] General 2014 [] Other (specify)

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

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

Full Name of Payee Dianna R Williams
Mailing Address 1510 W Pawnee Apt 2103
City Wichita State KS Zip Code 67213
Purpose of Expenditure Mileage Category/Type 002
Name of Federal Candidate Mr. Greg Orman [] Support [X] Oppose
Calendar Year-To-Date Per Election for Office Sought 188002.26

Date of Public Distribution/Dissemination 10 / 27 / 2014
Amount 8.10
Transaction ID : e6b122c1-3b9c-4120-9
Date of Disbursement or Obligation 10 / 27 / 2014
Office Sought: [] House District: 00 [] President [X] Senate State: KS
Disbursement For: [] Primary [X] General 2014 [] Other (specify)

Full Name of Payee Lance Reichenberger
Mailing Address 1426 N Glendale
City Wichita State KS Zip Code 67208
Purpose of Expenditure Salary Category/Type 001
Name of Federal Candidate Mr. Greg Orman [] Support [X] Oppose
Calendar Year-To-Date Per Election for Office Sought 188002.26

Date of Public Distribution/Dissemination 10 / 27 / 2014
Amount 30.00
Transaction ID : 361f9244-381e-4744-8
Date of Disbursement or Obligation 10 / 27 / 2014
Office Sought: [] House District: 00 [] President [X] Senate State: KS
Disbursement For: [] Primary [X] General 2014 [] Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures 38.10
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL Independent Expenditures

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Check if [X] 24-hour report [] 48-hour report [X] New report [] Amends report filed on

Full Name of Payee Christine R McDonald
Mailing Address 3751 N Jeanette Ave
City Wichita State KS Zip Code 67204
Purpose of Expenditure Salary Category/Type 001
Name of Federal Candidate Mr. Greg Orman [] Support [X] Oppose
Calendar Year-To-Date Per Election for Office Sought 188002.26

Date of Public Distribution/Dissemination 10 / 27 / 2014
Amount 35.00
Transaction ID : 2da37a40-b020-438d-b
Date of Disbursement or Obligation 10 / 27 / 2014
Office Sought: [] House District: 00 [] President [X] Senate State: KS
Disbursement For: [] Primary [X] General 2014 [] Other (specify)

Full Name of Payee Christine R McDonald
Mailing Address 3751 N Jeanette Ave
City Wichita State KS Zip Code 67204
Purpose of Expenditure Mileage Category/Type 002
Name of Federal Candidate Mr. Greg Orman [] Support [X] Oppose
Calendar Year-To-Date Per Election for Office Sought 188002.26

Date of Public Distribution/Dissemination 10 / 27 / 2014
Amount 11.10
Transaction ID : da18ff14-0b1f-4b9d-b
Date of Disbursement or Obligation 10 / 27 / 2014
Office Sought: [] House District: 00 [] President [X] Senate State: KS
Disbursement For: [] Primary [X] General 2014 [] Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures 46.10
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL Independent Expenditures

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FEC IDENTIFICATION NUMBER C C00530766
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Full Name of Payee Marilyn Galliardt
Mailing Address 410 Wedgewood Ct
City Hesston State KS Zip Code 67062
Purpose of Expenditure Salary Category/Type 001
Name of Federal Candidate Mr. Greg Orman [] Support [X] Oppose
Calendar Year-To-Date Per Election for Office Sought 188002.26

Date of Public Distribution/Dissemination 10 / 27 / 2014
Amount 80.00
Transaction ID : cc582bd6-58ac-41bd-8
Date of Disbursement or Obligation 10 / 27 / 2014
Office Sought: [] House District: 00 [] President [X] Senate State: KS
Disbursement For: [] Primary [X] General 2014 [] Other (specify)

Full Name of Payee Marilyn Galliardt
Mailing Address 410 Wedgewood Ct
City Hesston State KS Zip Code 67062
Purpose of Expenditure Mileage Category/Type 002
Name of Federal Candidate Mr. Greg Orman [] Support [X] Oppose
Calendar Year-To-Date Per Election for Office Sought 188002.26

Date of Public Distribution/Dissemination 10 / 27 / 2014
Amount 18.00
Transaction ID : 9b10ab2f-7799-4417-8
Date of Disbursement or Obligation 10 / 27 / 2014
Office Sought: [] House District: 00 [] President [X] Senate State: KS
Disbursement For: [] Primary [X] General 2014 [] Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures 98.00
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL Independent Expenditures

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

Full Name of Payee Lorri Anderson
Mailing Address 7214 Duchamp Dr
City Charlotte State NC Zip Code 23215
Purpose of Expenditure Salary Category/Type 001
Name of Federal Candidate Ms. Kay Hagan [] Support [X] Oppose
Calendar Year-To-Date Per Election for Office Sought 1066066.46

Date of Public Distribution/Dissemination 10 / 27 / 2014
Amount 60.00
Transaction ID : 40fe567e-4772-43d5-b
Date of Disbursement or Obligation 10 / 27 / 2014
Office Sought: [] House District: 00 [] President [X] Senate State: NC
Disbursement For: [] Primary [X] General 2014 [] Other (specify)

Full Name of Payee Lorri Anderson
Mailing Address 7214 Duchamp Dr
City Charlotte State NC Zip Code 23215
Purpose of Expenditure Mileage Category/Type 002
Name of Federal Candidate Ms. Kay Hagan [] Support [X] Oppose
Calendar Year-To-Date Per Election for Office Sought 1066066.46

Date of Public Distribution/Dissemination 10 / 27 / 2014
Amount 1.50
Transaction ID : 5c312e34-92d8-471a-a
Date of Disbursement or Obligation 10 / 27 / 2014
Office Sought: [] House District: 00 [] President [X] Senate State: NC
Disbursement For: [] Primary [X] General 2014 [] Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures 61.50
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL Independent Expenditures

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

Full Name of Payee Alice K Salazar
Mailing Address 605 W Houston St
City Marshall State TX Zip Code 75633
Purpose of Expenditure Salary Category/Type 001
Name of Federal Candidate Ms. Mary L Landrieu [] Support [X] Oppose
Calendar Year-To-Date Per Election for Office Sought 215051.14

Date of Public Distribution/Dissemination 10 / 27 / 2014
Amount 80.00
Transaction ID : e7aa062d-d7d9-421c-9
Date of Disbursement or Obligation 10 / 27 / 2014
Office Sought: [] House District: 00 [] President [X] Senate State: LA
Disbursement For: [] Primary [X] General 2014 [] Other (specify)

Full Name of Payee Alice K Salazar
Mailing Address 605 W Houston St
City Marshall State TX Zip Code 75633
Purpose of Expenditure Mileage Category/Type 002
Name of Federal Candidate Ms. Mary L Landrieu [] Support [X] Oppose
Calendar Year-To-Date Per Election for Office Sought 215051.14

Date of Public Distribution/Dissemination 10 / 27 / 2014
Amount 48.90
Transaction ID : 4fc32680-7bfd-4bd6-9
Date of Disbursement or Obligation 10 / 27 / 2014
Office Sought: [] House District: 00 [] President [X] Senate State: LA
Disbursement For: [] Primary [X] General 2014 [] Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures 128.90
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL Independent Expenditures

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

Full Name of Payee William M Criswell
Mailing Address 115 Burns Mitchell Drive
City Belmont State NC Zip Code 28012
Purpose of Expenditure Salary Category/Type 001
Name of Federal Candidate Ms. Kay Hagan [] Support [X] Oppose
Calendar Year-To-Date Per Election for Office Sought 1066066.46

Date of Public Distribution/Dissemination 10 / 27 / 2014
Amount 65.00
Transaction ID : e3aa3c01-b1b2-4bd8-8
Date of Disbursement or Obligation 10 / 27 / 2014
Office Sought: [] House District: 00 [] President [X] Senate State: NC
Disbursement For: [] Primary [X] General 2014 [] Other (specify)

Full Name of Payee William M Criswell
Mailing Address 115 Burns Mitchell Drive
City Belmont State NC Zip Code 28012
Purpose of Expenditure Mileage Category/Type 002
Name of Federal Candidate Ms. Kay Hagan [] Support [X] Oppose
Calendar Year-To-Date Per Election for Office Sought 1066066.46

Date of Public Distribution/Dissemination 10 / 27 / 2014
Amount 10.50
Transaction ID : e2e220f7-dce6-4a01-b
Date of Disbursement or Obligation 10 / 27 / 2014
Office Sought: [] House District: 00 [] President [X] Senate State: NC
Disbursement For: [] Primary [X] General 2014 [] Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures 75.50
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL Independent Expenditures

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

Full Name of Payee John K Necaie III
Mailing Address 1905 Franklin Ave
City New Orleans State LA Zip Code 70117
Purpose of Expenditure Salary Category/Type 001
Name of Federal Candidate Ms. Mary L Landrieu [] Support [X] Oppose
Calendar Year-To-Date Per Election for Office Sought 215051.14

Date of Public Distribution/Dissemination 10 / 27 / 2014
Amount 50.00
Transaction ID : 5b96abb2-cede-49cb-8
Date of Disbursement or Obligation 10 / 27 / 2014
Office Sought: [] House District: 00 [] President [X] Senate State: LA
Disbursement For: [] Primary [X] General 2014 [] Other (specify)

Full Name of Payee John K Necaie III
Mailing Address 1905 Franklin Ave
City New Orleans State LA Zip Code 70117
Purpose of Expenditure Mileage Category/Type 002
Name of Federal Candidate Ms. Mary L Landrieu [] Support [X] Oppose
Calendar Year-To-Date Per Election for Office Sought 215051.14

Date of Public Distribution/Dissemination 10 / 27 / 2014
Amount 11.79
Transaction ID : 775b9cdc-12ec-4f2d-9
Date of Disbursement or Obligation 10 / 27 / 2014
Office Sought: [] House District: 00 [] President [X] Senate State: LA
Disbursement For: [] Primary [X] General 2014 [] Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures 61.79
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL Independent Expenditures

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.
Ms. Emily Buchanan [Electronically Filed] Date 10 / 28 / 2014
Signature

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

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

Full Name of Payee Leona Martin
Mailing Address 9901 Floyd St
City Overland Park State KS Zip Code 66212
Purpose of Expenditure Salary Category/Type 001
Name of Federal Candidate Mr. Greg Orman [] Support [X] Oppose
Calendar Year-To-Date Per Election for Office Sought 188002.26

Date of Public Distribution/Dissemination 10 / 27 / 2014
Amount 30.00
Transaction ID : 5064eb33-1254-45bf-a
Date of Disbursement or Obligation 10 / 27 / 2014
Office Sought: [] House District: 00 [] President [X] Senate State: KS
Disbursement For: [] Primary [X] General 2014 [] Other (specify)

Full Name of Payee Leona Martin
Mailing Address 9901 Floyd St
City Overland Park State KS Zip Code 66212
Purpose of Expenditure Mileage Category/Type 002
Name of Federal Candidate Mr. Greg Orman [] Support [X] Oppose
Calendar Year-To-Date Per Election for Office Sought 188002.26

Date of Public Distribution/Dissemination 10 / 27 / 2014
Amount 7.80
Transaction ID : 24dd63d3-627e-4ffb-9
Date of Disbursement or Obligation 10 / 27 / 2014
Office Sought: [] House District: 00 [] President [X] Senate State: KS
Disbursement For: [] Primary [X] General 2014 [] Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures 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 10 / 28 / 2014
Signature

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

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

Full Name of Payee Lisa Booth
Mailing Address 1434 South Avenue
City Eden State NC Zip Code 27288
Purpose of Expenditure Salary Category/Type 001
Name of Federal Candidate Ms. Kay Hagan [] Support [X] Oppose
Calendar Year-To-Date Per Election for Office Sought 1066066.46

Date of Public Distribution/Dissemination 10 / 27 / 2014
Amount 100.00
Transaction ID : c33cf0bb-484d-4225-8
Date of Disbursement or Obligation 10 / 27 / 2014
Office Sought: [] House District: 00 [] President [X] Senate State: NC
Disbursement For: [] Primary [X] General 2014 [] Other (specify)

Full Name of Payee Lisa Booth
Mailing Address 1434 South Avenue
City Eden State NC Zip Code 27288
Purpose of Expenditure Mileage Category/Type 002
Name of Federal Candidate Ms. Kay Hagan [] Support [X] Oppose
Calendar Year-To-Date Per Election for Office Sought 1066066.46

Date of Public Distribution/Dissemination 10 / 27 / 2014
Amount 16.80
Transaction ID : ba293172-3c7c-4c88-b
Date of Disbursement or Obligation 10 / 27 / 2014
Office Sought: [] House District: 00 [] President [X] Senate State: NC
Disbursement For: [] Primary [X] General 2014 [] Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures 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.

Ms. Emily Buchanan [Electronically Filed] Date 10 / 28 / 2014
Signature

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

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

Full Name of Payee Heather A Smith
Mailing Address 995 Clairborne Rd
City Calhoun State LA Zip Code 71225
Purpose of Expenditure Salary Category/Type 001
Name of Federal Candidate Ms. Mary L Landrieu [] Support [X] Oppose
Calendar Year-To-Date Per Election for Office Sought 215051.14

Date of Public Distribution/Dissemination 10 / 27 / 2014
Amount 41.00
Transaction ID : d3b1d89a-62c3-40e7-b
Date of Disbursement or Obligation 10 / 27 / 2014
Office Sought: [] House District: 00 [] President [X] Senate State: LA
Disbursement For: [] Primary [X] General 2014 [] Other (specify)

Full Name of Payee Heather A Smith
Mailing Address 995 Clairborne Rd
City Calhoun State LA Zip Code 71225
Purpose of Expenditure Mileage Category/Type 002
Name of Federal Candidate Ms. Mary L Landrieu [] Support [X] Oppose
Calendar Year-To-Date Per Election for Office Sought 215051.14

Date of Public Distribution/Dissemination 10 / 27 / 2014
Amount 12.60
Transaction ID : bd9ed0c3-1c8d-4307-b
Date of Disbursement or Obligation 10 / 27 / 2014
Office Sought: [] House District: 00 [] President [X] Senate State: LA
Disbursement For: [] Primary [X] General 2014 [] Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures 53.60
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL Independent Expenditures

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.
Ms. Emily Buchanan [Electronically Filed] Date 10 / 28 / 2014
Signature

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

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

Full Name of Payee Corey S McKnight
Mailing Address 1510 Bailey St
City West Monroe State LA Zip Code 71292
Purpose of Expenditure Salary Category/Type 001

Date of Public Distribution/Dissemination 10 / 27 / 2014
Amount 40.00
Transaction ID : 10c83b52-f651-40c5-b
Date of Disbursement or Obligation 10 / 27 / 2014

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

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

Full Name of Payee Melissa D Turner
Mailing Address 9653 Nations Dr
City Springdale State AR Zip Code 72762
Purpose of Expenditure Salary Category/Type 001

Date of Public Distribution/Dissemination 10 / 27 / 2014
Amount 27.50
Transaction ID : c3b458c2-fe43-4f80-9
Date of Disbursement or Obligation 10 / 27 / 2014

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

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

(a) SUBTOTAL of Itemized Independent Expenditures 67.50
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL Independent Expenditures

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

Ms. Emily Buchanan [Electronically Filed] Date 10 / 28 / 2014
Signature

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

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

Full Name of Payee Edmond D Rea
Mailing Address 416 Vine Dr
City Lawrence State KS Zip Code 66049
Purpose of Expenditure Salary Category/Type 001
Name of Federal Candidate Mr. Greg Orman [] Support [X] Oppose
Calendar Year-To-Date Per Election for Office Sought 188002.26

Date of Public Distribution/Dissemination 10 / 27 / 2014
Amount 70.00
Transaction ID : c07a73c1-11ba-422b-a
Date of Disbursement or Obligation 10 / 27 / 2014
Office Sought: [] House District: 00 [] President [X] Senate State: KS
Disbursement For: [] Primary [X] General 2014 [] Other (specify)

Full Name of Payee Edmond D Rea
Mailing Address 416 Vine Dr
City Lawrence State KS Zip Code 66049
Purpose of Expenditure Mileage Category/Type 002
Name of Federal Candidate Mr. Greg Orman [] Support [X] Oppose
Calendar Year-To-Date Per Election for Office Sought 188002.26

Date of Public Distribution/Dissemination 10 / 27 / 2014
Amount 15.00
Transaction ID : aa298ed2-dbdb-4921-b
Date of Disbursement or Obligation 10 / 27 / 2014
Office Sought: [] House District: 00 [] President [X] Senate State: KS
Disbursement For: [] Primary [X] General 2014 [] Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures 85.00
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL Independent Expenditures

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.
Ms. Emily Buchanan [Electronically Filed] Date 10 / 28 / 2014
Signature

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

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

Full Name of Payee Kayla T Royce
Mailing Address 500 Lakeview Dr
City Huntsville State AR Zip Code 72740
Purpose of Expenditure Salary Category/Type 001
Name of Federal Candidate Mr. Mark L Pryor [] Support [X] Oppose
Calendar Year-To-Date Per Election for Office Sought 210468.99

Date of Public Distribution/Dissemination 10 / 27 / 2014
Amount 27.50
Transaction ID : 928d77c2-9492-4f77-a
Date of Disbursement or Obligation 10 / 27 / 2014
Office Sought: [] House District: 00 [] President [X] Senate State: AR
Disbursement For: [] Primary [X] General 2014 [] Other (specify)

Full Name of Payee Luke S Buren
Mailing Address 415 E Carroll
City Macomb State IL Zip Code 61455
Purpose of Expenditure Salary Category/Type 001
Name of Federal Candidate Mr. Mark L Pryor [] Support [X] Oppose
Calendar Year-To-Date Per Election for Office Sought 210468.99

Date of Public Distribution/Dissemination 10 / 27 / 2014
Amount 27.50
Transaction ID : dcc2d143-ce27-4904-a
Date of Disbursement or Obligation 10 / 27 / 2014
Office Sought: [] House District: 00 [] President [X] Senate State: AR
Disbursement For: [] Primary [X] General 2014 [] Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures 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 10 / 28 / 2014
Signature

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

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

Full Name of Payee Luke S Buren
Mailing Address 415 E Carroll
City Macomb State IL Zip Code 61455
Purpose of Expenditure Mileage Category/Type 002
Name of Federal Candidate Mr. Mark L Pryor [] Support [X] Oppose
Calendar Year-To-Date Per Election for Office Sought 210468.99

Date of Public Distribution/Dissemination 10 / 27 / 2014
Amount 8.82
Transaction ID : c25bef27-bdb6-4166-9
Date of Disbursement or Obligation 10 / 27 / 2014
Office Sought: [] House District: 00 [] President [X] Senate State: AR
Disbursement For: [] Primary [X] General 2014 [] Other (specify)

Full Name of Payee Edward N Walker
Mailing Address 3 Girard St
City Ft Smith State AR Zip Code 72901
Purpose of Expenditure Salary Category/Type 001
Name of Federal Candidate Mr. Mark L Pryor [] Support [X] Oppose
Calendar Year-To-Date Per Election for Office Sought 210468.99

Date of Public Distribution/Dissemination 10 / 27 / 2014
Amount 50.00
Transaction ID : ba7c44f9-8888-4a00-9
Date of Disbursement or Obligation 10 / 27 / 2014
Office Sought: [] House District: 00 [] President [X] Senate State: AR
Disbursement For: [] Primary [X] General 2014 [] Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures 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.

Ms. Emily Buchanan [Electronically Filed] Date 10 / 28 / 2014
Signature

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

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

Full Name of Payee Edward N Walker
Mailing Address 3 Girard St
City Ft Smith State AR Zip Code 72901
Purpose of Expenditure Mileage Category/Type 002

Date of Public Distribution/Dissemination 10 / 27 / 2014
Amount 19.20
Transaction ID : 3c34d9c3-c874-498e-9
Date of Disbursement or Obligation 10 / 27 / 2014

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

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

Full Name of Payee Jackson S Tuttle
Mailing Address 404 Chancery Park Ct
City Kernersville State NC Zip Code 27284
Purpose of Expenditure Salary Category/Type 001

Date of Public Distribution/Dissemination 10 / 27 / 2014
Amount 40.00
Transaction ID : e4bc4f4f-5af4-4d44-b
Date of Disbursement or Obligation 10 / 27 / 2014

Name of Federal Candidate Ms. Kay Hagan
Support [] Oppose [X]
Office Sought: [] House [X] Senate
District: 00 State: NC

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

(a) SUBTOTAL of Itemized Independent Expenditures..... 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 10 / 28 / 2014
Signature

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

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

Full Name of Payee Jackson S Tuttle
Mailing Address 404 Chancery Park Ct
City Kernersville State NC Zip Code 27284
Purpose of Expenditure Mileage Category/Type 002
Name of Federal Candidate Ms. Kay Hagan [] Support [X] Oppose
Calendar Year-To-Date Per Election for Office Sought 1066066.46

Date of Public Distribution/Dissemination 10 / 27 / 2014
Amount 6.00
Transaction ID : 92bfdd7d-5b57-441d-8
Date of Disbursement or Obligation 10 / 27 / 2014
Office Sought: [] House District: 00 [] President [X] Senate State: NC
Disbursement For: [] Primary [X] General 2014 [] Other (specify)

Full Name of Payee Sue G Walker
Mailing Address 3 Girard
City Fort Smith State AR Zip Code 72901
Purpose of Expenditure Salary Category/Type 001
Name of Federal Candidate Mr. Mark L Pryor [] Support [X] Oppose
Calendar Year-To-Date Per Election for Office Sought 210468.99

Date of Public Distribution/Dissemination 10 / 27 / 2014
Amount 60.00
Transaction ID : a4124212-a68e-4a90-8
Date of Disbursement or Obligation 10 / 27 / 2014
Office Sought: [] House District: 00 [] President [X] Senate State: AR
Disbursement For: [] Primary [X] General 2014 [] Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures 66.00
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL Independent Expenditures

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.
Ms. Emily Buchanan [Electronically Filed] Date 10 / 28 / 2014
Signature

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

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

Full Name of Payee Sue G Walker
Mailing Address 3 Girard
City Fort Smith State AR Zip Code 72901
Purpose of Expenditure Mileage Category/Type 002
Name of Federal Candidate Mr. Mark L Pryor [] Support [X] Oppose
Calendar Year-To-Date Per Election for Office Sought 210468.99

Date of Public Distribution/Dissemination 10 / 27 / 2014
Amount 26.40
Transaction ID : 85f36024-08de-4863-a
Date of Disbursement or Obligation 10 / 27 / 2014
Office Sought: [] House District: 00 [] President [X] Senate State: AR
Disbursement For: [] Primary [X] General 2014 [] Other (specify)

Full Name of Payee Stephanie E Hardy
Mailing Address 3039 Four Way Rd
City Snow Hill State NC Zip Code 28580
Purpose of Expenditure Salary Category/Type 001
Name of Federal Candidate Ms. Kay Hagan [] Support [X] Oppose
Calendar Year-To-Date Per Election for Office Sought 1066066.46

Date of Public Distribution/Dissemination 10 / 27 / 2014
Amount 30.00
Transaction ID : 3d18a331-fd2b-41c1-a
Date of Disbursement or Obligation 10 / 27 / 2014
Office Sought: [] House District: 00 [] President [X] Senate State: NC
Disbursement For: [] Primary [X] General 2014 [] Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures 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.
Ms. Emily Buchanan [Electronically Filed] Date 10 / 28 / 2014
Signature

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

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

Full Name of Payee Stephanie E Hardy
Mailing Address 3039 Four Way Rd
City Snow Hill State NC Zip Code 28580
Purpose of Expenditure Salary Category/Type 001
Name of Federal Candidate Ms. Kay Hagan [] Support [X] Oppose
Calendar Year-To-Date Per Election for Office Sought 1066066.46

Date of Public Distribution/Dissemination 10 / 27 / 2014
Amount 30.00
Transaction ID : 5a0da0fc-9da4-449b-b
Date of Disbursement or Obligation 10 / 27 / 2014
Office Sought: [] House District: 00 [] President [X] Senate State: NC
Disbursement For: [] Primary [X] General 2014 [] Other (specify)

Full Name of Payee Gary W Fuhrmann
Mailing Address 9425 Jessica Drive
City Shreveport State LA Zip Code 71106
Purpose of Expenditure Salary Category/Type 001
Name of Federal Candidate Ms. Mary L Landrieu [] Support [X] Oppose
Calendar Year-To-Date Per Election for Office Sought 215051.14

Date of Public Distribution/Dissemination 10 / 27 / 2014
Amount 50.00
Transaction ID : 05da9f54-ad98-40c8-9
Date of Disbursement or Obligation 10 / 27 / 2014
Office Sought: [] House District: 00 [] President [X] Senate State: LA
Disbursement For: [] Primary [X] General 2014 [] Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures 80.00
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL Independent Expenditures

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.
Ms. Emily Buchanan [Electronically Filed] Date 10 / 28 / 2014
Signature

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

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

Full Name of Payee Gary W Fuhrmann
Mailing Address 9425 Jessica Drive
City Shreveport State LA Zip Code 71106
Purpose of Expenditure Mileage Category/Type 002
Name of Federal Candidate Ms. Mary L Landrieu [] Support [X] Oppose
Calendar Year-To-Date Per Election for Office Sought 215051.14

Date of Public Distribution/Dissemination 10 / 27 / 2014
Amount 15.60
Transaction ID : dd964b01-bb52-443c-9
Date of Disbursement or Obligation 10 / 27 / 2014
Office Sought: [] House District: 00 [] President [X] Senate State: LA
Disbursement For: [] Primary [X] General 2014 [] Other (specify)

Full Name of Payee Tristan Hightower
Mailing Address 2490 W Cornerstone PI
City Fayetteville State AR Zip Code 72703
Purpose of Expenditure Salary Category/Type 001
Name of Federal Candidate Mr. Mark L Pryor [] Support [X] Oppose
Calendar Year-To-Date Per Election for Office Sought 210468.99

Date of Public Distribution/Dissemination 10 / 27 / 2014
Amount 30.00
Transaction ID : f7c4963f-f41f-455e-8
Date of Disbursement or Obligation 10 / 27 / 2014
Office Sought: [] House District: 00 [] President [X] Senate State: AR
Disbursement For: [] Primary [X] General 2014 [] Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures 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.
Ms. Emily Buchanan [Electronically Filed] Date 10 / 28 / 2014
Signature

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

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

Full Name of Payee Tristan Hightower
Mailing Address 2490 W Cornerstone Pl
City Fayetteville State AR Zip Code 72703
Purpose of Expenditure Mileage Category/Type 002
Name of Federal Candidate Mr. Mark L Pryor [] Support [X] Oppose
Calendar Year-To-Date Per Election for Office Sought 210468.99

Date of Public Distribution/Dissemination 10 / 27 / 2014
Amount 9.00
Transaction ID : abaf1a08-ac25-44a4-b
Date of Disbursement or Obligation 10 / 27 / 2014
Office Sought: [] House District: 00 [] President [X] Senate State: AR
Disbursement For: [] Primary [X] General 2014 [] Other (specify)

Full Name of Payee Eva M Johnston
Mailing Address 2517 N 47th St
City Milwaukee State WI Zip Code 53210
Purpose of Expenditure Salary Category/Type 001
Name of Federal Candidate Mr. Greg Orman [] Support [X] Oppose
Calendar Year-To-Date Per Election for Office Sought 188002.26

Date of Public Distribution/Dissemination 10 / 27 / 2014
Amount 60.00
Transaction ID : 9ac6e234-0c36-4194-a
Date of Disbursement or Obligation 10 / 27 / 2014
Office Sought: [] House District: 00 [] President [X] Senate State: KS
Disbursement For: [] Primary [X] General 2014 [] Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures 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 10 / 28 / 2014
Signature

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

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

Full Name of Payee Laura U Logie
Mailing Address 2565 Shire Circle
City Harrisonburg State VA Zip Code 22801
Purpose of Expenditure Salary Category/Type 001
Name of Federal Candidate Mr. Greg Orman [] Support [X] Oppose
Calendar Year-To-Date Per Election for Office Sought 188002.26

Date of Public Distribution/Dissemination 10 / 27 / 2014
Amount 55.00
Transaction ID : a5024ada-7ce8-4055-9
Date of Disbursement or Obligation 10 / 27 / 2014
Office Sought: [] House District: 00 [] President [X] Senate State: KS
Disbursement For: [] Primary [X] General 2014 [] Other (specify)

Full Name of Payee Kenny Wallis
Mailing Address 6412 Osage Dr
City North Little rock State AR Zip Code 72116
Purpose of Expenditure Salary Category/Type 001
Name of Federal Candidate Mr. Mark L Pryor [] Support [X] Oppose
Calendar Year-To-Date Per Election for Office Sought 210468.99

Date of Public Distribution/Dissemination 10 / 27 / 2014
Amount 90.00
Transaction ID : e12f6ea7-9e4f-46d7-b
Date of Disbursement or Obligation 10 / 27 / 2014
Office Sought: [] House District: 00 [] President [X] Senate State: AR
Disbursement For: [] Primary [X] General 2014 [] Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures 145.00
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL Independent Expenditures

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.
Ms. Emily Buchanan [Electronically Filed] Date 10 / 28 / 2014
Signature

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

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

Full Name of Payee Kenny Wallis
Mailing Address 6412 Osage Dr
City North Little rock State AR Zip Code 72116
Purpose of Expenditure Mileage Category/Type 002
Name of Federal Candidate Mr. Mark L Pryor [] Support [X] Oppose
Calendar Year-To-Date Per Election for Office Sought 210468.99

Date of Public Distribution/Dissemination 10 / 27 / 2014
Amount 13.86
Transaction ID : bf09c5ad-367f-4e3d-b
Date of Disbursement or Obligation 10 / 27 / 2014
Office Sought: [] House District: 00 [] President [X] Senate State: AR
Disbursement For: [] Primary [X] General 2014 [] Other (specify)

Full Name of Payee Lee R Carter
Mailing Address 3110 Brentwood Rd
City Raleigh State NC Zip Code 27604
Purpose of Expenditure Salary Category/Type 001
Name of Federal Candidate Ms. Kay Hagan [] Support [X] Oppose
Calendar Year-To-Date Per Election for Office Sought 1066066.46

Date of Public Distribution/Dissemination 10 / 27 / 2014
Amount 75.00
Transaction ID : 07e2858c-6461-4d22-8
Date of Disbursement or Obligation 10 / 27 / 2014
Office Sought: [] House District: 00 [] President [X] Senate State: NC
Disbursement For: [] Primary [X] General 2014 [] Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures 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.

Ms. Emily Buchanan [Electronically Filed] Date 10 / 28 / 2014
Signature

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

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

Full Name of Payee Lee R Carter
Mailing Address 3110 Brentwood Rd
City Raleigh State NC Zip Code 27604
Purpose of Expenditure Mileage Category/Type 002
Name of Federal Candidate Ms. Kay Hagan [] Support [X] Oppose
Calendar Year-To-Date Per Election for Office Sought 1066066.46

Date of Public Distribution/Dissemination 10 / 27 / 2014
Amount 6.90
Transaction ID : 3d7a8d41-0d31-4c08-b
Date of Disbursement or Obligation 10 / 27 / 2014
Office Sought: [] House District: 00 [] President [X] Senate State: NC
Disbursement For: [] Primary [X] General 2014 [] Other (specify)

Full Name of Payee Anselma A Trinidad
Mailing Address 7915 Curtina Ln
City Lewisville State NC Zip Code 27023
Purpose of Expenditure Salary Category/Type 001
Name of Federal Candidate Ms. Kay Hagan [] Support [X] Oppose
Calendar Year-To-Date Per Election for Office Sought 1066066.46

Date of Public Distribution/Dissemination 10 / 27 / 2014
Amount 80.00
Transaction ID : f7d59c6b-ce7d-4cb4-8
Date of Disbursement or Obligation 10 / 27 / 2014
Office Sought: [] House District: 00 [] President [X] Senate State: NC
Disbursement For: [] Primary [X] General 2014 [] Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures 86.90
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL Independent Expenditures

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

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

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

Full Name of Payee Kendyl H Browder
Mailing Address 4429 Lagan Circle
City Winterville State NC Zip Code 28590
Purpose of Expenditure Salary Category/Type 001
Name of Federal Candidate Ms. Kay Hagan [] Support [X] Oppose
Calendar Year-To-Date Per Election for Office Sought 1066066.46

Date of Public Distribution/Dissemination 10 / 27 / 2014
Amount 10.00
Transaction ID : cdd81e6b-80c9-4302-9
Date of Disbursement or Obligation 10 / 27 / 2014
Office Sought: [] House District: 00 [] President [X] Senate State: NC
Disbursement For: [] Primary [X] General 2014 [] Other (specify)

Full Name of Payee Kendyl H Browder
Mailing Address 4429 Lagan Circle
City Winterville State NC Zip Code 28590
Purpose of Expenditure Mileage Category/Type 002
Name of Federal Candidate Ms. Kay Hagan [] Support [X] Oppose
Calendar Year-To-Date Per Election for Office Sought 1066066.46

Date of Public Distribution/Dissemination 10 / 27 / 2014
Amount 2.70
Transaction ID : 49285908-ebaf-47cd-a
Date of Disbursement or Obligation 10 / 27 / 2014
Office Sought: [] House District: 00 [] President [X] Senate State: NC
Disbursement For: [] Primary [X] General 2014 [] Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures 12.70
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL Independent Expenditures

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.
Ms. Emily Buchanan [Electronically Filed] Date 10 / 28 / 2014
Signature

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

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

Full Name of Payee Sandra H Wagner
Mailing Address 5828 Rena Road
City Hamptonville State NC Zip Code 27020
Purpose of Expenditure Salary Category/Type 001
Name of Federal Candidate Ms. Kay Hagan [] Support [X] Oppose
Calendar Year-To-Date Per Election for Office Sought 1066066.46

Date of Public Distribution/Dissemination 10 / 27 / 2014
Amount 65.00
Transaction ID : df2a582d-27f0-4595-9
Date of Disbursement or Obligation 10 / 27 / 2014
Office Sought: [] House District: 00 [] President [X] Senate State: NC
Disbursement For: [] Primary [X] General 2014 [] Other (specify)

Full Name of Payee Janet Morris
Mailing Address 620 Old Barbome Rd Lot 2
City West Monroe State LA Zip Code 71291
Purpose of Expenditure Salary Category/Type 001
Name of Federal Candidate Ms. Mary L Landrieu [] Support [X] Oppose
Calendar Year-To-Date Per Election for Office Sought 215051.14

Date of Public Distribution/Dissemination 10 / 27 / 2014
Amount 25.00
Transaction ID : 5d1e8dd2-2318-441f-a
Date of Disbursement or Obligation 10 / 27 / 2014
Office Sought: [] House District: 00 [] President [X] Senate State: LA
Disbursement For: [] Primary [X] General 2014 [] Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures..... 90.00
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL Independent Expenditures.....

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.
Ms. Emily Buchanan [Electronically Filed] Date 10 / 28 / 2014
Signature

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

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

Full Name of Payee Antoinette Franklin
Mailing Address 8822 Apple St
City New Orleans State LA Zip Code 70188
Purpose of Expenditure Salary Category/Type 001
Name of Federal Candidate Ms. Mary L Landriau [] Support [X] Oppose
Calendar Year-To-Date Per Election for Office Sought 215051.14

Date of Public Distribution/Dissemination 10 / 27 / 2014
Amount 60.00
Transaction ID : 5df104bc-8aa9-4788-b
Date of Disbursement or Obligation 10 / 27 / 2014
Office Sought: [] House District: 00 [] President [X] Senate State: LA
Disbursement For: [] Primary [X] General 2014 [] Other (specify)

Full Name of Payee Antoinette Franklin
Mailing Address 8822 Apple St
City New Orleans State LA Zip Code 70188
Purpose of Expenditure Mileage Category/Type 002
Name of Federal Candidate Ms. Mary L Landriau [] Support [X] Oppose
Calendar Year-To-Date Per Election for Office Sought 215051.14

Date of Public Distribution/Dissemination 10 / 27 / 2014
Amount 13.50
Transaction ID : b88d7225-c858-4ecc-b
Date of Disbursement or Obligation 10 / 27 / 2014
Office Sought: [] House District: 00 [] President [X] Senate State: LA
Disbursement For: [] Primary [X] General 2014 [] Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures 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.
Ms. Emily Buchanan [Electronically Filed] Date 10 / 28 / 2014
Signature

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

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

Full Name of Payee Tammay Williams
Mailing Address 924 N. Prieur St
City New Orleans State LA Zip Code 70116
Purpose of Expenditure Salary Category/Type 001
Name of Federal Candidate Ms. Mary L Landrieu [] Support [X] Oppose
Calendar Year-To-Date Per Election for Office Sought 215051.14

Date of Public Distribution/Dissemination 10 / 27 / 2014
Amount 60.00
Transaction ID : b157a92b-6681-4ea3-a
Date of Disbursement or Obligation 10 / 27 / 2014
Office Sought: [] House District: 00 [] President [X] Senate State: LA
Disbursement For: [] Primary [X] General 2014 [] Other (specify)

Full Name of Payee Tammay Williams
Mailing Address 924 N. Prieur St
City New Orleans State LA Zip Code 70116
Purpose of Expenditure Mileage Category/Type 002
Name of Federal Candidate Ms. Mary L Landrieu [] Support [X] Oppose
Calendar Year-To-Date Per Election for Office Sought 215051.14

Date of Public Distribution/Dissemination 10 / 27 / 2014
Amount 13.50
Transaction ID : a5881b32-70e7-4dfe-a
Date of Disbursement or Obligation 10 / 27 / 2014
Office Sought: [] House District: 00 [] President [X] Senate State: LA
Disbursement For: [] Primary [X] General 2014 [] Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures 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.
Ms. Emily Buchanan [Electronically Filed] Date 10 / 28 / 2014
Signature

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

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

Full Name of Payee Diane Smith
Mailing Address 4006 Wolkswalk Place
City Raleigh State NC Zip Code 27610
Purpose of Expenditure Salary Category/Type 001
Name of Federal Candidate Ms. Kay Hagan [] Support [X] Oppose
Calendar Year-To-Date Per Election for Office Sought 1066066.46

Date of Public Distribution/Dissemination 10 / 27 / 2014
Amount 11.50
Transaction ID : 8b2a67fa-88da-4218-8
Date of Disbursement or Obligation 10 / 27 / 2014
Office Sought: [] House District: 00 [] President [X] Senate State: NC
Disbursement For: [] Primary [X] General 2014 [] Other (specify)

Full Name of Payee Diane Smith
Mailing Address 4006 Wolkswalk Place
City Raleigh State NC Zip Code 27610
Purpose of Expenditure Mileage Category/Type 002
Name of Federal Candidate Ms. Kay Hagan [] Support [X] Oppose
Calendar Year-To-Date Per Election for Office Sought 1066066.46

Date of Public Distribution/Dissemination 10 / 27 / 2014
Amount 6.00
Transaction ID : 22def4fa-e847-4e0f-b
Date of Disbursement or Obligation 10 / 27 / 2014
Office Sought: [] House District: 00 [] President [X] Senate State: NC
Disbursement For: [] Primary [X] General 2014 [] Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures 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.
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Signature

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

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

Full Name of Payee Krystal A Wilson
Mailing Address 448 Judson Dr
City Wake Forest State NC Zip Code 27587
Purpose of Expenditure Salary Category/Type 001
Date of Public Distribution/Dissemination 10/27/2014
Amount 37.50
Transaction ID : c53a981e-7779-4862-8
Date of Disbursement or Obligation 10/27/2014
Name of Federal Candidate Ms. Kay Hagan [] Support [X] Oppose
Office Sought: [] House District: 00 [] President [X] Senate State: NC
Calendar Year-To-Date Per Election for Office Sought 1066066.46
Disbursement For: [] Primary [X] General 2014 [] Other (specify)

Full Name of Payee Krystal A Wilson
Mailing Address 448 Judson Dr
City Wake Forest State NC Zip Code 27587
Purpose of Expenditure Mileage Category/Type 002
Date of Public Distribution/Dissemination 10/27/2014
Amount 1.50
Transaction ID : dea79e7f-fe60-47bf-a
Date of Disbursement or Obligation 10/27/2014
Name of Federal Candidate Ms. Kay Hagan [] Support [X] Oppose
Office Sought: [] House District: 00 [] President [X] Senate State: NC
Calendar Year-To-Date Per Election for Office Sought 1066066.46
Disbursement For: [] Primary [X] General 2014 [] Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures 39.00
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL Independent Expenditures

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.
Ms. Emily Buchanan [Electronically Filed] Date 10/28/2014
Signature

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

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

Full Name of Payee Michael A Toomey
Mailing Address 4120 Bon Aire Dr Apt 6307
City Monroe State LA Zip Code 71212
Purpose of Expenditure Salary Category/Type 001

Date of Public Distribution/Dissemination 10 / 27 / 2014
Amount 50.00
Transaction ID : 30233f16-9bd6-4ec5-a
Date of Disbursement or Obligation 10 / 27 / 2014

Name of Federal Candidate Ms. Mary L Landrieu
Support [] Oppose [X]
Calendar Year-To-Date Per Election for Office Sought 215051.14

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

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

Date of Public Distribution/Dissemination 10 / 27 / 2014
Amount 4.80
Transaction ID : 96dfc482-2ce7-4eda-a
Date of Disbursement or Obligation 10 / 27 / 2014

Name of Federal Candidate Ms. Mary L Landrieu
Support [] Oppose [X]
Calendar Year-To-Date Per Election for Office Sought 215051.14

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

(a) SUBTOTAL of Itemized Independent Expenditures 54.80
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL Independent Expenditures

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Ms. Emily Buchanan

[Electronically Filed]

Date

10 / 28 / 2014

Signature

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

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

Full Name of Payee Brandy Starns
Mailing Address 300 Evangeline St
City Monroe State LA Zip Code 71201
Purpose of Expenditure Salary Category/Type 001
Name of Federal Candidate Ms. Mary L Landrieu [] Support [X] Oppose
Calendar Year-To-Date Per Election for Office Sought 215051.14

Date of Public Distribution/Dissemination 10 / 27 / 2014
Amount 60.00
Transaction ID : 31189ca6-11de-42bc-9
Date of Disbursement or Obligation 10 / 27 / 2014
Office Sought: [] House District: 00 [] President [X] Senate State: LA
Disbursement For: [] Primary [X] General 2014 [] Other (specify)

Full Name of Payee Brandy Starns
Mailing Address 300 Evangeline St
City Monroe State LA Zip Code 71201
Purpose of Expenditure Mileage Category/Type 002
Name of Federal Candidate Ms. Mary L Landrieu [] Support [X] Oppose
Calendar Year-To-Date Per Election for Office Sought 215051.14

Date of Public Distribution/Dissemination 10 / 27 / 2014
Amount 6.90
Transaction ID : 76615bd7-a516-4cc2-b
Date of Disbursement or Obligation 10 / 27 / 2014
Office Sought: [] House District: 00 [] President [X] Senate State: LA
Disbursement For: [] Primary [X] General 2014 [] Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures 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.
Ms. Emily Buchanan [Electronically Filed] Date 10 / 28 / 2014
Signature

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

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

Full Name of Payee Brittany A Frederick
Mailing Address 18793 Hilltop Ln
City Nevada State TX Zip Code 75173
Purpose of Expenditure Salary Category/Type 001

Date of Public Distribution/Dissemination 10 / 27 / 2014
Amount 40.00
Transaction ID : 3a7f0184-1a98-4283-b
Date of Disbursement or Obligation 10 / 27 / 2014

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

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

Calendar Year-To-Date Per Election for Office Sought 210468.99

Full Name of Payee James E Dacus
Mailing Address 117 Cynthia Ave
City Farmington State AR Zip Code 72730
Purpose of Expenditure Salary Category/Type 001

Date of Public Distribution/Dissemination 10 / 27 / 2014
Amount 35.00
Transaction ID : a9f2dfd8-9240-4fed-8
Date of Disbursement or Obligation 10 / 27 / 2014

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

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

Calendar Year-To-Date Per Election for Office Sought 210468.99

(a) SUBTOTAL of Itemized Independent Expenditures 75.00
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL Independent Expenditures

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

Ms. Emily Buchanan [Electronically Filed] Date 10 / 28 / 2014
Signature

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

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

Full Name of Payee James E Dacus
Mailing Address 117 Cynthia Ave
City Farmington State AR Zip Code 72730
Purpose of Expenditure Mileage Category/Type 002
Name of Federal Candidate Mr. Mark L Pryor [] Support [X] Oppose
Calendar Year-To-Date Per Election for Office Sought 210468.99

Date of Public Distribution/Dissemination 10 / 27 / 2014
Amount 3.00
Transaction ID : d2b93f88-a27c-45e5-8
Date of Disbursement or Obligation 10 / 27 / 2014
Office Sought: [] House District: 00 [] President [X] Senate State: AR
Disbursement For: [] Primary [X] General 2014 [] Other (specify)

Full Name of Payee Lisa A Funck
Mailing Address 23901 W Hwy 66
City Calumet State OK Zip Code 73014
Purpose of Expenditure Salary Category/Type 001
Name of Federal Candidate Ms. Kay Hagan [] Support [X] Oppose
Calendar Year-To-Date Per Election for Office Sought 1066066.46

Date of Public Distribution/Dissemination 10 / 27 / 2014
Amount 50.00
Transaction ID : 0c85685c-8c54-482c-9
Date of Disbursement or Obligation 10 / 27 / 2014
Office Sought: [] House District: 00 [] President [X] Senate State: NC
Disbursement For: [] Primary [X] General 2014 [] Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures 53.00
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL Independent Expenditures

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.
Ms. Emily Buchanan [Electronically Filed] Date 10 / 28 / 2014
Signature

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

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

Full Name of Payee Lisa A Funck
Mailing Address 23901 W Hwy 66
City Calumet State OK Zip Code 73014
Purpose of Expenditure Salary Category/Type 001
Name of Federal Candidate Mr. Mark L Pryor [] Support [X] Oppose
Calendar Year-To-Date Per Election for Office Sought 210468.99

Date of Public Distribution/Dissemination 10 / 27 / 2014
Amount 50.00
Transaction ID : e62043e5-f691-4f03-b
Date of Disbursement or Obligation 10 / 27 / 2014
Office Sought: [] House District: 00 [] President [X] Senate State: AR
Disbursement For: [] Primary [X] General 2014 [] Other (specify)

Full Name of Payee Nicholas O Wilcox
Mailing Address 1981 Cherokee St
City Baton Rouge State LA Zip Code 70806
Purpose of Expenditure Salary Category/Type 001
Name of Federal Candidate Ms. Mary L Landrieu [] Support [X] Oppose
Calendar Year-To-Date Per Election for Office Sought 215051.14

Date of Public Distribution/Dissemination 10 / 27 / 2014
Amount 45.00
Transaction ID : e1682aa5-46ef-4bf3-a
Date of Disbursement or Obligation 10 / 27 / 2014
Office Sought: [] House District: 00 [] President [X] Senate State: LA
Disbursement For: [] Primary [X] General 2014 [] Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures 95.00
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL Independent Expenditures

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Ms. Emily Buchanan [Electronically Filed] Date 10 / 28 / 2014
Signature

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

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

Full Name of Payee Nicholas O Wilcox
Mailing Address 1981 Cherokee St
City Baton Rouge State LA Zip Code 70806
Purpose of Expenditure Mileage Category/Type 002
Name of Federal Candidate Ms. Mary L Landrieu [] Support [X] Oppose
Calendar Year-To-Date Per Election for Office Sought 215051.14

Date of Public Distribution/Dissemination 10 / 27 / 2014
Amount 3.78
Transaction ID : 6096a651-dfae-4c27-8
Date of Disbursement or Obligation 10 / 27 / 2014
Office Sought: [] House District: 00 [] President [X] Senate State: LA
Disbursement For: [] Primary [X] General 2014 [] Other (specify)

Full Name of Payee Ceslie A Benner
Mailing Address 2081 Knob Hill Rd
City Azle State TX Zip Code 76020
Purpose of Expenditure Salary Category/Type 001
Name of Federal Candidate Mr. Mark L Pryor [] Support [X] Oppose
Calendar Year-To-Date Per Election for Office Sought 210468.99

Date of Public Distribution/Dissemination 10 / 27 / 2014
Amount 50.00
Transaction ID : e7379a59-ad37-4f68-9
Date of Disbursement or Obligation 10 / 27 / 2014
Office Sought: [] House District: 00 [] President [X] Senate State: AR
Disbursement For: [] Primary [X] General 2014 [] Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures 53.78
(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 10 / 28 / 2014
Signature

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

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

Full Name of Payee Ceslie A Benner
Mailing Address 2081 Knob Hill Rd
City Azle State TX Zip Code 76020
Purpose of Expenditure Mileage Category/Type 002
Name of Federal Candidate Mr. Mark L Pryor [] Support [X] Oppose
Calendar Year-To-Date Per Election for Office Sought 210468.99

Date of Public Distribution/Dissemination 10 / 27 / 2014
Amount 39.00
Transaction ID : 89ce85a4-51a2-41bc-8
Date of Disbursement or Obligation 10 / 27 / 2014
Office Sought: [] House District: 00 [] President [X] Senate State: AR
Disbursement For: [] Primary [X] General 2014 [] Other (specify)

Full Name of Payee Aaron R Cowart
Mailing Address 184 South Military Rd
City Slidell State LA Zip Code 70458
Purpose of Expenditure Salary Category/Type 001
Name of Federal Candidate Ms. Mary L Landrieu [] Support [X] Oppose
Calendar Year-To-Date Per Election for Office Sought 215051.14

Date of Public Distribution/Dissemination 10 / 27 / 2014
Amount 40.00
Transaction ID : b8d60539-8c6b-4bb1-b
Date of Disbursement or Obligation 10 / 27 / 2014
Office Sought: [] House District: 00 [] President [X] Senate State: LA
Disbursement For: [] Primary [X] General 2014 [] Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures 79.00
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL Independent Expenditures

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.
Ms. Emily Buchanan [Electronically Filed] Date 10 / 28 / 2014
Signature

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

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

Full Name of Payee Aaron R Cowart
Mailing Address 184 South Military Rd
City Slidell State LA Zip Code 70458
Purpose of Expenditure Mileage Category/Type 002
Name of Federal Candidate Ms. Mary L Landrieu [] Support [X] Oppose
Calendar Year-To-Date Per Election for Office Sought 215051.14

Date of Public Distribution/Dissemination 10 / 27 / 2014
Amount 4.50
Transaction ID : 8b56e966-3106-45ea-8
Date of Disbursement or Obligation 10 / 27 / 2014
Office Sought: [] House District: 00 [] President [X] Senate State: LA
Disbursement For: [] Primary [X] General 2014 [] Other (specify)

Full Name of Payee Meagan N Rogerson
Mailing Address 3657 S Rail Road St
City Fountain State NC Zip Code 27829
Purpose of Expenditure Salary Category/Type 001
Name of Federal Candidate Ms. Kay Hagan [] Support [X] Oppose
Calendar Year-To-Date Per Election for Office Sought 1066066.46

Date of Public Distribution/Dissemination 10 / 27 / 2014
Amount 30.00
Transaction ID : 63c0bee0-9033-4e61-a
Date of Disbursement or Obligation 10 / 27 / 2014
Office Sought: [] House District: 00 [] President [X] Senate State: NC
Disbursement For: [] Primary [X] General 2014 [] Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures 34.50
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL Independent Expenditures

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.
Ms. Emily Buchanan [Electronically Filed] Date 10 / 28 / 2014
Signature

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

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

Full Name of Payee: Meagan N Rogerson
Mailing Address: 3657 S Rail Road St
City: Fountain State: NC Zip Code: 27829
Purpose of Expenditure: Mileage Category/Type: 002
Name of Federal Candidate: Ms. Kay Hagan [] Support [X] Oppose
Calendar Year-To-Date Per Election for Office Sought: 1066066.46

Date of Public Distribution/Dissemination: 10/27/2014
Amount: 13.50
Transaction ID: 6f05d73b-b25a-4498-a
Date of Disbursement or Obligation: 10/27/2014
Office Sought: [] House District: 00 [] President [X] Senate State: NC
Disbursement For: [] Primary [X] General 2014 [] Other (specify)

Full Name of Payee: Dylan J Sparks
Mailing Address: 915 East Market Ave
City: Searcy State: AR Zip Code: 72149
Purpose of Expenditure: Salary Category/Type: 001
Name of Federal Candidate: Mr. Mark L Pryor [] Support [X] Oppose
Calendar Year-To-Date Per Election for Office Sought: 210468.99

Date of Public Distribution/Dissemination: 10/27/2014
Amount: 100.00
Transaction ID: a723eec0-a867-482c-9
Date of Disbursement or Obligation: 10/27/2014
Office Sought: [] House District: 00 [] President [X] Senate State: AR
Disbursement For: [] Primary [X] General 2014 [] Other (specify)

Table with 2 columns: Description and Amount. (a) SUBTOTAL of Itemized Independent Expenditures: 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.
Ms. Emily Buchanan [Electronically Filed] Date: 10/28/2014

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

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

Full Name of Payee Dylan J Sparks
Mailing Address 915 East Market Ave
City Searcy State AR Zip Code 72149
Purpose of Expenditure Mileage Category/Type 002
Name of Federal Candidate Mr. Mark L Pryor [] Support [X] Oppose
Calendar Year-To-Date Per Election for Office Sought 210468.99

Date of Public Distribution/Dissemination 10 / 27 / 2014
Amount 109.80
Transaction ID : 8569839f-84a9-4869-a
Date of Disbursement or Obligation 10 / 27 / 2014
Office Sought: [] House District: 00 [] President [X] Senate State: AR
Disbursement For: [] Primary [X] General 2014 [] Other (specify)

Full Name of Payee Zachary R McCleese
Mailing Address 323 Rolling Pines Dr
City Spring Lake State NC Zip Code 28390
Purpose of Expenditure Salary Category/Type 001
Name of Federal Candidate Mr. Mark L Pryor [] Support [X] Oppose
Calendar Year-To-Date Per Election for Office Sought 210468.99

Date of Public Distribution/Dissemination 10 / 27 / 2014
Amount 70.00
Transaction ID : 8353b61f-e200-4fc2-8
Date of Disbursement or Obligation 10 / 27 / 2014
Office Sought: [] House District: 00 [] President [X] Senate State: AR
Disbursement For: [] Primary [X] General 2014 [] Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures 179.80
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL Independent Expenditures

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.
Ms. Emily Buchanan [Electronically Filed] Date 10 / 28 / 2014
Signature

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

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

Full Name of Payee Zachary R McCleese
Mailing Address 323 Rolling Pines Dr
City Spring Lake State NC Zip Code 28390
Purpose of Expenditure Mileage Category/Type 002
Name of Federal Candidate Mr. Mark L Pryor [] Support [X] Oppose
Calendar Year-To-Date Per Election for Office Sought 210468.99

Date of Public Distribution/Dissemination 10 / 27 / 2014
Amount 61.20
Transaction ID : dbdfce-160b-4d48-b
Date of Disbursement or Obligation 10 / 27 / 2014
Office Sought: [] House District: 00 [] President [X] Senate State: AR
Disbursement For: [] Primary [X] General 2014 [] Other (specify)

Full Name of Payee Cecilla A Rebrick
Mailing Address 5003 Allison Lane
City Ft. Smith State AR Zip Code 72901
Purpose of Expenditure Salary Category/Type 001
Name of Federal Candidate Mr. Mark L Pryor [] Support [X] Oppose
Calendar Year-To-Date Per Election for Office Sought 210468.99

Date of Public Distribution/Dissemination 10 / 27 / 2014
Amount 50.00
Transaction ID : 2c5fa8aa-4b11-4509-8
Date of Disbursement or Obligation 10 / 27 / 2014
Office Sought: [] House District: 00 [] President [X] Senate State: AR
Disbursement For: [] Primary [X] General 2014 [] Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures 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.
Ms. Emily Buchanan [Electronically Filed] Date 10 / 28 / 2014
Signature

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

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

Full Name of Payee Cecilla A Rebrick
Mailing Address 5003 Allison Lane
City Ft. Smith State AR Zip Code 72901
Purpose of Expenditure Mileage Category/Type 002
Name of Federal Candidate Mr. Mark L Pryor [] Support [X] Oppose
Calendar Year-To-Date Per Election for Office Sought 210468.99

Date of Public Distribution/Dissemination 10 / 27 / 2014
Amount 1.50
Transaction ID : f8bff483-1a8d-4e8c-a
Date of Disbursement or Obligation 10 / 27 / 2014
Office Sought: [] House District: 00 [X] Senate State: AR
Disbursement For: [] Primary [X] General 2014 [] Other (specify)

Full Name of Payee Kevin L Battle
Mailing Address 3300 Asher Ave
City Little Rock State AR Zip Code 72204
Purpose of Expenditure Salary Category/Type 001
Name of Federal Candidate Mr. Mark L Pryor [] Support [X] Oppose
Calendar Year-To-Date Per Election for Office Sought 210468.99

Date of Public Distribution/Dissemination 10 / 27 / 2014
Amount 80.00
Transaction ID : 574722c1-7b5e-4785-b
Date of Disbursement or Obligation 10 / 27 / 2014
Office Sought: [] House District: 00 [X] Senate State: AR
Disbursement For: [] Primary [X] General 2014 [] Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures 81.50
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL Independent Expenditures

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.
Ms. Emily Buchanan [Electronically Filed] Date 10 / 28 / 2014
Signature

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

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

Full Name of Payee Kevin L Battle
Mailing Address 3300 Asher Ave
City Little Rock State AR Zip Code 72204
Purpose of Expenditure Mileage Category/Type 002
Name of Federal Candidate Mr. Mark L Pryor [] Support [X] Oppose
Calendar Year-To-Date Per Election for Office Sought 210468.99

Date of Public Distribution/Dissemination 10 / 27 / 2014
Amount 40.50
Transaction ID : 66603e73-7e3e-4183-b
Date of Disbursement or Obligation 10 / 27 / 2014
Office Sought: [] House District: 00 [] President [X] Senate State: AR
Disbursement For: [] Primary [X] General 2014 [] Other (specify)

Full Name of Payee Christopher Marquess
Mailing Address 110 W Pecan St
City Ville Platte State LA Zip Code 70586
Purpose of Expenditure Salary Category/Type 001
Name of Federal Candidate Ms. Mary L Landrieu [] Support [X] Oppose
Calendar Year-To-Date Per Election for Office Sought 215051.14

Date of Public Distribution/Dissemination 10 / 27 / 2014
Amount 50.00
Transaction ID : 93912bcb-ee5f-44c8-8
Date of Disbursement or Obligation 10 / 27 / 2014
Office Sought: [] House District: 00 [] President [X] Senate State: LA
Disbursement For: [] Primary [X] General 2014 [] Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures 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 10 / 28 / 2014
Signature

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

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

Full Name of Payee Christopher Marquess
Mailing Address 110 W Pecan St
City Ville Platte State LA Zip Code 70586
Purpose of Expenditure Mileage Category/Type 002
Name of Federal Candidate Ms. Mary L Landrieu [] Support [X] Oppose
Calendar Year-To-Date Per Election for Office Sought 215051.14

Date of Public Distribution/Dissemination 10 / 27 / 2014
Amount 35.40
Transaction ID : 649511b0-b69f-4284-a
Date of Disbursement or Obligation 10 / 27 / 2014
Office Sought: [] House District: 00 [] President [X] Senate State: LA
Disbursement For: [] Primary [X] General 2014 [] Other (specify)

Full Name of Payee Sheri J Peace
Mailing Address 9685 Paula St
City Keithville State LA Zip Code 71047
Purpose of Expenditure Salary Category/Type 001
Name of Federal Candidate Ms. Mary L Landrieu [] Support [X] Oppose
Calendar Year-To-Date Per Election for Office Sought 215051.14

Date of Public Distribution/Dissemination 10 / 27 / 2014
Amount 95.00
Transaction ID : 313d4a9b-bab1-408a-b
Date of Disbursement or Obligation 10 / 27 / 2014
Office Sought: [] House District: 00 [] President [X] Senate State: LA
Disbursement For: [] Primary [X] General 2014 [] Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures 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 10 / 28 / 2014
Signature

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

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

Full Name of Payee Karen Congema
Mailing Address 813 Worthington Way
City Wilmington State NC Zip Code 28411
Purpose of Expenditure Salary Category/Type 001
Name of Federal Candidate Ms. Kay Hagan [] Support [X] Oppose
Calendar Year-To-Date Per Election for Office Sought 1066066.46

Date of Public Distribution/Dissemination 10 / 27 / 2014
Amount 37.50
Transaction ID : 24badd9a-d273-4ad5-9
Date of Disbursement or Obligation 10 / 27 / 2014
Office Sought: [] House District: 00 [] President [X] Senate State: NC
Disbursement For: [] Primary [X] General 2014 [] Other (specify)

Full Name of Payee Karen Congema
Mailing Address 813 Worthington Way
City Wilmington State NC Zip Code 28411
Purpose of Expenditure Mileage Category/Type 002
Name of Federal Candidate Ms. Kay Hagan [] Support [X] Oppose
Calendar Year-To-Date Per Election for Office Sought 1066066.46

Date of Public Distribution/Dissemination 10 / 27 / 2014
Amount 7.29
Transaction ID : 2ce1ae1d-2291-4012-8
Date of Disbursement or Obligation 10 / 27 / 2014
Office Sought: [] House District: 00 [] President [X] Senate State: NC
Disbursement For: [] Primary [X] General 2014 [] Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures 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 10 / 28 / 2014
Signature

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

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

Full Name of Payee Christopher L Gilbert
Mailing Address 55 Lovell Johnson Rd
City Picayune State MS Zip Code 39466
Purpose of Expenditure Salary Category/Type 001
Name of Federal Candidate Ms. Mary L Landrieu [] Support [X] Oppose
Calendar Year-To-Date Per Election for Office Sought 215051.14

Date of Public Distribution/Dissemination 10 / 27 / 2014
Amount 75.00
Transaction ID : bad8ae2a-c8b5-4551-9
Date of Disbursement or Obligation 10 / 27 / 2014
Office Sought: [] House District: 00 [] President [X] Senate State: LA
Disbursement For: [] Primary [X] General 2014 [] Other (specify)

Full Name of Payee Christopher L Gilbert
Mailing Address 55 Lovell Johnson Rd
City Picayune State MS Zip Code 39466
Purpose of Expenditure Mileage Category/Type 002
Name of Federal Candidate Ms. Mary L Landrieu [] Support [X] Oppose
Calendar Year-To-Date Per Election for Office Sought 215051.14

Date of Public Distribution/Dissemination 10 / 27 / 2014
Amount 35.40
Transaction ID : 5b8cdf6e-243f-4585-b
Date of Disbursement or Obligation 10 / 27 / 2014
Office Sought: [] House District: 00 [] President [X] Senate State: LA
Disbursement For: [] Primary [X] General 2014 [] Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures 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 10 / 28 / 2014
Signature

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

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

Full Name of Payee Mary Catherine Toburen
Mailing Address 1222 SE 44 St
City Topeka State KS Zip Code 66609
Purpose of Expenditure Salary Category/Type 001
Name of Federal Candidate Mr. Greg Orman [] Support [X] Oppose
Calendar Year-To-Date Per Election for Office Sought 188002.26

Date of Public Distribution/Dissemination 10 / 27 / 2014
Amount 50.00
Transaction ID : 8083dfd3-e5d4-4a41-b
Date of Disbursement or Obligation 10 / 27 / 2014
Office Sought: [] House District: 00 [] President [X] Senate State: KS
Disbursement For: [] Primary [X] General 2014 [] Other (specify)

Full Name of Payee Mary Catherine Toburen
Mailing Address 1222 SE 44 St
City Topeka State KS Zip Code 66609
Purpose of Expenditure Mileage Category/Type 002
Name of Federal Candidate Mr. Greg Orman [] Support [X] Oppose
Calendar Year-To-Date Per Election for Office Sought 188002.26

Date of Public Distribution/Dissemination 10 / 27 / 2014
Amount 3.84
Transaction ID : 45034c5d-4c8a-4fb0-8
Date of Disbursement or Obligation 10 / 27 / 2014
Office Sought: [] House District: 00 [] President [X] Senate State: KS
Disbursement For: [] Primary [X] General 2014 [] Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures 53.84
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL Independent Expenditures

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.
Ms. Emily Buchanan [Electronically Filed] Date 10 / 28 / 2014
Signature

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

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

Full Name of Payee Danielle E Grindstaff
Mailing Address 147 Possum Trot Rd
City Bakersville State NC Zip Code 28705
Purpose of Expenditure Salary Category/Type 001
Name of Federal Candidate Ms. Kay Hagan [] Support [X] Oppose
Calendar Year-To-Date Per Election for Office Sought 1066066.46

Date of Public Distribution/Dissemination 10 / 27 / 2014
Amount 50.00
Transaction ID : 78577b56-55f8-4244-9
Date of Disbursement or Obligation 10 / 27 / 2014
Office Sought: [] House District: 00 [] President [X] Senate State: NC
Disbursement For: [] Primary [X] General 2014 [] Other (specify)

Full Name of Payee Danielle E Grindstaff
Mailing Address 147 Possum Trot Rd
City Bakersville State NC Zip Code 28705
Purpose of Expenditure Mileage Category/Type 002
Name of Federal Candidate Ms. Kay Hagan [] Support [X] Oppose
Calendar Year-To-Date Per Election for Office Sought 1066066.46

Date of Public Distribution/Dissemination 10 / 27 / 2014
Amount 9.60
Transaction ID : efb7f330-7e61-421f-b
Date of Disbursement or Obligation 10 / 27 / 2014
Office Sought: [] House District: 00 [] President [X] Senate State: NC
Disbursement For: [] Primary [X] General 2014 [] Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures 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] Date 10 / 28 / 2014
Signature

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

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

Full Name of Payee Heather Ainsworth
Mailing Address 9685 Paula St
City Keithville State LA Zip Code 71047
Purpose of Expenditure Salary Category/Type 001
Name of Federal Candidate Ms. Mary L Landrieu [] Support [X] Oppose
Calendar Year-To-Date Per Election for Office Sought 215051.14

Date of Public Distribution/Dissemination 10 / 27 / 2014
Amount 95.00
Transaction ID : 7231d8b3-deb6-4bbc-8
Date of Disbursement or Obligation 10 / 27 / 2014
Office Sought: [] House District: 00 [] President [X] Senate State: LA
Disbursement For: [] Primary [X] General 2014 [] Other (specify)

Full Name of Payee Heather Ainsworth
Mailing Address 9685 Paula St
City Keithville State LA Zip Code 71047
Purpose of Expenditure Mileage Category/Type 002
Name of Federal Candidate Ms. Mary L Landrieu [] Support [X] Oppose
Calendar Year-To-Date Per Election for Office Sought 215051.14

Date of Public Distribution/Dissemination 10 / 27 / 2014
Amount 36.00
Transaction ID : e2ece0eb-5558-425f-a
Date of Disbursement or Obligation 10 / 27 / 2014
Office Sought: [] House District: 00 [] President [X] Senate State: LA
Disbursement For: [] Primary [X] General 2014 [] Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures 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 10 / 28 / 2014
Signature

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

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

Full Name of Payee Heather N Montgomery
Mailing Address 106 Wyncrest Ct
City Hendersonville State TN Zip Code 37075
Purpose of Expenditure Salary Category/Type 001
Name of Federal Candidate Mr. Mark L Pryor [] Support [X] Oppose
Calendar Year-To-Date Per Election for Office Sought 210468.99

Date of Public Distribution/Dissemination 10 / 27 / 2014
Amount 11.50
Transaction ID : 019dbca1-d73a-4742-a
Date of Disbursement or Obligation 10 / 27 / 2014
Office Sought: [] House District: 00 [] President [X] Senate State: AR
Disbursement For: [] Primary [X] General 2014 [] Other (specify)

Full Name of Payee Heather N Montgomery
Mailing Address 106 Wyncrest Ct
City Hendersonville State TN Zip Code 37075
Purpose of Expenditure Mileage Category/Type 002
Name of Federal Candidate Mr. Mark L Pryor [] Support [X] Oppose
Calendar Year-To-Date Per Election for Office Sought 210468.99

Date of Public Distribution/Dissemination 10 / 27 / 2014
Amount 3.30
Transaction ID : d4eaad07-d91a-4178-b
Date of Disbursement or Obligation 10 / 27 / 2014
Office Sought: [] House District: 00 [] President [X] Senate State: AR
Disbursement For: [] Primary [X] General 2014 [] Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures 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] Date 10 / 28 / 2014
Signature

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

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

Full Name of Payee Ruthie M Thompson
Mailing Address 286 Wrenn Drive
City Lexington State NC Zip Code 27292
Purpose of Expenditure Salary Category/Type 001
Date of Public Distribution/Dissemination 10/27/2014
Amount 20.00
Transaction ID : 15499490-da22-436f-b
Date of Disbursement or Obligation 10/27/2014
Name of Federal Candidate Ms. Kay Hagan [] Support [X] Oppose
Office Sought: [] House District: 00 [] President [X] Senate State: NC
Calendar Year-To-Date Per Election for Office Sought 1066066.46
Disbursement For: [] Primary [X] General 2014 [] Other (specify)

Full Name of Payee Ruthie M Thompson
Mailing Address 286 Wrenn Drive
City Lexington State NC Zip Code 27292
Purpose of Expenditure Mileage Category/Type 002
Date of Public Distribution/Dissemination 10/27/2014
Amount 3.60
Transaction ID : bda079ec-d46a-485d-b
Date of Disbursement or Obligation 10/27/2014
Name of Federal Candidate Ms. Kay Hagan [] Support [X] Oppose
Office Sought: [] House District: 00 [] President [X] Senate State: NC
Calendar Year-To-Date Per Election for Office Sought 1066066.46
Disbursement For: [] Primary [X] 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.
Ms. Emily Buchanan [Electronically Filed] Date 10/28/2014
Signature

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

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

Full Name of Payee Marilyn A Holt
Mailing Address 314 Tumbleweed Dr
City Winston Salem State NC Zip Code 27127
Purpose of Expenditure Salary Category/Type 001
Name of Federal Candidate Ms. Kay Hagan [] Support [X] Oppose
Calendar Year-To-Date Per Election for Office Sought 1066066.46

Date of Public Distribution/Dissemination 10 / 27 / 2014
Amount 20.00
Transaction ID : 53c53498-2811-4703-8
Date of Disbursement or Obligation 10 / 27 / 2014
Office Sought: [] House District: 00 [] President [X] Senate State: NC
Disbursement For: [] Primary [X] General 2014 [] Other (specify)

Full Name of Payee Marilyn A Holt
Mailing Address 314 Tumbleweed Dr
City Winston Salem State NC Zip Code 27127
Purpose of Expenditure Mileage Category/Type 002
Name of Federal Candidate Ms. Kay Hagan [] Support [X] Oppose
Calendar Year-To-Date Per Election for Office Sought 1066066.46

Date of Public Distribution/Dissemination 10 / 27 / 2014
Amount 10.80
Transaction ID : 8ac8b23c-5176-4f4f-9
Date of Disbursement or Obligation 10 / 27 / 2014
Office Sought: [] House District: 00 [] President [X] Senate State: NC
Disbursement For: [] Primary [X] General 2014 [] Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures 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 10 / 28 / 2014
Signature

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

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

Full Name of Payee Casey Stockton
Mailing Address 105 South Dale St
City Spruce Pine State NC Zip Code 28777
Purpose of Expenditure Salary Category/Type 001
Name of Federal Candidate Ms. Kay Hagan [] Support [X] Oppose
Calendar Year-To-Date Per Election for Office Sought 1066066.46

Date of Public Distribution/Dissemination 10 / 27 / 2014
Amount 50.00
Transaction ID : 4a7ee9e2-3840-43e3-8
Date of Disbursement or Obligation 10 / 27 / 2014
Office Sought: [] House District: 00 [] President [X] Senate State: NC
Disbursement For: [] Primary [X] General 2014 [] Other (specify)

Full Name of Payee Mary Johnson
Mailing Address 105 South Dale St
City Spruce Pine State NC Zip Code 28777
Purpose of Expenditure Salary Category/Type 001
Name of Federal Candidate Ms. Kay Hagan [] Support [X] Oppose
Calendar Year-To-Date Per Election for Office Sought 1066066.46

Date of Public Distribution/Dissemination 10 / 27 / 2014
Amount 50.00
Transaction ID : 09544052-fda3-4d33-a
Date of Disbursement or Obligation 10 / 27 / 2014
Office Sought: [] House District: 00 [] President [X] Senate State: NC
Disbursement For: [] Primary [X] General 2014 [] Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures 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 10 / 28 / 2014
Signature

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

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

Full Name of Payee Jeanne Tribou
Mailing Address 22369 Ponderosa Dr.
City Mandeville State LA Zip Code 70471
Purpose of Expenditure Salary Category/Type 001
Name of Federal Candidate Ms. Mary L Landrieu [] Support [X] Oppose
Calendar Year-To-Date Per Election for Office Sought 215051.14

Date of Public Distribution/Dissemination 10 / 27 / 2014
Amount 40.00
Transaction ID : 169ab8d4-fb3f-4d29-8
Date of Disbursement or Obligation 10 / 27 / 2014
Office Sought: [] House District: 00 [] President [X] Senate State: LA
Disbursement For: [] Primary [X] General 2014 [] Other (specify)

Full Name of Payee Jeanne Tribou
Mailing Address 22369 Ponderosa Dr.
City Mandeville State LA Zip Code 70471
Purpose of Expenditure Mileage Category/Type 002
Name of Federal Candidate Ms. Mary L Landrieu [] Support [X] Oppose
Calendar Year-To-Date Per Election for Office Sought 215051.14

Date of Public Distribution/Dissemination 10 / 27 / 2014
Amount 13.20
Transaction ID : 3a300c2a-38ff-4302-a
Date of Disbursement or Obligation 10 / 27 / 2014
Office Sought: [] House District: 00 [] President [X] Senate State: LA
Disbursement For: [] Primary [X] General 2014 [] Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures 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 10 / 28 / 2014
Signature

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

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

Full Name of Payee Joshua D Syrotchen
Mailing Address 915 East Market Ave
City Searcy State AR Zip Code 72149
Purpose of Expenditure Salary Category/Type 001
Name of Federal Candidate Mr. Mark L Pryor [] Support [X] Oppose
Calendar Year-To-Date Per Election for Office Sought 210468.99

Date of Public Distribution/Dissemination 10 / 27 / 2014
Amount 60.00
Transaction ID : 0e4177e5-a525-42cf-9
Date of Disbursement or Obligation 10 / 27 / 2014
Office Sought: [] House District: 00 [] President [X] Senate State: AR
Disbursement For: [] Primary [X] General 2014 [] Other (specify)

Full Name of Payee Joshua D Syrotchen
Mailing Address 915 East Market Ave
City Searcy State AR Zip Code 72149
Purpose of Expenditure Mileage Category/Type 002
Name of Federal Candidate Mr. Mark L Pryor [] Support [X] Oppose
Calendar Year-To-Date Per Election for Office Sought 210468.99

Date of Public Distribution/Dissemination 10 / 27 / 2014
Amount 33.00
Transaction ID : cdfb46c5-3b65-48ce-9
Date of Disbursement or Obligation 10 / 27 / 2014
Office Sought: [] House District: 00 [] President [X] Senate State: AR
Disbursement For: [] Primary [X] General 2014 [] Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures 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 10 / 28 / 2014
Signature

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

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

Full Name of Payee Felicia A Jones
Mailing Address 4106 Martha St
City Shreveport State LA Zip Code 71109
Purpose of Expenditure Salary Category/Type 001
Name of Federal Candidate Ms. Mary L Landrieu [] Support [X] Oppose
Calendar Year-To-Date Per Election for Office Sought 215051.14

Date of Public Distribution/Dissemination 10 / 27 / 2014
Amount 80.00
Transaction ID : d19d08bc-8028-44c-8
Date of Disbursement or Obligation 10 / 27 / 2014
Office Sought: [] House District: 00 [] President [X] Senate State: LA
Disbursement For: [] Primary [X] General 2014 [] Other (specify)

Full Name of Payee Felicia A Jones
Mailing Address 4106 Martha St
City Shreveport State LA Zip Code 71109
Purpose of Expenditure Mileage Category/Type 002
Name of Federal Candidate Ms. Mary L Landrieu [] Support [X] Oppose
Calendar Year-To-Date Per Election for Office Sought 215051.14

Date of Public Distribution/Dissemination 10 / 27 / 2014
Amount 8.10
Transaction ID : e6acf2ca-800e-444c-b
Date of Disbursement or Obligation 10 / 27 / 2014
Office Sought: [] House District: 00 [] President [X] Senate State: LA
Disbursement For: [] Primary [X] General 2014 [] Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures 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 10 / 28 / 2014
Signature

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

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

Full Name of Payee Monique Guillory
Mailing Address 409 LaSalle Drive
City Little Rock State AR Zip Code 72211
Purpose of Expenditure Salary Category/Type 001
Name of Federal Candidate Mr. Mark L Pryor [] Support [X] Oppose
Calendar Year-To-Date Per Election for Office Sought 210468.99

Date of Public Distribution/Dissemination 10 / 27 / 2014
Amount 60.00
Transaction ID : 5a9b0423-edfb-41d5-b
Date of Disbursement or Obligation 10 / 27 / 2014
Office Sought: [] House District: 00 [] President [X] Senate State: AR
Disbursement For: [] Primary [X] General 2014 [] Other (specify)

Full Name of Payee Monique Guillory
Mailing Address 409 LaSalle Drive
City Little Rock State AR Zip Code 72211
Purpose of Expenditure Mileage Category/Type 002
Name of Federal Candidate Mr. Mark L Pryor [] Support [X] Oppose
Calendar Year-To-Date Per Election for Office Sought 210468.99

Date of Public Distribution/Dissemination 10 / 27 / 2014
Amount 48.00
Transaction ID : 53d21086-3eaf-4080-9
Date of Disbursement or Obligation 10 / 27 / 2014
Office Sought: [] House District: 00 [] President [X] Senate State: AR
Disbursement For: [] Primary [X] General 2014 [] Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures 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 10 / 28 / 2014
Signature

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

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

Full Name of Payee Francesca Blom
Mailing Address 101 Asbury Ct
City Winchester State VA Zip Code 22602
Purpose of Expenditure Salary Category/Type 001

Date of Public Distribution/Dissemination 10 / 27 / 2014
Amount 80.00
Transaction ID : db5598c3-5e64-418e-b
Date of Disbursement or Obligation 10 / 27 / 2014

Name of Federal Candidate Mr. Greg Orman
Support [] Oppose [X]
Office Sought: [] President [X] Senate
District: 00 State: KS
Calendar Year-To-Date Per Election for Office Sought 188002.26

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

Full Name of Payee Patricia F Arnold
Mailing Address 1117 Clipper Dr
City Slidell State LA Zip Code 70458
Purpose of Expenditure Salary Category/Type 001

Date of Public Distribution/Dissemination 10 / 27 / 2014
Amount 25.00
Transaction ID : aeebdae5-5e4e-4c35-9
Date of Disbursement or Obligation 10 / 27 / 2014

Name of Federal Candidate Ms. Mary L Landrieu
Support [] Oppose [X]
Office Sought: [] President [X] Senate
District: 00 State: LA
Calendar Year-To-Date Per Election for Office Sought 215051.14

Disbursement For: [] Primary [X] 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] Date 10 / 28 / 2014
Signature

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

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

Full Name of Payee Patricia F Arnold
Mailing Address 1117 Clipper Dr
City Slidell State LA Zip Code 70458
Purpose of Expenditure Mileage Category/Type 002
Name of Federal Candidate Ms. Mary L Landrieu [] Support [X] Oppose
Calendar Year-To-Date Per Election for Office Sought 215051.14

Date of Public Distribution/Dissemination 10 / 27 / 2014
Amount 0.96
Transaction ID : 22a66dc9-74d9-4a07-a
Date of Disbursement or Obligation 10 / 27 / 2014
Office Sought: [] House District: 00 [] President [X] Senate State: LA
Disbursement For: [] Primary [X] General 2014 [] Other (specify)

Full Name of Payee Reagan Waites
Mailing Address 9805 St Stephens Ct
City Raleigh State NC Zip Code 27615
Purpose of Expenditure Salary Category/Type 001
Name of Federal Candidate Ms. Kay Hagan [] Support [X] Oppose
Calendar Year-To-Date Per Election for Office Sought 1066066.46

Date of Public Distribution/Dissemination 10 / 27 / 2014
Amount 10.00
Transaction ID : 43468cb2-684a-4406-8
Date of Disbursement or Obligation 10 / 27 / 2014
Office Sought: [] House District: 00 [] President [X] Senate State: NC
Disbursement For: [] Primary [X] General 2014 [] Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures 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.
Ms. Emily Buchanan [Electronically Filed] Date 10 / 28 / 2014
Signature

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

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

Full Name of Payee Reagan Waites
Mailing Address 9805 St Stephens Ct
City Raleigh State NC Zip Code 27615
Purpose of Expenditure Mileage Category/Type 002
Name of Federal Candidate Ms. Kay Hagan [] Support [X] Oppose
Calendar Year-To-Date Per Election for Office Sought 1066066.46

Date of Public Distribution/Dissemination 10 / 27 / 2014
Amount 1.20
Transaction ID : 91829998-cca9-4be5-9
Date of Disbursement or Obligation 10 / 27 / 2014
Office Sought: [] House District: 00 [] President [X] Senate State: NC
Disbursement For: [] Primary [X] General 2014 [] Other (specify)

Full Name of Payee Jeffrey S Hauge
Mailing Address 211 N Ashley Park
City Wichita State KS Zip Code 67212
Purpose of Expenditure Salary Category/Type 001
Name of Federal Candidate Mr. Greg Orman [] Support [X] Oppose
Calendar Year-To-Date Per Election for Office Sought 188002.26

Date of Public Distribution/Dissemination 10 / 27 / 2014
Amount 50.00
Transaction ID : d8ca3b83-b762-4f82-9
Date of Disbursement or Obligation 10 / 27 / 2014
Office Sought: [] House District: 00 [] President [X] Senate State: KS
Disbursement For: [] Primary [X] General 2014 [] Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures 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 10 / 28 / 2014
Signature

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

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

Full Name of Payee Jeffrey S Hauge
Mailing Address 211 N Ashley Park
City Wichita State KS Zip Code 67212
Purpose of Expenditure Mileage Category/Type 002
Name of Federal Candidate Mr. Greg Orman [] Support [X] Oppose
Calendar Year-To-Date Per Election for Office Sought 188002.26

Date of Public Distribution/Dissemination 10 / 27 / 2014
Amount 6.90
Transaction ID : 4923da99-43d5-4d56-a
Date of Disbursement or Obligation 10 / 27 / 2014
Office Sought: [] House District: 00 [] President [X] Senate State: KS
Disbursement For: [] Primary [X] General 2014 [] Other (specify)

Full Name of Payee Julie M Gentry
Mailing Address 314 S Main St
City Roxboro State NC Zip Code 27573
Purpose of Expenditure Salary Category/Type 001
Name of Federal Candidate Ms. Kay Hagan [] Support [X] Oppose
Calendar Year-To-Date Per Election for Office Sought 1066066.46

Date of Public Distribution/Dissemination 10 / 27 / 2014
Amount 80.00
Transaction ID : 79abacae-40de-4a50-b
Date of Disbursement or Obligation 10 / 27 / 2014
Office Sought: [] House District: 00 [] President [X] Senate State: NC
Disbursement For: [] Primary [X] General 2014 [] Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures 86.90
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL Independent Expenditures

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.
Ms. Emily Buchanan [Electronically Filed] Date 10 / 28 / 2014
Signature

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

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

Full Name of Payee Julie M Gentry
Mailing Address 314 S Main St
City Roxboro State NC Zip Code 27573
Purpose of Expenditure Mileage Category/Type 002
Name of Federal Candidate Ms. Kay Hagan [] Support [X] Oppose
Calendar Year-To-Date Per Election for Office Sought 1066066.46

Date of Public Distribution/Dissemination 10 / 27 / 2014
Amount 11.74
Transaction ID : 9f00650d-bfef-4ef4-8
Date of Disbursement or Obligation 10 / 27 / 2014
Office Sought: [] House District: 00 [] President [X] Senate State: NC
Disbursement For: [] Primary [X] General 2014 [] Other (specify)

Full Name of Payee Colton R Overcash
Mailing Address 121 Ohara Dr
City Salisbury State NC Zip Code 28147
Purpose of Expenditure Salary Category/Type 001
Name of Federal Candidate Ms. Kay Hagan [] Support [X] Oppose
Calendar Year-To-Date Per Election for Office Sought 1066066.46

Date of Public Distribution/Dissemination 10 / 27 / 2014
Amount 85.00
Transaction ID : e0e42921-d7f5-46a6-b
Date of Disbursement or Obligation 10 / 27 / 2014
Office Sought: [] House District: 00 [] President [X] Senate State: NC
Disbursement For: [] Primary [X] General 2014 [] Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures 96.74
(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 10 / 28 / 2014
Signature

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

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

Full Name of Payee Colton R Overcash
Mailing Address 121 Ohara Dr
City Salisbury State NC Zip Code 28147
Purpose of Expenditure Mileage Category/Type 002
Name of Federal Candidate Ms. Kay Hagan [] Support [X] Oppose
Calendar Year-To-Date Per Election for Office Sought 1066066.46

Date of Public Distribution/Dissemination 10 / 27 / 2014
Amount 136.80
Transaction ID : 0ccba1b2-591f-44a1-b
Date of Disbursement or Obligation 10 / 27 / 2014
Office Sought: [] House District: 00 [] President [X] Senate State: NC
Disbursement For: [] Primary [X] General 2014 [] Other (specify)

Full Name of Payee Sarah Bassil
Mailing Address 7650 Fallswood Way
City Lorton State VA Zip Code 22079
Purpose of Expenditure Salary Category/Type 001
Name of Federal Candidate Mr. Greg Orman [] Support [X] Oppose
Calendar Year-To-Date Per Election for Office Sought 188002.26

Date of Public Distribution/Dissemination 10 / 27 / 2014
Amount 20.00
Transaction ID : 31fe670d-5bb7-4361-b
Date of Disbursement or Obligation 10 / 27 / 2014
Office Sought: [] House District: 00 [] President [X] Senate State: KS
Disbursement For: [] Primary [X] General 2014 [] Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures 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.
Ms. Emily Buchanan [Electronically Filed] Date 10 / 28 / 2014
Signature

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

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

Full Name of Payee Peggy A Sides
Mailing Address 2183 Spokane Rd
City Fayetteville State NC Zip Code 28304
Purpose of Expenditure Salary Category/Type 001
Name of Federal Candidate Ms. Kay Hagan [] Support [X] Oppose
Calendar Year-To-Date Per Election for Office Sought 1066066.46

Date of Public Distribution/Dissemination 10 / 27 / 2014
Amount 60.00
Transaction ID : 992c2039-cae4-43c9-8
Date of Disbursement or Obligation 10 / 27 / 2014
Office Sought: [] House District: 00 [] President [X] Senate State: NC
Disbursement For: [] Primary [X] General 2014 [] Other (specify)

Full Name of Payee Peggy A Sides
Mailing Address 2183 Spokane Rd
City Fayetteville State NC Zip Code 28304
Purpose of Expenditure Mileage Category/Type 002
Name of Federal Candidate Ms. Kay Hagan [] Support [X] Oppose
Calendar Year-To-Date Per Election for Office Sought 1066066.46

Date of Public Distribution/Dissemination 10 / 27 / 2014
Amount 7.50
Transaction ID : 724fb2f6-49cd-4b34-b
Date of Disbursement or Obligation 10 / 27 / 2014
Office Sought: [] House District: 00 [] President [X] Senate State: NC
Disbursement For: [] Primary [X] General 2014 [] Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures 67.50
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL Independent Expenditures

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.
Ms. Emily Buchanan [Electronically Filed] Date 10 / 28 / 2014
Signature

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

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

Full Name of Payee Kathy Anderson
Mailing Address 3041 SW Burlingame Rd
City Topeka State KS Zip Code 66611
Purpose of Expenditure Salary Category/Type 001

Date of Public Distribution/Dissemination 10 / 27 / 2014
Amount 37.50
Transaction ID : 02e3942d-ae6d-4407-a
Date of Disbursement or Obligation 10 / 27 / 2014

Name of Federal Candidate Mr. Greg Orman
Support [] Oppose [X]
Calendar Year-To-Date Per Election for Office Sought 188002.26

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

Full Name of Payee Kathy Anderson
Mailing Address 3041 SW Burlingame Rd
City Topeka State KS Zip Code 66611
Purpose of Expenditure Mileage Category/Type 002

Date of Public Distribution/Dissemination 10 / 27 / 2014
Amount 10.80
Transaction ID : 7a148977-632e-4c1a-8
Date of Disbursement or Obligation 10 / 27 / 2014

Name of Federal Candidate Mr. Greg Orman
Support [] Oppose [X]
Calendar Year-To-Date Per Election for Office Sought 188002.26

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

(a) SUBTOTAL of Itemized Independent Expenditures 48.30
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL Independent Expenditures

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

Ms. Emily Buchanan [Electronically Filed] Date 10 / 28 / 2014
Signature

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

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

Full Name of Payee Evelyn Lesaicherre
Mailing Address 629 Radiance Ave
City Metairie State LA Zip Code 70001
Purpose of Expenditure Salary Category/Type 001

Date of Public Distribution/Dissemination 10 / 27 / 2014
Amount 80.00
Transaction ID : 45f4f686-ebdb-4f34-9
Date of Disbursement or Obligation 10 / 27 / 2014

Name of Federal Candidate Ms. Mary L Landrieu
[] Support [X] Oppose
Calendar Year-To-Date Per Election for Office Sought 215051.14

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

Full Name of Payee Evelyn Lesaicherre
Mailing Address 629 Radiance Ave
City Metairie State LA Zip Code 70001
Purpose of Expenditure Mileage Category/Type 002

Date of Public Distribution/Dissemination 10 / 27 / 2014
Amount 10.50
Transaction ID : 911d12e4-6ef5-42b0-b
Date of Disbursement or Obligation 10 / 27 / 2014

Name of Federal Candidate Ms. Mary L Landrieu
[] Support [X] Oppose
Calendar Year-To-Date Per Election for Office Sought 215051.14

Office Sought: [] House District: 00
[] President [X] Senate State: LA
Disbursement For: [] Primary [X] 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 10 / 28 / 2014
Signature

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

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

Full Name of Payee Kaitlyn B Allen
Mailing Address 2121 Daniel Dr
City Searcy State AR Zip Code 72143
Purpose of Expenditure Salary Category/Type 001

Date of Public Distribution/Dissemination 10 / 27 / 2014
Amount 40.00
Transaction ID : 232f4836-61a6-443d-b
Date of Disbursement or Obligation 10 / 27 / 2014

Name of Federal Candidate Mr. Mark L Pryor
Support [] Oppose [X]
Calendar Year-To-Date Per Election for Office Sought 210468.99

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

Full Name of Payee Kaitlyn B Allen
Mailing Address 2121 Daniel Dr
City Searcy State AR Zip Code 72143
Purpose of Expenditure Mileage Category/Type 002

Date of Public Distribution/Dissemination 10 / 27 / 2014
Amount 8.40
Transaction ID : 076cebf4-47f6-4611-b
Date of Disbursement or Obligation 10 / 27 / 2014

Name of Federal Candidate Mr. Mark L Pryor
Support [] Oppose [X]
Calendar Year-To-Date Per Election for Office Sought 210468.99

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

(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] Date 10 / 28 / 2014
Signature

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

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

Full Name of Payee Josh R Arnold
Mailing Address 1531 N Ridgewood Dr
City Wichita State KS Zip Code 67208
Purpose of Expenditure Salary Category/Type 001
Name of Federal Candidate Mr. Greg Orman [] Support [X] Oppose
Calendar Year-To-Date Per Election for Office Sought 188002.26

Date of Public Distribution/Dissemination 10 / 27 / 2014
Amount 25.00
Transaction ID : 5e5fbc61-0b32-49e2-8
Date of Disbursement or Obligation 10 / 27 / 2014
Office Sought: [] House District: 00 [] President [X] Senate State: KS
Disbursement For: [] Primary [X] General 2014 [] Other (specify)

Full Name of Payee Josh R Arnold
Mailing Address 1531 N Ridgewood Dr
City Wichita State KS Zip Code 67208
Purpose of Expenditure Mileage Category/Type 002
Name of Federal Candidate Mr. Greg Orman [] Support [X] Oppose
Calendar Year-To-Date Per Election for Office Sought 188002.26

Date of Public Distribution/Dissemination 10 / 27 / 2014
Amount 7.80
Transaction ID : 17def2da-ab1f-470f-b
Date of Disbursement or Obligation 10 / 27 / 2014
Office Sought: [] House District: 00 [] President [X] Senate State: KS
Disbursement For: [] Primary [X] General 2014 [] Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures 32.80
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL Independent Expenditures

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.
Ms. Emily Buchanan [Electronically Filed] Date 10 / 28 / 2014
Signature

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

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

Full Name of Payee Mry S Everly
Mailing Address 787 N 1851 Diagonal Rd
City Lecompton State KS Zip Code 66050
Purpose of Expenditure Salary Category/Type 001
Name of Federal Candidate Mr. Greg Orman [] Support [X] Oppose
Calendar Year-To-Date Per Election for Office Sought 188002.26

Date of Public Distribution/Dissemination 10 / 27 / 2014
Amount 35.00
Transaction ID : 338c455e-3635-48cc-9
Date of Disbursement or Obligation 10 / 27 / 2014
Office Sought: [] House District: 00 [] President [X] Senate State: KS
Disbursement For: [] Primary [X] General 2014 [] Other (specify)

Full Name of Payee Mry S Everly
Mailing Address 787 N 1851 Diagonal Rd
City Lecompton State KS Zip Code 66050
Purpose of Expenditure Mileage Category/Type 002
Name of Federal Candidate Mr. Greg Orman [] Support [X] Oppose
Calendar Year-To-Date Per Election for Office Sought 188002.26

Date of Public Distribution/Dissemination 10 / 27 / 2014
Amount 3.60
Transaction ID : 2208d80d-80d7-4aa7-a
Date of Disbursement or Obligation 10 / 27 / 2014
Office Sought: [] House District: 00 [] President [X] Senate State: KS
Disbursement For: [] Primary [X] General 2014 [] Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures 38.60
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL Independent Expenditures

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.
Ms. Emily Buchanan [Electronically Filed] Date 10 / 28 / 2014
Signature

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

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

Full Name of Payee Mark McNair
Mailing Address 11 Cooper Lane
City Conway State AR Zip Code 72034
Purpose of Expenditure Salary Category/Type 001
Name of Federal Candidate Mr. Mark L Pryor [] Support [X] Oppose
Calendar Year-To-Date Per Election for Office Sought 210468.99

Date of Public Distribution/Dissemination 10 / 27 / 2014
Amount 40.00
Transaction ID : b4f5ab58-990a-4ad5-b
Date of Disbursement or Obligation 10 / 27 / 2014
Office Sought: [] House District: 00 [] President [X] Senate State: AR
Disbursement For: [] Primary [X] General 2014 [] Other (specify)

Full Name of Payee Mark McNair
Mailing Address 11 Cooper Lane
City Conway State AR Zip Code 72034
Purpose of Expenditure Mileage Category/Type 002
Name of Federal Candidate Mr. Mark L Pryor [] Support [X] Oppose
Calendar Year-To-Date Per Election for Office Sought 210468.99

Date of Public Distribution/Dissemination 10 / 27 / 2014
Amount 24.84
Transaction ID : a13591ab-5f0f-4b87-8
Date of Disbursement or Obligation 10 / 27 / 2014
Office Sought: [] House District: 00 [] President [X] Senate State: AR
Disbursement For: [] Primary [X] General 2014 [] Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures 64.84
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL Independent Expenditures

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.
Ms. Emily Buchanan [Electronically Filed] Date 10 / 28 / 2014
Signature

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

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

Full Name of Payee Rachel H Young
Mailing Address Box #11543 915 E Market Ave
City Searcy State AR Zip Code 72149
Purpose of Expenditure Salary Category/Type 001
Name of Federal Candidate Mr. Mark L Pryor [] Support [X] Oppose
Calendar Year-To-Date Per Election for Office Sought 210468.99

Date of Public Distribution/Dissemination 10 / 27 / 2014
Amount 25.00
Transaction ID : e8f0e1dc-ddc9-4b9d-9
Date of Disbursement or Obligation 10 / 27 / 2014
Office Sought: [] House District: 00 [] President [X] Senate State: AR
Disbursement For: [] Primary [X] General 2014 [] Other (specify)

Full Name of Payee Rachel H Young
Mailing Address Box #11543 915 E Market Ave
City Searcy State AR Zip Code 72149
Purpose of Expenditure Mileage Category/Type 002
Name of Federal Candidate Mr. Mark L Pryor [] Support [X] Oppose
Calendar Year-To-Date Per Election for Office Sought 210468.99

Date of Public Distribution/Dissemination 10 / 27 / 2014
Amount 11.55
Transaction ID : e8d43e18-8d5b-498e-b
Date of Disbursement or Obligation 10 / 27 / 2014
Office Sought: [] House District: 00 [] President [X] Senate State: AR
Disbursement For: [] Primary [X] General 2014 [] Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures 36.55
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL Independent Expenditures

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Ms. Emily Buchanan [Electronically Filed] Date 10 / 28 / 2014
Signature

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

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

Full Name of Payee Hannah J Landry
Mailing Address 1110 N Coolidge
City Gonzales State LA Zip Code 70737
Purpose of Expenditure Salary Category/Type 001
Name of Federal Candidate Ms. Mary L Landrieu [] Support [X] Oppose
Calendar Year-To-Date Per Election for Office Sought 215051.14

Date of Public Distribution/Dissemination 10 / 27 / 2014
Amount 95.00
Transaction ID : 6286d6f8-8a04-4699-a
Date of Disbursement or Obligation 10 / 27 / 2014
Office Sought: [] House District: 00 [] President [X] Senate State: LA
Disbursement For: [] Primary [X] General 2014 [] Other (specify)

Full Name of Payee Hannah J Landry
Mailing Address 1110 N Coolidge
City Gonzales State LA Zip Code 70737
Purpose of Expenditure Mileage Category/Type 002
Name of Federal Candidate Ms. Mary L Landrieu [] Support [X] Oppose
Calendar Year-To-Date Per Election for Office Sought 215051.14

Date of Public Distribution/Dissemination 10 / 27 / 2014
Amount 14.22
Transaction ID : fc429e4f-24ed-4593-a
Date of Disbursement or Obligation 10 / 27 / 2014
Office Sought: [] House District: 00 [] President [X] Senate State: LA
Disbursement For: [] Primary [X] General 2014 [] Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures 109.22
(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.
Ms. Emily Buchanan [Electronically Filed] Date 10 / 28 / 2014
Signature

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

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

Full Name of Payee Mattie Harris
Mailing Address 3654 Tara St
City springdale State AR Zip Code 72762
Purpose of Expenditure Salary Category/Type 001
Name of Federal Candidate Mr. Mark L Pryor [] Support [X] Oppose
Calendar Year-To-Date Per Election for Office Sought 210468.99

Date of Public Distribution/Dissemination 10 / 27 / 2014
Amount 55.00
Transaction ID : 6187346b-2b03-43df-9
Date of Disbursement or Obligation 10 / 27 / 2014
Office Sought: [] House District: 00 [] President [X] Senate State: AR
Disbursement For: [] Primary [X] General 2014 [] Other (specify)

Full Name of Payee Charity A Carr
Mailing Address 13827 S E 44th St
City Choctaw State OK Zip Code 73020
Purpose of Expenditure Salary Category/Type 001
Name of Federal Candidate Mr. Mark L Pryor [] Support [X] Oppose
Calendar Year-To-Date Per Election for Office Sought 210468.99

Date of Public Distribution/Dissemination 10 / 27 / 2014
Amount 55.00
Transaction ID : f222e266-4530-4d55-9
Date of Disbursement or Obligation 10 / 27 / 2014
Office Sought: [] House District: 00 [] President [X] Senate State: AR
Disbursement For: [] Primary [X] General 2014 [] Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures 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 [Electronically Filed] Date 10 / 28 / 2014
Signature

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

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

Full Name of Payee Mary C Lee
Mailing Address 1030 N Coolidge Ave
City Gonzales State LA Zip Code 70737
Purpose of Expenditure Salary Category/Type 001
Name of Federal Candidate Ms. Mary L Landrieu [] Support [X] Oppose
Calendar Year-To-Date Per Election for Office Sought 215051.14

Date of Public Distribution/Dissemination 10 / 27 / 2014
Amount 95.00
Transaction ID : 65699248-4fe7-4da0-8
Date of Disbursement or Obligation 10 / 27 / 2014
Office Sought: [] House District: 00 [] President [X] Senate State: LA
Disbursement For: [] Primary [X] General 2014 [] Other (specify)

Full Name of Payee Mary C Lee
Mailing Address 1030 N Coolidge Ave
City Gonzales State LA Zip Code 70737
Purpose of Expenditure Mileage Category/Type 002
Name of Federal Candidate Ms. Mary L Landrieu [] Support [X] Oppose
Calendar Year-To-Date Per Election for Office Sought 215051.14

Date of Public Distribution/Dissemination 10 / 27 / 2014
Amount 14.22
Transaction ID : e45d2e59-ca48-4754-8
Date of Disbursement or Obligation 10 / 27 / 2014
Office Sought: [] House District: 00 [] President [X] Senate State: LA
Disbursement For: [] Primary [X] General 2014 [] Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures 109.22
(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.
Ms. Emily Buchanan [Electronically Filed] Date 10 / 28 / 2014
Signature

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

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

Full Name of Payee Andrea M Gatts
Mailing Address 6894 106th
City Ozawkie State KS Zip Code 66070
Purpose of Expenditure Salary Category/Type 001
Name of Federal Candidate Mr. Greg Orman [] Support [X] Oppose
Calendar Year-To-Date Per Election for Office Sought 188002.26

Date of Public Distribution/Dissemination 10 / 27 / 2014
Amount 65.00
Transaction ID : 802215f1-900d-4696-8
Date of Disbursement or Obligation 10 / 27 / 2014
Office Sought: [] House District: 00 [] President [X] Senate State: KS
Disbursement For: [] Primary [X] General 2014 [] Other (specify)

Full Name of Payee Andrea M Gatts
Mailing Address 6894 106th
City Ozawkie State KS Zip Code 66070
Purpose of Expenditure Mileage Category/Type 002
Name of Federal Candidate Mr. Greg Orman [] Support [X] Oppose
Calendar Year-To-Date Per Election for Office Sought 188002.26

Date of Public Distribution/Dissemination 10 / 27 / 2014
Amount 7.20
Transaction ID : fb0dd4e4-068f-458c-9
Date of Disbursement or Obligation 10 / 27 / 2014
Office Sought: [] House District: 00 [] President [X] Senate State: KS
Disbursement For: [] Primary [X] General 2014 [] Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures 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 [Electronically Filed] Date 10 / 28 / 2014
Signature

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

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

Full Name of Payee Amelia Brackett
Mailing Address 804 Roundabout Circle
City Searcy State AR Zip Code 72143
Purpose of Expenditure Salary Category/Type 001
Name of Federal Candidate Mr. Mark L Pryor [] Support [X] Oppose
Calendar Year-To-Date Per Election for Office Sought 210468.99

Date of Public Distribution/Dissemination 10 / 27 / 2014
Amount 40.00
Transaction ID : aa4d810a-bc36-4b08-b
Date of Disbursement or Obligation 10 / 27 / 2014
Office Sought: [] House District: 00 [] President [X] Senate State: AR
Disbursement For: [] Primary [X] General 2014 [] Other (specify)

Full Name of Payee Amelia Brackett
Mailing Address 804 Roundabout Circle
City Searcy State AR Zip Code 72143
Purpose of Expenditure Salary Category/Type 001
Name of Federal Candidate Mr. Mark L Pryor [] Support [X] Oppose
Calendar Year-To-Date Per Election for Office Sought 210468.99

Date of Public Distribution/Dissemination 10 / 27 / 2014
Amount 40.00
Transaction ID : 492f7d44-774c-4cf4-8
Date of Disbursement or Obligation 10 / 27 / 2014
Office Sought: [] House District: 00 [] President [X] Senate State: AR
Disbursement For: [] Primary [X] General 2014 [] Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures 80.00
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL Independent Expenditures

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.
Ms. Emily Buchanan [Electronically Filed] Date 10 / 28 / 2014
Signature

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

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

Full Name of Payee Carmen Maddrey
Mailing Address 2043 Nottingham Ln
City Burlington State NC Zip Code 27215
Purpose of Expenditure Salary Category/Type 001
Name of Federal Candidate Ms. Kay Hagan [] Support [X] Oppose
Calendar Year-To-Date Per Election for Office Sought 1066066.46

Date of Public Distribution/Dissemination 10 / 27 / 2014
Amount 30.00
Transaction ID : d6935bbc-913f-4633-8
Date of Disbursement or Obligation 10 / 27 / 2014
Office Sought: [] House District: 00 [] President [X] Senate State: NC
Disbursement For: [] Primary [X] General 2014 [] Other (specify)

Full Name of Payee Carmen Maddrey
Mailing Address 2043 Nottingham Ln
City Burlington State NC Zip Code 27215
Purpose of Expenditure Mileage Category/Type 002
Name of Federal Candidate Ms. Kay Hagan [] Support [X] Oppose
Calendar Year-To-Date Per Election for Office Sought 1066066.46

Date of Public Distribution/Dissemination 10 / 27 / 2014
Amount 4.20
Transaction ID : 36cd9c85-6d0b-4169-a
Date of Disbursement or Obligation 10 / 27 / 2014
Office Sought: [] House District: 00 [] President [X] Senate State: NC
Disbursement For: [] Primary [X] General 2014 [] Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures 34.20
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL Independent Expenditures

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.
Ms. Emily Buchanan [Electronically Filed] Date 10 / 28 / 2014
Signature

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

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

Full Name of Payee Zachary Vidrine
Mailing Address 202 Rue Des Cajun
City Ville Platte State LA Zip Code 70586
Purpose of Expenditure Salary Category/Type 001
Name of Federal Candidate Ms. Mary L Landrieu [] Support [X] Oppose
Calendar Year-To-Date Per Election for Office Sought 215051.14

Date of Public Distribution/Dissemination 10 / 27 / 2014
Amount 70.00
Transaction ID : 939e3a44-2703-4445-8
Date of Disbursement or Obligation 10 / 27 / 2014
Office Sought: [] House District: 00 [] President [X] Senate State: LA
Disbursement For: [] Primary [X] General 2014 [] Other (specify)

Full Name of Payee Zachary Vidrine
Mailing Address 202 Rue Des Cajun
City Ville Platte State LA Zip Code 70586
Purpose of Expenditure Mileage Category/Type 002
Name of Federal Candidate Ms. Mary L Landrieu [] Support [X] Oppose
Calendar Year-To-Date Per Election for Office Sought 215051.14

Date of Public Distribution/Dissemination 10 / 27 / 2014
Amount 16.20
Transaction ID : d3321556-120d-4458-8
Date of Disbursement or Obligation 10 / 27 / 2014
Office Sought: [] House District: 00 [] President [X] Senate State: LA
Disbursement For: [] Primary [X] General 2014 [] Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures 86.20
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL Independent Expenditures

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.
Ms. Emily Buchanan [Electronically Filed] Date 10 / 28 / 2014
Signature

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

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

Full Name of Payee Michael Vidrine
Mailing Address 1103 West Wilson Street
City Ville Platte State LA Zip Code 70586
Purpose of Expenditure Salary Category/Type 001
Name of Federal Candidate Ms. Mary L Landrieu [] Support [X] Oppose
Calendar Year-To-Date Per Election for Office Sought 215051.14

Date of Public Distribution/Dissemination 10 / 27 / 2014
Amount 60.00
Transaction ID : 5e7cde89-c696-498a-b
Date of Disbursement or Obligation 10 / 27 / 2014
Office Sought: [] House District: 00 [] President [X] Senate State: LA
Disbursement For: [] Primary [X] General 2014 [] Other (specify)

Full Name of Payee Michael Vidrine
Mailing Address 1103 West Wilson Street
City Ville Platte State LA Zip Code 70586
Purpose of Expenditure Mileage Category/Type 002
Name of Federal Candidate Ms. Mary L Landrieu [] Support [X] Oppose
Calendar Year-To-Date Per Election for Office Sought 215051.14

Date of Public Distribution/Dissemination 10 / 27 / 2014
Amount 23.10
Transaction ID : 834752bd-2816-45f5-9
Date of Disbursement or Obligation 10 / 27 / 2014
Office Sought: [] House District: 00 [] President [X] Senate State: LA
Disbursement For: [] Primary [X] General 2014 [] Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures 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.
Ms. Emily Buchanan [Electronically Filed] Date 10 / 28 / 2014
Signature

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

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

Full Name of Payee Mitch L Holmes
Mailing Address 211 SE 20th Ave
City St John State KS Zip Code 67576
Purpose of Expenditure Salary Category/Type 001
Date of Public Distribution/Dissemination 10/27/2014
Amount 20.00
Transaction ID : 000eaa8b-b35d-4e14-b
Date of Disbursement or Obligation 10/27/2014
Name of Federal Candidate Mr. Greg Orman [] Support [X] Oppose
Office Sought: [] House District: 00 [] President [X] Senate State: KS
Calendar Year-To-Date Per Election for Office Sought 188002.26
Disbursement For: [] Primary [X] General 2014 [] Other (specify)

Full Name of Payee Mitch L Holmes
Mailing Address 211 SE 20th Ave
City St John State KS Zip Code 67576
Purpose of Expenditure Mileage Category/Type 002
Date of Public Distribution/Dissemination 10/27/2014
Amount 37.20
Transaction ID : 484c9fd3-4aa6-4220-8
Date of Disbursement or Obligation 10/27/2014
Name of Federal Candidate Mr. Greg Orman [] Support [X] Oppose
Office Sought: [] House District: 00 [] President [X] Senate State: KS
Calendar Year-To-Date Per Election for Office Sought 188002.26
Disbursement For: [] Primary [X] 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.
Ms. Emily Buchanan [Electronically Filed] Date 10/28/2014
Signature

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

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

Full Name of Payee Noelle H Holmes
Mailing Address 211 SE 20th Ave
City St John State KS Zip Code 67576
Purpose of Expenditure Salary Category/Type 001

Date of Public Distribution/Dissemination 10 / 27 / 2014
Amount 20.00
Transaction ID : ca86549f-ebc9-402b-a
Date of Disbursement or Obligation 10 / 27 / 2014

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

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

Full Name of Payee Julia Perry
Mailing Address 2046 Perrin St Apt C
City Shreveport State LA Zip Code 71101
Purpose of Expenditure Salary Category/Type 001

Date of Public Distribution/Dissemination 10 / 27 / 2014
Amount 90.00
Transaction ID : ac9c8550-9c8e-40a9-b
Date of Disbursement or Obligation 10 / 27 / 2014

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

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

(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 [Electronically Filed] Date 10 / 28 / 2014
Signature

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

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

Full Name of Payee Heather N Montgomery
Mailing Address 106 Wyncrest Ct
City Hendersonville State TN Zip Code 37075
Purpose of Expenditure Salary Category/Type 001

Date of Public Distribution/Dissemination 10 / 27 / 2014
Amount 11.50
Transaction ID : 71854a87-7d0a-4366-8
Date of Disbursement or Obligation 10 / 27 / 2014

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

Calendar Year-To-Date Per Election for Office Sought 210468.99
Disbursement For: [] Primary [X] General 2014 [] Other (specify)

Full Name of Payee Heather N Montgomery
Mailing Address 106 Wyncrest Ct
City Hendersonville State TN Zip Code 37075
Purpose of Expenditure Mileage Category/Type 002

Date of Public Distribution/Dissemination 10 / 27 / 2014
Amount 3.30
Transaction ID : 52c8a76d-ed16-4e51-b
Date of Disbursement or Obligation 10 / 27 / 2014

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

Calendar Year-To-Date Per Election for Office Sought 210468.99
Disbursement For: [] Primary [X] 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] Date 10 / 28 / 2014
Signature

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

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

Full Name of Payee ERIC TABARY
Mailing Address 6101 NORA ST
City METAIRIE State LA Zip Code 70003
Purpose of Expenditure Salary Category/Type 001
Name of Federal Candidate Ms. Mary L Landrieu [] Support [X] Oppose
Calendar Year-To-Date Per Election for Office Sought 215051.14

Date of Public Distribution/Dissemination 10 / 27 / 2014
Amount 60.00
Transaction ID : 783297ff-8678-4467-9
Date of Disbursement or Obligation 10 / 27 / 2014
Office Sought: [] House District: 00 [] President [X] Senate State: LA
Disbursement For: [] Primary [X] General 2014 [] Other (specify)

Full Name of Payee ERIC TABARY
Mailing Address 6101 NORA ST
City METAIRIE State LA Zip Code 70003
Purpose of Expenditure Mileage Category/Type 002
Name of Federal Candidate Ms. Mary L Landrieu [] Support [X] Oppose
Calendar Year-To-Date Per Election for Office Sought 215051.14

Date of Public Distribution/Dissemination 10 / 27 / 2014
Amount 1.50
Transaction ID : 02a11e09-fb69-4b6b-9
Date of Disbursement or Obligation 10 / 27 / 2014
Office Sought: [] House District: 00 [] President [X] Senate State: LA
Disbursement For: [] Primary [X] General 2014 [] Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures 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 10 / 28 / 2014
Signature

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

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

Full Name of Payee Lucas H Hoyle
Mailing Address 282 Falls Ave
City Granite Falls State NC Zip Code 28630
Purpose of Expenditure Salary Category/Type 001
Name of Federal Candidate Ms. Kay Hagan [] Support [X] Oppose
Calendar Year-To-Date Per Election for Office Sought 1066066.46

Date of Public Distribution/Dissemination 10 / 27 / 2014
Amount 30.00
Transaction ID : 689d12ff-4465-4bb8-9
Date of Disbursement or Obligation 10 / 27 / 2014
Office Sought: [] House District: 00 [] President [X] Senate State: NC
Disbursement For: [] Primary [X] General 2014 [] Other (specify)

Full Name of Payee Lucas H Hoyle
Mailing Address 282 Falls Ave
City Granite Falls State NC Zip Code 28630
Purpose of Expenditure Mileage Category/Type 002
Name of Federal Candidate Ms. Kay Hagan [] Support [X] Oppose
Calendar Year-To-Date Per Election for Office Sought 1066066.46

Date of Public Distribution/Dissemination 10 / 27 / 2014
Amount 6.90
Transaction ID : 6b93407d-2aa2-4c46-9
Date of Disbursement or Obligation 10 / 27 / 2014
Office Sought: [] House District: 00 [] President [X] Senate State: NC
Disbursement For: [] Primary [X] General 2014 [] Other (specify)

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

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.
Ms. Emily Buchanan [Electronically Filed] Date 10 / 28 / 2014
Signature

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

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

Full Name of Payee Jacob T Craig
Mailing Address 1410 Bushville Dr
City Lenoir State NC Zip Code 28645
Purpose of Expenditure Salary Category/Type 001
Name of Federal Candidate Ms. Kay Hagan [] Support [X] Oppose
Calendar Year-To-Date Per Election for Office Sought 1066066.46

Date of Public Distribution/Dissemination 10 / 27 / 2014
Amount 50.00
Transaction ID : 8e3a4340-c38f-49eb-8
Date of Disbursement or Obligation 10 / 27 / 2014
Office Sought: [] House District: 00 [] President [X] Senate State: NC
Disbursement For: [] Primary [X] General 2014 [] Other (specify)

Full Name of Payee Nick Berryhill
Mailing Address 905 Lake Drive
City Shelby State NC Zip Code 28152
Purpose of Expenditure Salary Category/Type 001
Name of Federal Candidate Ms. Kay Hagan [] Support [X] Oppose
Calendar Year-To-Date Per Election for Office Sought 1066066.46

Date of Public Distribution/Dissemination 10 / 27 / 2014
Amount 100.00
Transaction ID : e847673e-80b3-4a18-9
Date of Disbursement or Obligation 10 / 27 / 2014
Office Sought: [] House District: 00 [] President [X] Senate State: NC
Disbursement For: [] Primary [X] General 2014 [] Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures 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 10 / 28 / 2014
Signature

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

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

Full Name of Payee Nick Berryhill
Mailing Address 905 Lake Drive
City Shelby State NC Zip Code 28152
Purpose of Expenditure Mileage Category/Type 002
Name of Federal Candidate Ms. Kay Hagan [] Support [X] Oppose
Calendar Year-To-Date Per Election for Office Sought 1066066.46

Date of Public Distribution/Dissemination 10 / 27 / 2014
Amount 14.10
Transaction ID : 59c34ebe-9efe-4930-a
Date of Disbursement or Obligation 10 / 27 / 2014
Office Sought: [] House District: 00 [] President [X] Senate State: NC
Disbursement For: [] Primary [X] General 2014 [] Other (specify)

Full Name of Payee Jessica A Felix
Mailing Address 873 Stoneykirk Dr
City Fayetteville State NC Zip Code 28314
Purpose of Expenditure Salary Category/Type 001
Name of Federal Candidate Ms. Kay Hagan [] Support [X] Oppose
Calendar Year-To-Date Per Election for Office Sought 1066066.46

Date of Public Distribution/Dissemination 10 / 27 / 2014
Amount 20.00
Transaction ID : 6c3de4ee-26ca-41fb-8
Date of Disbursement or Obligation 10 / 27 / 2014
Office Sought: [] House District: 00 [] President [X] Senate State: NC
Disbursement For: [] Primary [X] General 2014 [] Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures 34.10
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL Independent Expenditures

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.
Ms. Emily Buchanan [Electronically Filed] Date 10 / 28 / 2014
Signature

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

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

Full Name of Payee Jennifer F Gilbert
Mailing Address 180 McNeil Steep Hollow Rd
City Carriere State MS Zip Code 39426
Purpose of Expenditure Salary Category/Type 001
Name of Federal Candidate Ms. Mary L Landrieu [] Support [X] Oppose
Calendar Year-To-Date Per Election for Office Sought 215051.14

Date of Public Distribution/Dissemination 10 / 27 / 2014
Amount 75.00
Transaction ID : d3a0259c-0e39-424f-8
Date of Disbursement or Obligation 10 / 27 / 2014
Office Sought: [] House District: 00 [] President [X] Senate State: LA
Disbursement For: [] Primary [X] General 2014 [] Other (specify)

Full Name of Payee Jennifer F Gilbert
Mailing Address 180 McNeil Steep Hollow Rd
City Carriere State MS Zip Code 39426
Purpose of Expenditure Mileage Category/Type 002
Name of Federal Candidate Ms. Mary L Landrieu [] Support [X] Oppose
Calendar Year-To-Date Per Election for Office Sought 215051.14

Date of Public Distribution/Dissemination 10 / 27 / 2014
Amount 22.80
Transaction ID : 4658da80-0900-4805-9
Date of Disbursement or Obligation 10 / 27 / 2014
Office Sought: [] House District: 00 [] President [X] Senate State: LA
Disbursement For: [] Primary [X] General 2014 [] Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures 97.80
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL Independent Expenditures

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.
Ms. Emily Buchanan [Electronically Filed] Date 10 / 28 / 2014
Signature

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

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

Full Name of Payee Gregory Green
Mailing Address 2506 Bolch Street
City Shreveport State LA Zip Code 71104
Purpose of Expenditure Salary Category/Type 001
Name of Federal Candidate Ms. Mary L Landrieu [] Support [X] Oppose
Calendar Year-To-Date Per Election for Office Sought 215051.14

Date of Public Distribution/Dissemination 10 / 27 / 2014
Amount 80.00
Transaction ID : ab09251d-9a41-4fe4-b
Date of Disbursement or Obligation 10 / 27 / 2014
Office Sought: [] House District: 00 [] President [X] Senate State: LA
Disbursement For: [] Primary [X] General 2014 [] Other (specify)

Full Name of Payee Gregory Green
Mailing Address 2506 Bolch Street
City Shreveport State LA Zip Code 71104
Purpose of Expenditure Mileage Category/Type 002
Name of Federal Candidate Ms. Mary L Landrieu [] Support [X] Oppose
Calendar Year-To-Date Per Election for Office Sought 215051.14

Date of Public Distribution/Dissemination 10 / 27 / 2014
Amount 38.10
Transaction ID : 9571c71b-81c0-4a75-8
Date of Disbursement or Obligation 10 / 27 / 2014
Office Sought: [] House District: 00 [] President [X] Senate State: LA
Disbursement For: [] Primary [X] General 2014 [] Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures 118.10
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL Independent Expenditures

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.
Ms. Emily Buchanan [Electronically Filed] Date 10 / 28 / 2014
Signature

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

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

Full Name of Payee Joshua J Huffman
Mailing Address 211 Dixie Ave
City Harrisonburg State VA Zip Code 22801
Purpose of Expenditure Salary Category/Type 001
Name of Federal Candidate Mr. Greg Orman [] Support [X] Oppose
Calendar Year-To-Date Per Election for Office Sought 188002.26

Date of Public Distribution/Dissemination 10 / 27 / 2014
Amount 40.00
Transaction ID : b8ea11a8-1b4c-4b42-a
Date of Disbursement or Obligation 10 / 27 / 2014
Office Sought: [] House District: 00 [] President [X] Senate State: KS
Disbursement For: [] Primary [X] General 2014 [] Other (specify)

Full Name of Payee Caleb Craig
Mailing Address 1410 Bushville drive
City Lenoir State NC Zip Code 28645
Purpose of Expenditure Salary Category/Type 001
Name of Federal Candidate Ms. Kay Hagan [] Support [X] Oppose
Calendar Year-To-Date Per Election for Office Sought 1066066.46

Date of Public Distribution/Dissemination 10 / 27 / 2014
Amount 100.00
Transaction ID : db422ef5-9b80-4a1c-b
Date of Disbursement or Obligation 10 / 27 / 2014
Office Sought: [] House District: 00 [] President [X] Senate State: NC
Disbursement For: [] Primary [X] General 2014 [] Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures 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 10 / 28 / 2014
Signature

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

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

Full Name of Payee OLynda Walker
Mailing Address 10000 Mount Pleasant Rd
City Midland State NC Zip Code 28107
Purpose of Expenditure Salary Category/Type 001
Name of Federal Candidate Ms. Kay Hagan [] Support [X] Oppose
Calendar Year-To-Date Per Election for Office Sought 1066066.46

Date of Public Distribution/Dissemination 10 / 27 / 2014
Amount 90.00
Transaction ID : 6fac6a82-dc87-4fa4-8
Date of Disbursement or Obligation 10 / 27 / 2014
Office Sought: [] House District: 00 [] President [X] Senate State: NC
Disbursement For: [] Primary [X] General 2014 [] Other (specify)

Full Name of Payee OLynda Walker
Mailing Address 10000 Mount Pleasant Rd
City Midland State NC Zip Code 28107
Purpose of Expenditure Mileage Category/Type 002
Name of Federal Candidate Ms. Kay Hagan [] Support [X] Oppose
Calendar Year-To-Date Per Election for Office Sought 1066066.46

Date of Public Distribution/Dissemination 10 / 27 / 2014
Amount 21.90
Transaction ID : 267156f4-7860-4409-a
Date of Disbursement or Obligation 10 / 27 / 2014
Office Sought: [] House District: 00 [] President [X] Senate State: NC
Disbursement For: [] Primary [X] General 2014 [] Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures 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] Date 10 / 28 / 2014
Signature

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

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

Full Name of Payee Brittnie W Campbell
Mailing Address 5828 Rena Road
City Hamptonville State NC Zip Code 27020
Purpose of Expenditure Salary Category/Type 001
Name of Federal Candidate Ms. Kay Hagan [] Support [X] Oppose
Calendar Year-To-Date Per Election for Office Sought 1066066.46

Date of Public Distribution/Dissemination 10 / 27 / 2014
Amount 65.00
Transaction ID : 22790cba-b662-4a08-a
Date of Disbursement or Obligation 10 / 27 / 2014
Office Sought: [] House District: 00 [] President [X] Senate State: NC
Disbursement For: [] Primary [X] General 2014 [] Other (specify)

Full Name of Payee Brittnie W Campbell
Mailing Address 5828 Rena Road
City Hamptonville State NC Zip Code 27020
Purpose of Expenditure Mileage Category/Type 002
Name of Federal Candidate Ms. Kay Hagan [] Support [X] Oppose
Calendar Year-To-Date Per Election for Office Sought 1066066.46

Date of Public Distribution/Dissemination 10 / 27 / 2014
Amount 18.00
Transaction ID : 0c2ccab2-5adf-497e-8
Date of Disbursement or Obligation 10 / 27 / 2014
Office Sought: [] House District: 00 [] President [X] Senate State: NC
Disbursement For: [] Primary [X] General 2014 [] Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures 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 10 / 28 / 2014
Signature

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

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

Full Name of Payee Theresa a Youngblood
Mailing Address 102 S Main Street Apt A2
City Berryville State VA Zip Code 22611
Purpose of Expenditure Salary Category/Type 001
Name of Federal Candidate Mr. Greg Orman [] Support [X] Oppose
Calendar Year-To-Date Per Election for Office Sought 188002.26

Date of Public Distribution/Dissemination 10 / 27 / 2014
Amount 100.00
Transaction ID : 2f7764c0-a1dc-4af6-9
Date of Disbursement or Obligation 10 / 27 / 2014
Office Sought: [] House District: 00 [] President [X] Senate State: KS
Disbursement For: [] Primary [X] General 2014 [] Other (specify)

Full Name of Payee Lilly Green
Mailing Address 205 Medallion Circle
City Shreveport State LA Zip Code 71119
Purpose of Expenditure Salary Category/Type 001
Name of Federal Candidate Ms. Mary L Landrieu [] Support [X] Oppose
Calendar Year-To-Date Per Election for Office Sought 215051.14

Date of Public Distribution/Dissemination 10 / 27 / 2014
Amount 80.00
Transaction ID : 335e567e-4ad1-45a7-8
Date of Disbursement or Obligation 10 / 27 / 2014
Office Sought: [] House District: 00 [] President [X] Senate State: LA
Disbursement For: [] Primary [X] General 2014 [] Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures 180.00
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL Independent Expenditures

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.
Ms. Emily Buchanan [Electronically Filed] Date 10 / 28 / 2014
Signature

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

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

Full Name of Payee Lilly Green
Mailing Address 205 Medallion Circle
City Shreveport State LA Zip Code 71119
Purpose of Expenditure Mileage Category/Type 002
Name of Federal Candidate Ms. Mary L Landrieu [] Support [X] Oppose
Calendar Year-To-Date Per Election for Office Sought 215051.14

Date of Public Distribution/Dissemination 10 / 27 / 2014
Amount 37.80
Transaction ID : 093f474a-8959-4d42-a
Date of Disbursement or Obligation 10 / 27 / 2014
Office Sought: [] House District: 00 [] President [X] Senate State: LA
Disbursement For: [] Primary [X] General 2014 [] Other (specify)

Full Name of Payee Maria A Britt
Mailing Address 4894 Thunder Bolt
City Concord State NC Zip Code 28205
Purpose of Expenditure Salary Category/Type 001
Name of Federal Candidate Ms. Kay Hagan [] Support [X] Oppose
Calendar Year-To-Date Per Election for Office Sought 1066066.46

Date of Public Distribution/Dissemination 10 / 27 / 2014
Amount 90.00
Transaction ID : 477e2932-404d-4932-8
Date of Disbursement or Obligation 10 / 27 / 2014
Office Sought: [] House District: 00 [] President [X] Senate State: NC
Disbursement For: [] Primary [X] General 2014 [] Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures 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.
Ms. Emily Buchanan [Electronically Filed] Date 10 / 28 / 2014
Signature

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

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

Full Name of Payee Marsha Barnell
Mailing Address 3847 SW Atwood Terrace
City Topeka State KS Zip Code 66610
Purpose of Expenditure Salary Category/Type 001
Name of Federal Candidate Mr. Greg Orman [] Support [X] Oppose
Calendar Year-To-Date Per Election for Office Sought 188002.26

Date of Public Distribution/Dissemination 10 / 27 / 2014
Amount 31.50
Transaction ID : 5ebfa32c-c2a9-4cfa-9
Date of Disbursement or Obligation 10 / 27 / 2014
Office Sought: [] House District: 00 [] President [X] Senate State: KS
Disbursement For: [] Primary [X] General 2014 [] Other (specify)

Full Name of Payee Marsha Barnell
Mailing Address 3847 SW Atwood Terrace
City Topeka State KS Zip Code 66610
Purpose of Expenditure Mileage Category/Type 002
Name of Federal Candidate Mr. Greg Orman [] Support [X] Oppose
Calendar Year-To-Date Per Election for Office Sought 188002.26

Date of Public Distribution/Dissemination 10 / 27 / 2014
Amount 5.10
Transaction ID : 54a379ae-5d56-41d2-8
Date of Disbursement or Obligation 10 / 27 / 2014
Office Sought: [] House District: 00 [] President [X] Senate State: KS
Disbursement For: [] Primary [X] General 2014 [] Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures 36.60
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL Independent Expenditures

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.
Ms. Emily Buchanan [Electronically Filed] Date 10 / 28 / 2014
Signature

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

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

Full Name of Payee Kristina M Jinkens
Mailing Address 2138 N 1000 Rd
City Eudora State KS Zip Code 66025
Purpose of Expenditure Salary Category/Type 001
Name of Federal Candidate Mr. Greg Orman [] Support [X] Oppose
Calendar Year-To-Date Per Election for Office Sought 188002.26

Date of Public Distribution/Dissemination 10 / 27 / 2014
Amount 35.00
Transaction ID : 6c6ce621-f850-479e-a
Date of Disbursement or Obligation 10 / 27 / 2014
Office Sought: [] House District: 00 [] President [X] Senate State: KS
Disbursement For: [] Primary [X] General 2014 [] Other (specify)

Full Name of Payee Timothy Foley
Mailing Address 20679 Glenbrook Terrace
City Sterling State VA Zip Code 20165
Purpose of Expenditure Salary Category/Type 001
Name of Federal Candidate Mr. Greg Orman [] Support [X] Oppose
Calendar Year-To-Date Per Election for Office Sought 188002.26

Date of Public Distribution/Dissemination 10 / 27 / 2014
Amount 30.00
Transaction ID : 3f754640-590b-43ba-8
Date of Disbursement or Obligation 10 / 27 / 2014
Office Sought: [] House District: 00 [] President [X] Senate State: KS
Disbursement For: [] Primary [X] General 2014 [] Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures 65.00
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL Independent Expenditures

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.
Ms. Emily Buchanan [Electronically Filed] Date 10 / 28 / 2014
Signature

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

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

Full Name of Payee Brenda L McCune
Mailing Address 1254 Fleming St Apt 6
City Conway State AR Zip Code 72032
Purpose of Expenditure Salary Category/Type 001
Name of Federal Candidate Mr. Mark L Pryor [] Support [X] Oppose
Calendar Year-To-Date Per Election for Office Sought 210468.99

Date of Public Distribution/Dissemination 10 / 27 / 2014
Amount 80.00
Transaction ID : b0026de8-a086-45a4-b
Date of Disbursement or Obligation 10 / 27 / 2014
Office Sought: [] House District: 00 [] President [X] Senate State: AR
Disbursement For: [] Primary [X] General 2014 [] Other (specify)

Full Name of Payee Brenda L McCune
Mailing Address 1254 Fleming St Apt 6
City Conway State AR Zip Code 72032
Purpose of Expenditure Mileage Category/Type 002
Name of Federal Candidate Mr. Mark L Pryor [] Support [X] Oppose
Calendar Year-To-Date Per Election for Office Sought 210468.99

Date of Public Distribution/Dissemination 10 / 27 / 2014
Amount 21.90
Transaction ID : 431b1871-5c2f-44db-8
Date of Disbursement or Obligation 10 / 27 / 2014
Office Sought: [] House District: 00 [] President [X] Senate State: AR
Disbursement For: [] Primary [X] General 2014 [] Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures 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] Date 10 / 28 / 2014
Signature

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

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

Full Name of Payee Todd Ellis
Mailing Address P.O. Box 712
City Alexander State AR Zip Code 72002
Purpose of Expenditure Salary Category/Type 001
Name of Federal Candidate Mr. Mark L Pryor [] Support [X] Oppose
Calendar Year-To-Date Per Election for Office Sought 210468.99

Date of Public Distribution/Dissemination 10 / 27 / 2014
Amount 90.00
Transaction ID : 980f1048-e5c6-4cce-b
Date of Disbursement or Obligation 10 / 27 / 2014
Office Sought: [] House District: 00 [] President [X] Senate State: AR
Disbursement For: [] Primary [X] General 2014 [] Other (specify)

Full Name of Payee Todd Ellis
Mailing Address P.O. Box 712
City Alexander State AR Zip Code 72002
Purpose of Expenditure Mileage Category/Type 002
Name of Federal Candidate Mr. Mark L Pryor [] Support [X] Oppose
Calendar Year-To-Date Per Election for Office Sought 210468.99

Date of Public Distribution/Dissemination 10 / 27 / 2014
Amount 34.50
Transaction ID : 96166fab-665c-4888-8
Date of Disbursement or Obligation 10 / 27 / 2014
Office Sought: [] House District: 00 [] President [X] Senate State: AR
Disbursement For: [] Primary [X] General 2014 [] Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures 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.
Ms. Emily Buchanan [Electronically Filed] Date 10 / 28 / 2014
Signature

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

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

Full Name of Payee Chad Stieben
Mailing Address 16864 Stillwell Rd
City Bonner Springs State KS Zip Code 66012
Purpose of Expenditure Salary Category/Type 001
Name of Federal Candidate Ms. Kay Hagan [] Support [X] Oppose
Calendar Year-To-Date Per Election for Office Sought 1066066.46

Date of Public Distribution/Dissemination 10 / 27 / 2014
Amount 35.00
Transaction ID : 5f3cde3f-0799-4ec0-9
Date of Disbursement or Obligation 10 / 27 / 2014
Office Sought: [] House District: 00 [] President [X] Senate State: NC
Disbursement For: [] Primary [X] General 2014 [] Other (specify)

Full Name of Payee Chad Stieben
Mailing Address 16864 Stillwell Rd
City Bonner Springs State KS Zip Code 66012
Purpose of Expenditure Mileage Category/Type 002
Name of Federal Candidate Ms. Kay Hagan [] Support [X] Oppose
Calendar Year-To-Date Per Election for Office Sought 1066066.46

Date of Public Distribution/Dissemination 10 / 27 / 2014
Amount 7.50
Transaction ID : 10b9992d-d254-48ba-9
Date of Disbursement or Obligation 10 / 27 / 2014
Office Sought: [] House District: 00 [] President [X] Senate State: NC
Disbursement For: [] Primary [X] General 2014 [] Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures 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
Signature

[Electronically Filed]

Date 10 / 28 / 2014

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

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

Full Name of Payee Chad Stieben
Mailing Address 16864 Stillwell Rd
City Bonner Springs State KS Zip Code 66012
Purpose of Expenditure Salary Category/Type 001
Name of Federal Candidate Mr. Greg Orman [] Support [X] Oppose
Calendar Year-To-Date Per Election for Office Sought 188002.26

Date of Public Distribution/Dissemination 10 / 27 / 2014
Amount 35.00
Transaction ID : a276d5b0-5fb4-489b-8
Date of Disbursement or Obligation 10 / 27 / 2014
Office Sought: [] House District: 00 [] President [X] Senate State: KS
Disbursement For: [] Primary [X] General 2014 [] Other (specify)

Full Name of Payee Chad Stieben
Mailing Address 16864 Stillwell Rd
City Bonner Springs State KS Zip Code 66012
Purpose of Expenditure Mileage Category/Type 002
Name of Federal Candidate Mr. Greg Orman [] Support [X] Oppose
Calendar Year-To-Date Per Election for Office Sought 188002.26

Date of Public Distribution/Dissemination 10 / 27 / 2014
Amount 7.50
Transaction ID : f02f163d-2602-4c4b-a
Date of Disbursement or Obligation 10 / 27 / 2014
Office Sought: [] House District: 00 [] President [X] Senate State: KS
Disbursement For: [] Primary [X] General 2014 [] Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures 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 10 / 28 / 2014
Signature

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

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

Full Name of Payee Carl Brent
Mailing Address 6718 Lake Willow Dr
City New Orleans State LA Zip Code 70126
Purpose of Expenditure Salary Category/Type 001
Name of Federal Candidate Ms. Mary L Landrieu [] Support [X] Oppose
Calendar Year-To-Date Per Election for Office Sought 215051.14

Date of Public Distribution/Dissemination 10 / 27 / 2014
Amount 80.00
Transaction ID : 815ef0ae-cd76-49b6-8
Date of Disbursement or Obligation 10 / 27 / 2014
Office Sought: [] House District: 00 [] President [X] Senate State: LA
Disbursement For: [] Primary [X] General 2014 [] Other (specify)

Full Name of Payee Carl Brent
Mailing Address 6718 Lake Willow Dr
City New Orleans State LA Zip Code 70126
Purpose of Expenditure Mileage Category/Type 002
Name of Federal Candidate Ms. Mary L Landrieu [] Support [X] Oppose
Calendar Year-To-Date Per Election for Office Sought 215051.14

Date of Public Distribution/Dissemination 10 / 27 / 2014
Amount 13.50
Transaction ID : 64bfc726-f95f-4f74-8
Date of Disbursement or Obligation 10 / 27 / 2014
Office Sought: [] House District: 00 [] President [X] Senate State: LA
Disbursement For: [] Primary [X] General 2014 [] Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures 93.50
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL Independent Expenditures

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.
Ms. Emily Buchanan [Electronically Filed] Date 10 / 28 / 2014
Signature

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

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

Full Name of Payee Aleksandra B Padua
Mailing Address 110 Bridge gate Dr
City Cary State NC Zip Code 27519
Purpose of Expenditure Salary Category/Type 001
Name of Federal Candidate Ms. Kay Hagan [] Support [X] Oppose
Calendar Year-To-Date Per Election for Office Sought 1066066.46

Date of Public Distribution/Dissemination 10 / 27 / 2014
Amount 60.00
Transaction ID : fdcd4958-b4b7-4526-9
Date of Disbursement or Obligation 10 / 27 / 2014
Office Sought: [] House District: 00 [] President [X] Senate State: NC
Disbursement For: [] Primary [X] General 2014 [] Other (specify)

Full Name of Payee Aleksandra B Padua
Mailing Address 110 Bridge gate Dr
City Cary State NC Zip Code 27519
Purpose of Expenditure Mileage Category/Type 002
Name of Federal Candidate Ms. Kay Hagan [] Support [X] Oppose
Calendar Year-To-Date Per Election for Office Sought 1066066.46

Date of Public Distribution/Dissemination 10 / 27 / 2014
Amount 6.57
Transaction ID : 074ab64c-8cba-4504-9
Date of Disbursement or Obligation 10 / 27 / 2014
Office Sought: [] House District: 00 [] President [X] Senate State: NC
Disbursement For: [] Primary [X] General 2014 [] Other (specify)

Table with 2 columns: Description and Amount. (a) SUBTOTAL of Itemized Independent Expenditures 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 10 / 28 / 2014
Signature

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

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

Full Name of Payee Jeffrey Hampton
Mailing Address 1700 E Part Ave
City Searcy State AR Zip Code 72149
Purpose of Expenditure Salary Category/Type 001
Name of Federal Candidate Mr. Mark L Pryor [] Support [X] Oppose
Calendar Year-To-Date Per Election for Office Sought 210468.99

Date of Public Distribution/Dissemination 10 / 27 / 2014
Amount 61.50
Transaction ID : d7d41bde-8a6d-4621-b
Date of Disbursement or Obligation 10 / 27 / 2014
Office Sought: [] House District: 00 [] President [X] Senate State: AR
Disbursement For: [] Primary [X] General 2014 [] Other (specify)

Full Name of Payee Jeffrey Hampton
Mailing Address 1700 E Part Ave
City Searcy State AR Zip Code 72149
Purpose of Expenditure Mileage Category/Type 002
Name of Federal Candidate Mr. Mark L Pryor [] Support [X] Oppose
Calendar Year-To-Date Per Election for Office Sought 210468.99

Date of Public Distribution/Dissemination 10 / 27 / 2014
Amount 56.85
Transaction ID : 34ab706c-4c40-4e58-b
Date of Disbursement or Obligation 10 / 27 / 2014
Office Sought: [] House District: 00 [] President [X] Senate State: AR
Disbursement For: [] Primary [X] General 2014 [] Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures 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.
Ms. Emily Buchanan [Electronically Filed] Date 10 / 28 / 2014
Signature

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

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

Full Name of Payee: Kaleigh J Wagner
Mailing Address: 18065 Wayne Rd
City: Odessa, State: FL, Zip Code: 33556
Purpose of Expenditure: Salary, Category/Type: 001
Name of Federal Candidate: Mr. Mark L Pryor, [X] Oppose
Calendar Year-To-Date Per Election for Office Sought: 210468.99

Date of Public Distribution/Dissemination: 10/27/2014
Amount: 70.00
Transaction ID: 76b9453f-db74-4545-8
Date of Disbursement or Obligation: 10/27/2014
Office Sought: [] House, [X] Senate, District: 00, State: AR
Disbursement For: [] Primary, [X] General 2014, [] Other (specify)

Full Name of Payee: Randy M Gold
Mailing Address: 1436 Haigs Creek Dr
City: Elgin, State: SC, Zip Code: 29045
Purpose of Expenditure: Salary, Category/Type: 001
Name of Federal Candidate: Mr. Mark L Pryor, [X] Oppose
Calendar Year-To-Date Per Election for Office Sought: 210468.99

Date of Public Distribution/Dissemination: 10/27/2014
Amount: 70.00
Transaction ID: 6fd5ba87-5d7f-497b-b
Date of Disbursement or Obligation: 10/27/2014
Office Sought: [] House, [X] Senate, District: 00, State: AR
Disbursement For: [] Primary, [X] 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 10/28/2014
Signature

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

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

Full Name of Payee Randy M Gold
Mailing Address 1436 Haigs Creek Dr
City Elgin State SC Zip Code 29045
Purpose of Expenditure Mileage Category/Type 002
Date of Public Distribution/Dissemination 10/27/2014
Amount 70.35
Transaction ID : 37aaa8fa-b68f-434d-8
Date of Disbursement or Obligation 10/27/2014
Name of Federal Candidate Mr. Mark L Pryor [] Support [X] Oppose
Office Sought: [] House District: 00 [] President [X] Senate State: AR
Calendar Year-To-Date Per Election for Office Sought 210468.99
Disbursement For: [] Primary [X] General 2014 [] Other (specify)

Full Name of Payee Adena V Smith
Mailing Address 450 Judson Dr
City Wake Forest State NC Zip Code 27587
Purpose of Expenditure Salary Category/Type 001
Date of Public Distribution/Dissemination 10/27/2014
Amount 37.50
Transaction ID : ed925aaa-37ec-4be9-9
Date of Disbursement or Obligation 10/27/2014
Name of Federal Candidate Ms. Kay Hagan [] Support [X] Oppose
Office Sought: [] House District: 00 [] President [X] Senate State: NC
Calendar Year-To-Date Per Election for Office Sought 1066066.46
Disbursement For: [] Primary [X] 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.
Ms. Emily Buchanan [Electronically Filed] Date 10/28/2014
Signature

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

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

Full Name of Payee Mary R Kirkland
Mailing Address 504 Green Meadow Dr
City Boyd State TX Zip Code 76023
Purpose of Expenditure Salary Category/Type 001
Name of Federal Candidate Mr. Mark L Pryor [] Support [X] Oppose
Calendar Year-To-Date Per Election for Office Sought 210468.99

Date of Public Distribution/Dissemination 10 / 27 / 2014
Amount 30.00
Transaction ID : bbb040d9-1d38-4532-9
Date of Disbursement or Obligation 10 / 27 / 2014
Office Sought: [] House District: 00 [] President [X] Senate State: AR
Disbursement For: [] Primary [X] General 2014 [] Other (specify)

Full Name of Payee Katie A Barros
Mailing Address PO Box 398
City Neosho State MO Zip Code 64850
Purpose of Expenditure Salary Category/Type 001
Name of Federal Candidate Mr. Mark L Pryor [] Support [X] Oppose
Calendar Year-To-Date Per Election for Office Sought 210468.99

Date of Public Distribution/Dissemination 10 / 27 / 2014
Amount 30.00
Transaction ID : 0a1f651c-d0a4-4615-8
Date of Disbursement or Obligation 10 / 27 / 2014
Office Sought: [] House District: 00 [] President [X] Senate State: AR
Disbursement For: [] Primary [X] General 2014 [] Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures 60.00
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL Independent Expenditures

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.
Ms. Emily Buchanan [Electronically Filed] Date 10 / 28 / 2014
Signature

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

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

Full Name of Payee Katie A Barros
Mailing Address PO Box 398
City Neosho State MO Zip Code 64850
Purpose of Expenditure Mileage Category/Type 002
Name of Federal Candidate Mr. Mark L Pryor [] Support [X] Oppose
Calendar Year-To-Date Per Election for Office Sought 210468.99

Date of Public Distribution/Dissemination 10 / 27 / 2014
Amount 39.00
Transaction ID : 8bf703a1-5774-4567-8
Date of Disbursement or Obligation 10 / 27 / 2014
Office Sought: [] House District: 00 [] President [X] Senate State: AR
Disbursement For: [] Primary [X] General 2014 [] Other (specify)

Full Name of Payee Brandon Wheeler
Mailing Address 10112 Piney Creek Ct
City Charolette State NC Zip Code 28215
Purpose of Expenditure Salary Category/Type 001
Name of Federal Candidate Mr. Mark L Pryor [] Support [X] Oppose
Calendar Year-To-Date Per Election for Office Sought 210468.99

Date of Public Distribution/Dissemination 10 / 27 / 2014
Amount 90.00
Transaction ID : 01a5e02b-3ea1-43c5-8
Date of Disbursement or Obligation 10 / 27 / 2014
Office Sought: [] House District: 00 [] President [X] Senate State: AR
Disbursement For: [] Primary [X] General 2014 [] Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures 129.00
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL Independent Expenditures

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.
Ms. Emily Buchanan [Electronically Filed] Date 10 / 28 / 2014
Signature

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

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

Full Name of Payee Brandon Wheeler
Mailing Address 10112 Piney Creek Ct
City Charolette State NC Zip Code 28215
Purpose of Expenditure Mileage Category/Type 002
Name of Federal Candidate Mr. Mark L Pryor [] Support [X] Oppose
Calendar Year-To-Date Per Election for Office Sought 210468.99

Date of Public Distribution/Dissemination 10 / 27 / 2014
Amount 110.10
Transaction ID : c5563b51-c6a7-4ae4-8
Date of Disbursement or Obligation 10 / 27 / 2014
Office Sought: [] House District: 00 [] President [X] Senate State: AR
Disbursement For: [] Primary [X] General 2014 [] Other (specify)

Full Name of Payee Benjamin J Crosser
Mailing Address PO Box 398
City Neosho State AR Zip Code 64850
Purpose of Expenditure Salary Category/Type 001
Name of Federal Candidate Mr. Mark L Pryor [] Support [X] Oppose
Calendar Year-To-Date Per Election for Office Sought 210468.99

Date of Public Distribution/Dissemination 10 / 27 / 2014
Amount 55.00
Transaction ID : a7bac7a6-67d7-47cc-8
Date of Disbursement or Obligation 10 / 27 / 2014
Office Sought: [] House District: 00 [] President [X] Senate State: AR
Disbursement For: [] Primary [X] General 2014 [] Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures 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.
Ms. Emily Buchanan [Electronically Filed] Date 10 / 28 / 2014
Signature

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

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

Full Name of Payee Benjamin J Crosser
Mailing Address PO Box 398
City Neosho State AR Zip Code 64850
Purpose of Expenditure Mileage Category/Type 002
Name of Federal Candidate Mr. Mark L Pryor [] Support [X] Oppose
Calendar Year-To-Date Per Election for Office Sought 210468.99

Date of Public Distribution/Dissemination 10 / 27 / 2014
Amount 41.46
Transaction ID : 2a7b0c4a-6572-4af7-9
Date of Disbursement or Obligation 10 / 27 / 2014
Office Sought: [] House District: 00 [] President [X] Senate State: AR
Disbursement For: [] Primary [X] General 2014 [] Other (specify)

Full Name of Payee Carla K Pilgreen
Mailing Address 212 Stonecliff Dr
City West Monro State LA Zip Code 71291
Purpose of Expenditure Salary Category/Type 001
Name of Federal Candidate Ms. Mary L Landrieu [] Support [X] Oppose
Calendar Year-To-Date Per Election for Office Sought 215051.14

Date of Public Distribution/Dissemination 10 / 27 / 2014
Amount 70.00
Transaction ID : 78b8de11-7198-44ba-b
Date of Disbursement or Obligation 10 / 27 / 2014
Office Sought: [] House District: 00 [] President [X] Senate State: LA
Disbursement For: [] Primary [X] General 2014 [] Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures 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.
Ms. Emily Buchanan [Electronically Filed] Date 10 / 28 / 2014
Signature

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

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

Full Name of Payee Carla K Pilgreen
Mailing Address 212 Stonecliff Dr
City West Monro State LA Zip Code 71291
Purpose of Expenditure Mileage Category/Type 002
Name of Federal Candidate Ms. Mary L Landrieu [] Support [X] Oppose
Calendar Year-To-Date Per Election for Office Sought 215051.14

Date of Public Distribution/Dissemination 10 / 27 / 2014
Amount 14.73
Transaction ID : 779c3b6c-0b4c-464f-9
Date of Disbursement or Obligation 10 / 27 / 2014
Office Sought: [] House District: 00 [] President [X] Senate State: LA
Disbursement For: [] Primary [X] General 2014 [] Other (specify)

Full Name of Payee Phillip Williams
Mailing Address 3007 Darden Rd
City Greensboro State NC Zip Code 27407
Purpose of Expenditure Salary Category/Type 001
Name of Federal Candidate Ms. Kay Hagan [] Support [X] Oppose
Calendar Year-To-Date Per Election for Office Sought 1066066.46

Date of Public Distribution/Dissemination 10 / 27 / 2014
Amount 80.00
Transaction ID : 02ed99b1-abd4-4c32-b
Date of Disbursement or Obligation 10 / 27 / 2014
Office Sought: [] House District: 00 [] President [X] Senate State: NC
Disbursement For: [] Primary [X] General 2014 [] Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures 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.

Ms. Emily Buchanan

[Electronically Filed]

Date

10 / 28 / 2014

Signature

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

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

Full Name of Payee Phillip Williams
Mailing Address 3007 Darden Rd
City Greensboro State NC Zip Code 27407
Purpose of Expenditure Mileage Category/Type 002
Date of Public Distribution/Dissemination 10/27/2014
Amount 25.20
Transaction ID : 3a672f17-abf9-407d-a
Date of Disbursement or Obligation 10/27/2014
Name of Federal Candidate Ms. Kay Hagan [] Support [X] Oppose
Office Sought: [] House District: 00 [] President [X] Senate State: NC
Calendar Year-To-Date Per Election for Office Sought 1066066.46
Disbursement For: [] Primary [X] General 2014 [] Other (specify)

Full Name of Payee Beverly Williams
Mailing Address 3007 Darden Rd
City Greensboro State NC Zip Code 27407
Purpose of Expenditure Salary Category/Type 001
Date of Public Distribution/Dissemination 10/27/2014
Amount 80.00
Transaction ID : 911387c6-872e-442a-9
Date of Disbursement or Obligation 10/27/2014
Name of Federal Candidate Ms. Kay Hagan [] Support [X] Oppose
Office Sought: [] House District: 00 [] President [X] Senate State: NC
Calendar Year-To-Date Per Election for Office Sought 1066066.46
Disbursement For: [] Primary [X] 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.

Ms. Emily Buchanan [Electronically Filed] Date 10/28/2014
Signature

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

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

Full Name of Payee Stuart T Haley
Mailing Address 600 W Vine Ave
City Searcy State AR Zip Code 72143
Purpose of Expenditure Salary Category/Type 001
Name of Federal Candidate Mr. Mark L Pryor [] Support [X] Oppose
Calendar Year-To-Date Per Election for Office Sought 210468.99

Date of Public Distribution/Dissemination 10 / 27 / 2014
Amount 120.00
Transaction ID : 856ed7d2-afa9-49ae-b
Date of Disbursement or Obligation 10 / 27 / 2014
Office Sought: [] House District: 00 [] President [X] Senate State: AR
Disbursement For: [] Primary [X] General 2014 [] Other (specify)

Full Name of Payee Stuart T Haley
Mailing Address 600 W Vine Ave
City Searcy State AR Zip Code 72143
Purpose of Expenditure Mileage Category/Type 002
Name of Federal Candidate Mr. Mark L Pryor [] Support [X] Oppose
Calendar Year-To-Date Per Election for Office Sought 210468.99

Date of Public Distribution/Dissemination 10 / 27 / 2014
Amount 105.00
Transaction ID : 7aa333e0-0002-4996-9
Date of Disbursement or Obligation 10 / 27 / 2014
Office Sought: [] House District: 00 [] President [X] Senate State: AR
Disbursement For: [] Primary [X] General 2014 [] Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures 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.
Ms. Emily Buchanan [Electronically Filed] Date 10 / 28 / 2014
Signature

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

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

Full Name of Payee Xavier Miller
Mailing Address 407 randall Dr
City Searcy State AR Zip Code 72143
Purpose of Expenditure Salary Category/Type 001
Name of Federal Candidate Mr. Mark L Pryor [] Support [X] Oppose

Date of Public Distribution/Dissemination 10 / 27 / 2014
Amount 120.00
Transaction ID : 8b6d810e-90f1-4387-b
Date of Disbursement or Obligation 10 / 27 / 2014
Office Sought: [] House District: 00 [] President [X] Senate State: AR
Disbursement For: [] Primary [X] General 2014 [] Other (specify)

Full Name of Payee Joseph R English
Mailing Address 915 East Market Ave Apt 4
City Searcy State AR Zip Code 72143
Purpose of Expenditure Salary Category/Type 001
Name of Federal Candidate Mr. Mark L Pryor [] Support [X] Oppose

Date of Public Distribution/Dissemination 10 / 27 / 2014
Amount 90.00
Transaction ID : e8869781-7203-49ff-8
Date of Disbursement or Obligation 10 / 27 / 2014
Office Sought: [] House District: 00 [] President [X] Senate State: AR
Disbursement For: [] Primary [X] General 2014 [] Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures 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.
Ms. Emily Buchanan [Electronically Filed] Date 10 / 28 / 2014
Signature

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

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

Full Name of Payee Joseph R English
Mailing Address 915 East Market Ave Apt 4
City Searcy State AR Zip Code 72143
Purpose of Expenditure Mileage Category/Type 002
Name of Federal Candidate Mr. Mark L Pryor [] Support [X] Oppose
Calendar Year-To-Date Per Election for Office Sought 210468.99

Date of Public Distribution/Dissemination 10 / 27 / 2014
Amount 105.00
Transaction ID : 4b379411-11b1-4e5e-9
Date of Disbursement or Obligation 10 / 27 / 2014
Office Sought: [] House District: 00 [] President [X] Senate State: AR
Disbursement For: [] Primary [X] General 2014 [] Other (specify)

Full Name of Payee Christine Stevens
Mailing Address 100 Asbury Ct
City Winchester State VA Zip Code 22602
Purpose of Expenditure Salary Category/Type 001
Name of Federal Candidate Mr. Greg Orman [] Support [X] Oppose
Calendar Year-To-Date Per Election for Office Sought 188002.26

Date of Public Distribution/Dissemination 10 / 27 / 2014
Amount 80.00
Transaction ID : 7a3e2ae6-3e81-4c08-a
Date of Disbursement or Obligation 10 / 27 / 2014
Office Sought: [] House District: 00 [] President [X] Senate State: KS
Disbursement For: [] Primary [X] General 2014 [] Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures 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] Date 10 / 28 / 2014
Signature

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

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

Full Name of Payee Lauren N Hamel
Mailing Address PO Box 398
City Neosho State MO Zip Code 64850
Purpose of Expenditure Salary Category/Type 001
Name of Federal Candidate Mr. Mark L Pryor [] Support [X] Oppose
Calendar Year-To-Date Per Election for Office Sought 210468.99

Date of Public Distribution/Dissemination 10 / 27 / 2014
Amount 40.00
Transaction ID : 0131bc6e-0b2f-4e7f-9
Date of Disbursement or Obligation 10 / 27 / 2014
Office Sought: [] House District: 00 [] President [X] Senate State: AR
Disbursement For: [] Primary [X] General 2014 [] Other (specify)

Full Name of Payee Lauren N Hamel
Mailing Address PO Box 398
City Neosho State MO Zip Code 64850
Purpose of Expenditure Mileage Category/Type 002
Name of Federal Candidate Mr. Mark L Pryor [] Support [X] Oppose
Calendar Year-To-Date Per Election for Office Sought 210468.99

Date of Public Distribution/Dissemination 10 / 27 / 2014
Amount 32.16
Transaction ID : 526e2d03-02aa-4a80-8
Date of Disbursement or Obligation 10 / 27 / 2014
Office Sought: [] House District: 00 [] President [X] Senate State: AR
Disbursement For: [] Primary [X] General 2014 [] Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures 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.
Ms. Emily Buchanan [Electronically Filed] Date 10 / 28 / 2014
Signature

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

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

Full Name of Payee Ms. Tonya Boyd
Mailing Address 2357 Fancy Cap Rd
City Mt. Airy State NC Zip Code 27030
Purpose of Expenditure Salary Category/Type 001
Name of Federal Candidate Ms. Kay Hagan [] Support [X] Oppose
Calendar Year-To-Date Per Election for Office Sought 1066066.46

Date of Public Distribution/Dissemination 10 / 27 / 2014
Amount 90.00
Transaction ID : ac9fe9d5-1c29-4f88-a
Date of Disbursement or Obligation 10 / 27 / 2014
Office Sought: [] House District: 00 [] President [X] Senate State: NC
Disbursement For: [] Primary [X] General 2014 [] Other (specify)

Full Name of Payee Ms. Tonya Boyd
Mailing Address 2357 Fancy Cap Rd
City Mt. Airy State NC Zip Code 27030
Purpose of Expenditure Mileage Category/Type 002
Name of Federal Candidate Ms. Kay Hagan [] Support [X] Oppose
Calendar Year-To-Date Per Election for Office Sought 1066066.46

Date of Public Distribution/Dissemination 10 / 27 / 2014
Amount 14.94
Transaction ID : 8da03099-8524-4872-9
Date of Disbursement or Obligation 10 / 27 / 2014
Office Sought: [] House District: 00 [] President [X] Senate State: NC
Disbursement For: [] Primary [X] General 2014 [] Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures 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.
Ms. Emily Buchanan [Electronically Filed] Date 10 / 28 / 2014
Signature

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

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

Full Name of Payee Jazmine d Conner
Mailing Address 100 ASBURY CT
City WINCHESTER State VA Zip Code 22602
Purpose of Expenditure Salary Category/Type 001
Name of Federal Candidate Mr. Greg Orman [] Support [X] Oppose
Calendar Year-To-Date Per Election for Office Sought 188002.26

Date of Public Distribution/Dissemination 10 / 27 / 2014
Amount 70.00
Transaction ID : 0ca81efc-b740-480e-b
Date of Disbursement or Obligation 10 / 27 / 2014
Office Sought: [] House District: 00 [] President [X] Senate State: KS
Disbursement For: [] Primary [X] General 2014 [] Other (specify)

Full Name of Payee Jon E Conner
Mailing Address 100 Asbury Ct
City Winchester State VA Zip Code 22602
Purpose of Expenditure Salary Category/Type 001
Name of Federal Candidate Mr. Greg Orman [] Support [X] Oppose
Calendar Year-To-Date Per Election for Office Sought 188002.26

Date of Public Distribution/Dissemination 10 / 27 / 2014
Amount 70.00
Transaction ID : 7c8b6cc4-cc90-4356-a
Date of Disbursement or Obligation 10 / 27 / 2014
Office Sought: [] House District: 00 [] President [X] Senate State: KS
Disbursement For: [] Primary [X] General 2014 [] Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures..... 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 10 / 28 / 2014
Signature

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

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

Full Name of Payee Chris McCoy
Mailing Address 1025 Cayley Ct
City High Point State NC Zip Code 27260
Purpose of Expenditure Salary Category/Type 001
Name of Federal Candidate Ms. Kay Hagan [] Support [X] Oppose
Calendar Year-To-Date Per Election for Office Sought 1066066.46

Date of Public Distribution/Dissemination 10 / 27 / 2014
Amount 107.50
Transaction ID : b3afd41f-cce5-4e4f-a
Date of Disbursement or Obligation 10 / 27 / 2014
Office Sought: [] House District: 00 [] President [X] Senate State: NC
Disbursement For: [] Primary [X] General 2014 [] Other (specify)

Full Name of Payee Chris McCoy
Mailing Address 1025 Cayley Ct
City High Point State NC Zip Code 27260
Purpose of Expenditure Mileage Category/Type 002
Name of Federal Candidate Ms. Kay Hagan [] Support [X] Oppose
Calendar Year-To-Date Per Election for Office Sought 1066066.46

Date of Public Distribution/Dissemination 10 / 27 / 2014
Amount 27.30
Transaction ID : 0eb77ddc-520a-457e-a
Date of Disbursement or Obligation 10 / 27 / 2014
Office Sought: [] House District: 00 [] President [X] Senate State: NC
Disbursement For: [] Primary [X] General 2014 [] Other (specify)

Table with 2 columns: Description and Amount. (a) SUBTOTAL of Itemized Independent Expenditures 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 10 / 28 / 2014
Signature

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

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

Full Name of Payee Leslie D Moore
Mailing Address 1903 Swan Dr
City Lenoir State NC Zip Code 28645
Purpose of Expenditure Salary Category/Type 001
Name of Federal Candidate Ms. Kay Hagan [] Support [X] Oppose
Calendar Year-To-Date Per Election for Office Sought 1066066.46

Date of Public Distribution/Dissemination 10 / 27 / 2014
Amount 80.00
Transaction ID : 44eff12b-997b-4276-8
Date of Disbursement or Obligation 10 / 27 / 2014
Office Sought: [] House District: 00 [] President [X] Senate State: NC
Disbursement For: [] Primary [X] General 2014 [] Other (specify)

Full Name of Payee Leslie D Moore
Mailing Address 1903 Swan Dr
City Lenoir State NC Zip Code 28645
Purpose of Expenditure Mileage Category/Type 002
Name of Federal Candidate Ms. Kay Hagan [] Support [X] Oppose
Calendar Year-To-Date Per Election for Office Sought 1066066.46

Date of Public Distribution/Dissemination 10 / 27 / 2014
Amount 5.40
Transaction ID : 1c425e3e-5f15-40f7-8
Date of Disbursement or Obligation 10 / 27 / 2014
Office Sought: [] House District: 00 [] President [X] Senate State: NC
Disbursement For: [] Primary [X] General 2014 [] Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures 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 10 / 28 / 2014
Signature

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

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

Full Name of Payee Rodney O Culbreath
Mailing Address 100 Asbury Ct
City Winchester State VA Zip Code 22602
Purpose of Expenditure Salary Category/Type 001
Name of Federal Candidate Mr. Greg Orman [] Support [X] Oppose
Calendar Year-To-Date Per Election for Office Sought 188002.26

Date of Public Distribution/Dissemination 10 / 27 / 2014
Amount 80.00
Transaction ID : 29c865bc-5246-4b49-a
Date of Disbursement or Obligation 10 / 27 / 2014
Office Sought: [] House District: 00 [] President [X] Senate State: KS
Disbursement For: [] Primary [X] General 2014 [] Other (specify)

Full Name of Payee Danielle McCoy
Mailing Address 1025 Cayley Ct
City High Point State NC Zip Code 27260
Purpose of Expenditure Salary Category/Type 001
Name of Federal Candidate Ms. Kay Hagan [] Support [X] Oppose
Calendar Year-To-Date Per Election for Office Sought 1066066.46

Date of Public Distribution/Dissemination 10 / 27 / 2014
Amount 110.00
Transaction ID : b8e98f1d-92c4-4db0-8
Date of Disbursement or Obligation 10 / 27 / 2014
Office Sought: [] House District: 00 [] President [X] Senate State: NC
Disbursement For: [] Primary [X] General 2014 [] Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures 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 [Electronically Filed] Date 10 / 28 / 2014
Signature

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

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

Full Name of Payee Danielle McCoy
Mailing Address 1025 Cayley Ct
City High Point State NC Zip Code 27260
Purpose of Expenditure Mileage Category/Type 002
Name of Federal Candidate Ms. Kay Hagan [] Support [X] Oppose
Calendar Year-To-Date Per Election for Office Sought 1066066.46

Date of Public Distribution/Dissemination 10 / 27 / 2014
Amount 25.20
Transaction ID : 0b3af2f0-556f-4480-a
Date of Disbursement or Obligation 10 / 27 / 2014
Office Sought: [] House District: 00 [] President [X] Senate State: NC
Disbursement For: [] Primary [X] General 2014 [] Other (specify)

Full Name of Payee Eleanor McCoy
Mailing Address 4902 Catawba Dr
City Greensboro State NC Zip Code 27407
Purpose of Expenditure Salary Category/Type 001
Name of Federal Candidate Ms. Kay Hagan [] Support [X] Oppose
Calendar Year-To-Date Per Election for Office Sought 1066066.46

Date of Public Distribution/Dissemination 10 / 27 / 2014
Amount 110.00
Transaction ID : 893d9418-4fe7-4f43-8
Date of Disbursement or Obligation 10 / 27 / 2014
Office Sought: [] House District: 00 [] President [X] Senate State: NC
Disbursement For: [] Primary [X] General 2014 [] Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures 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.
Ms. Emily Buchanan [Electronically Filed] Date 10 / 28 / 2014
Signature

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

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

Full Name of Payee Eleanor McCoy
Mailing Address 4902 Catawba Dr
City Greensboro State NC Zip Code 27407
Purpose of Expenditure Mileage Category/Type 002
Name of Federal Candidate Ms. Kay Hagan [] Support [X] Oppose
Calendar Year-To-Date Per Election for Office Sought 1066066.46

Date of Public Distribution/Dissemination 10 / 27 / 2014
Amount 26.70
Transaction ID : 584dd87a-1c6e-4502-8
Date of Disbursement or Obligation 10 / 27 / 2014
Office Sought: [] House District: 00 [] President [X] Senate State: NC
Disbursement For: [] Primary [X] General 2014 [] Other (specify)

Full Name of Payee Rodney D Culbreth
Mailing Address 100 Asbury CT
3200 Dam Neck Rd
City Winchester State VA Zip Code 22602
Purpose of Expenditure Salary Category/Type 001
Name of Federal Candidate Mr. Greg Orman [] Support [X] Oppose
Calendar Year-To-Date Per Election for Office Sought 188002.26

Date of Public Distribution/Dissemination 10 / 27 / 2014
Amount 80.00
Transaction ID : ef6c714d-4e4e-4b13-b
Date of Disbursement or Obligation 10 / 27 / 2014
Office Sought: [] House District: 00 [] President [X] Senate State: KS
Disbursement For: [] Primary [X] General 2014 [] Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures 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.
Ms. Emily Buchanan [Electronically Filed] Date 10 / 28 / 2014
Signature

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

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

Full Name of Payee Rze Culbreath
Mailing Address 100 Asbury Ct
City Winchester State VA Zip Code 22602
Purpose of Expenditure Salary Category/Type 001
Name of Federal Candidate Mr. Greg Orman [] Support [X] Oppose
Calendar Year-To-Date Per Election for Office Sought 188002.26

Date of Public Distribution/Dissemination 10 / 27 / 2014
Amount 80.00
Transaction ID : 4fec77ff-ad61-48ca-9
Date of Disbursement or Obligation 10 / 27 / 2014
Office Sought: [] House District: 00 [] President [X] Senate State: KS
Disbursement For: [] Primary [X] General 2014 [] Other (specify)

Full Name of Payee Brieshauna M Stevens
Mailing Address 1703 Torrey Pines Ct
City Reston State VA Zip Code 20190
Purpose of Expenditure Salary Category/Type 001
Name of Federal Candidate Mr. Greg Orman [] Support [X] Oppose
Calendar Year-To-Date Per Election for Office Sought 188002.26

Date of Public Distribution/Dissemination 10 / 27 / 2014
Amount 60.00
Transaction ID : 6fdd2afd-3081-45fc-9
Date of Disbursement or Obligation 10 / 27 / 2014
Office Sought: [] House District: 00 [] President [X] Senate State: KS
Disbursement For: [] Primary [X] General 2014 [] Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures 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 10 / 28 / 2014
Signature

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

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

Full Name of Payee Daniel M Quackenbush
Mailing Address 12062 NC 902 Hwy
City Bear Creek State NC Zip Code 27207
Purpose of Expenditure Salary Category/Type 001
Name of Federal Candidate Ms. Kay Hagan [] Support [X] Oppose
Calendar Year-To-Date Per Election for Office Sought 1066066.46

Date of Public Distribution/Dissemination 10 / 27 / 2014
Amount 40.00
Transaction ID : 13c1701c-0d96-4184-9
Date of Disbursement or Obligation 10 / 27 / 2014
Office Sought: [] House District: 00 [] President [X] Senate State: NC
Disbursement For: [] Primary [X] General 2014 [] Other (specify)

Full Name of Payee Daniel M Quackenbush
Mailing Address 12062 NC 902 Hwy
City Bear Creek State NC Zip Code 27207
Purpose of Expenditure Mileage Category/Type 002
Name of Federal Candidate Ms. Kay Hagan [] Support [X] Oppose
Calendar Year-To-Date Per Election for Office Sought 1066066.46

Date of Public Distribution/Dissemination 10 / 27 / 2014
Amount 10.80
Transaction ID : 7ab6e9a4-6885-48d8-8
Date of Disbursement or Obligation 10 / 27 / 2014
Office Sought: [] House District: 00 [] President [X] Senate State: NC
Disbursement For: [] Primary [X] General 2014 [] Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures 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] Date 10 / 28 / 2014
Signature

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

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

Full Name of Payee Peggy S ODonnell
Mailing Address 4218 Eagle Lake Ct
City Bel Aire State KS Zip Code 67220
Purpose of Expenditure Salary Category/Type 001
Name of Federal Candidate Mr. Greg Orman [] Support [X] Oppose
Calendar Year-To-Date Per Election for Office Sought 188002.26

Date of Public Distribution/Dissemination 10 / 27 / 2014
Amount 15.00
Transaction ID : be7e0c9b-0df5-4e0e-a
Date of Disbursement or Obligation 10 / 27 / 2014
Office Sought: [] House District: 00 [] President [X] Senate State: KS
Disbursement For: [] Primary [X] General 2014 [] Other (specify)

Full Name of Payee Peggy S ODonnell
Mailing Address 4218 Eagle Lake Ct
City Bel Aire State KS Zip Code 67220
Purpose of Expenditure Mileage Category/Type 002
Name of Federal Candidate Mr. Greg Orman [] Support [X] Oppose
Calendar Year-To-Date Per Election for Office Sought 188002.26

Date of Public Distribution/Dissemination 10 / 27 / 2014
Amount 3.60
Transaction ID : 0d0b220d-3d5d-4dee-9
Date of Disbursement or Obligation 10 / 27 / 2014
Office Sought: [] House District: 00 [] President [X] Senate State: KS
Disbursement For: [] Primary [X] General 2014 [] Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures 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.
Ms. Emily Buchanan [Electronically Filed] Date 10 / 28 / 2014
Signature

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

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

Full Name of Payee Cameryn L Rasmussen
Mailing Address 4455 N Edaemoor Ct
City Bel Aire State KS Zip Code 67220
Purpose of Expenditure Salary Category/Type 001
Name of Federal Candidate Mr. Greg Orman [] Support [X] Oppose
Calendar Year-To-Date Per Election for Office Sought 188002.26

Date of Public Distribution/Dissemination 10 / 27 / 2014
Amount 37.50
Transaction ID : 49cf805d-6766-4184-9
Date of Disbursement or Obligation 10 / 27 / 2014
Office Sought: [] House District: 00 [] President [X] Senate State: KS
Disbursement For: [] Primary [X] General 2014 [] Other (specify)

Full Name of Payee Cameryn L Rasmussen
Mailing Address 4455 N Edaemoor Ct
City Bel Aire State KS Zip Code 67220
Purpose of Expenditure Mileage Category/Type 002
Name of Federal Candidate Mr. Greg Orman [] Support [X] Oppose
Calendar Year-To-Date Per Election for Office Sought 188002.26

Date of Public Distribution/Dissemination 10 / 27 / 2014
Amount 14.10
Transaction ID : eec0c536-9423-4447-b
Date of Disbursement or Obligation 10 / 27 / 2014
Office Sought: [] House District: 00 [] President [X] Senate State: KS
Disbursement For: [] Primary [X] General 2014 [] Other (specify)

Table with 2 columns: Description and Amount. (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 10 / 28 / 2014
Signature

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

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

Full Name of Payee Samantha Howell
Mailing Address 4849 N Glendale
City Bel Aire State KS Zip Code 67220
Purpose of Expenditure Salary Category/Type 001
Name of Federal Candidate Mr. Greg Orman [] Support [X] Oppose
Calendar Year-To-Date Per Election for Office Sought 188002.26

Date of Public Distribution/Dissemination 10 / 27 / 2014
Amount 37.50
Transaction ID : e2c4a4d8-ca41-4184-8
Date of Disbursement or Obligation 10 / 27 / 2014
Office Sought: [] House District: 00 [] President [X] Senate State: KS
Disbursement For: [] Primary [X] General 2014 [] Other (specify)

Full Name of Payee Samantha Howell
Mailing Address 4849 N Glendale
City Bel Aire State KS Zip Code 67220
Purpose of Expenditure Mileage Category/Type 002
Name of Federal Candidate Mr. Greg Orman [] Support [X] Oppose
Calendar Year-To-Date Per Election for Office Sought 188002.26

Date of Public Distribution/Dissemination 10 / 27 / 2014
Amount 14.10
Transaction ID : 15ec67bb-a8ca-435a-9
Date of Disbursement or Obligation 10 / 27 / 2014
Office Sought: [] House District: 00 [] President [X] Senate State: KS
Disbursement For: [] Primary [X] General 2014 [] Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures 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 10 / 28 / 2014
Signature

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

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

Full Name of Payee Ashley T Reed
Mailing Address 1519 E Village Estates Dr
City Park City State KS Zip Code 67216
Purpose of Expenditure Salary Category/Type 001
Name of Federal Candidate Mr. Greg Orman [] Support [X] Oppose
Calendar Year-To-Date Per Election for Office Sought 188002.26

Date of Public Distribution/Dissemination 10 / 27 / 2014
Amount 15.00
Transaction ID : 4b7cdb72-0ca6-49f2-b
Date of Disbursement or Obligation 10 / 27 / 2014
Office Sought: [] House District: 00 [] President [X] Senate State: KS
Disbursement For: [] Primary [X] General 2014 [] Other (specify)

Full Name of Payee Ashley T Reed
Mailing Address 1519 E Village Estates Dr
City Park City State KS Zip Code 67216
Purpose of Expenditure Mileage Category/Type 002
Name of Federal Candidate Mr. Greg Orman [] Support [X] Oppose
Calendar Year-To-Date Per Election for Office Sought 188002.26

Date of Public Distribution/Dissemination 10 / 27 / 2014
Amount 4.80
Transaction ID : e30f3928-bfdb-415e-8
Date of Disbursement or Obligation 10 / 27 / 2014
Office Sought: [] House District: 00 [] President [X] Senate State: KS
Disbursement For: [] Primary [X] General 2014 [] Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures 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.
Ms. Emily Buchanan [Electronically Filed] Date 10 / 28 / 2014
Signature

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

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

Full Name of Payee Jake Mathews
Mailing Address 6418 East 12 St
City Wichita State KS Zip Code 67206
Purpose of Expenditure Salary Category/Type 001
Name of Federal Candidate Mr. Greg Orman [] Support [X] Oppose
Calendar Year-To-Date Per Election for Office Sought 188002.26

Date of Public Distribution/Dissemination 10 / 27 / 2014
Amount 13.00
Transaction ID : afa2b292-442d-40c8-a
Date of Disbursement or Obligation 10 / 27 / 2014
Office Sought: [] House District: 00 [] President [X] Senate State: KS
Disbursement For: [] Primary [X] General 2014 [] Other (specify)

Full Name of Payee Jake Mathews
Mailing Address 6418 East 12 St
City Wichita State KS Zip Code 67206
Purpose of Expenditure Mileage Category/Type 002
Name of Federal Candidate Mr. Greg Orman [] Support [X] Oppose
Calendar Year-To-Date Per Election for Office Sought 188002.26

Date of Public Distribution/Dissemination 10 / 27 / 2014
Amount 6.00
Transaction ID : 1ebdbfb-95e2-4ddc-9
Date of Disbursement or Obligation 10 / 27 / 2014
Office Sought: [] House District: 00 [] President [X] Senate State: KS
Disbursement For: [] Primary [X] General 2014 [] Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures 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] Date 10 / 28 / 2014
Signature

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

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

Full Name of Payee Jennifer Cheever
Mailing Address 4545 S Gold
City Wichita State KS Zip Code 67217
Purpose of Expenditure Salary Category/Type 001
Name of Federal Candidate Mr. Greg Orman [] Support [X] Oppose
Calendar Year-To-Date Per Election for Office Sought 188002.26

Date of Public Distribution/Dissemination 10 / 27 / 2014
Amount 65.00
Transaction ID : 64a03dff-334f-472d-8
Date of Disbursement or Obligation 10 / 27 / 2014
Office Sought: [] House District: 00 [] President [X] Senate State: KS
Disbursement For: [] Primary [X] General 2014 [] Other (specify)

Full Name of Payee Jennifer Cheever
Mailing Address 4545 S Gold
City Wichita State KS Zip Code 67217
Purpose of Expenditure Mileage Category/Type 002
Name of Federal Candidate Mr. Greg Orman [] Support [X] Oppose
Calendar Year-To-Date Per Election for Office Sought 188002.26

Date of Public Distribution/Dissemination 10 / 27 / 2014
Amount 12.90
Transaction ID : 189f3de9-375d-4385-9
Date of Disbursement or Obligation 10 / 27 / 2014
Office Sought: [] House District: 00 [] President [X] Senate State: KS
Disbursement For: [] Primary [X] General 2014 [] Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures 77.90
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL Independent Expenditures

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.
Ms. Emily Buchanan [Electronically Filed] Date 10 / 28 / 2014
Signature

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

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

Full Name of Payee Gabriela P Sosa
Mailing Address 2530 Brook Stone Dr
City Clemmons State NC Zip Code 27012
Purpose of Expenditure Salary Category/Type 001
Date of Public Distribution/Dissemination 10/27/2014
Amount 80.00
Transaction ID : ddcbeb07-bf18-434e-9
Date of Disbursement or Obligation 10/27/2014
Name of Federal Candidate Ms. Kay Hagan [] Support [X] Oppose
Office Sought: [] House District: 00 [] President [X] Senate State: NC
Calendar Year-To-Date Per Election for Office Sought 1066066.46
Disbursement For: [] Primary [X] General 2014 [] Other (specify)

Full Name of Payee Gabriela P Sosa
Mailing Address 2530 Brook Stone Dr
City Clemmons State NC Zip Code 27012
Purpose of Expenditure Mileage Category/Type 002
Date of Public Distribution/Dissemination 10/27/2014
Amount 17.10
Transaction ID : f1da52b2-d061-4871-b
Date of Disbursement or Obligation 10/27/2014
Name of Federal Candidate Ms. Kay Hagan [] Support [X] Oppose
Office Sought: [] House District: 00 [] President [X] Senate State: NC
Calendar Year-To-Date Per Election for Office Sought 1066066.46
Disbursement For: [] Primary [X] 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 10/28/2014
Signature

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

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

Full Name of Payee Michael Terry
Mailing Address 936 S Cypress
City Wichita State KS Zip Code 67207
Purpose of Expenditure Salary Category/Type 001
Name of Federal Candidate Mr. Greg Orman [] Support [X] Oppose
Calendar Year-To-Date Per Election for Office Sought 188002.26

Date of Public Distribution/Dissemination 10 / 27 / 2014
Amount 65.00
Transaction ID : 57647edc-637f-4683-b
Date of Disbursement or Obligation 10 / 27 / 2014
Office Sought: [] House District: 00 [] President [X] Senate State: KS
Disbursement For: [] Primary [X] General 2014 [] Other (specify)

Full Name of Payee Michael Terry
Mailing Address 936 S Cypress
City Wichita State KS Zip Code 67207
Purpose of Expenditure Mileage Category/Type 002
Name of Federal Candidate Mr. Greg Orman [] Support [X] Oppose
Calendar Year-To-Date Per Election for Office Sought 188002.26

Date of Public Distribution/Dissemination 10 / 27 / 2014
Amount 12.90
Transaction ID : 42db5539-7608-4156-9
Date of Disbursement or Obligation 10 / 27 / 2014
Office Sought: [] House District: 00 [] President [X] Senate State: KS
Disbursement For: [] Primary [X] General 2014 [] Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures 77.90
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL Independent Expenditures

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.
Ms. Emily Buchanan [Electronically Filed] Date 10 / 28 / 2014
Signature

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

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

Full Name of Payee Carol L Walters
Mailing Address 1900 Glen West Way
City Fort Smith State AR Zip Code 72916
Purpose of Expenditure Salary Category/Type 001
Name of Federal Candidate Mr. Mark L Pryor [] Support [X] Oppose
Calendar Year-To-Date Per Election for Office Sought 210468.99

Date of Public Distribution/Dissemination 10 / 27 / 2014
Amount 60.00
Transaction ID : c8cc6144-af29-4c16-9
Date of Disbursement or Obligation 10 / 27 / 2014
Office Sought: [] House District: 00 [] President [X] Senate State: AR
Disbursement For: [] Primary [X] General 2014 [] Other (specify)

Full Name of Payee Carol L Walters
Mailing Address 1900 Glen West Way
City Fort Smith State AR Zip Code 72916
Purpose of Expenditure Mileage Category/Type 002
Name of Federal Candidate Mr. Mark L Pryor [] Support [X] Oppose
Calendar Year-To-Date Per Election for Office Sought 210468.99

Date of Public Distribution/Dissemination 10 / 27 / 2014
Amount 6.60
Transaction ID : 6ee537a8-7707-43bd-9
Date of Disbursement or Obligation 10 / 27 / 2014
Office Sought: [] House District: 00 [] President [X] Senate State: AR
Disbursement For: [] Primary [X] General 2014 [] Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures 66.60
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL Independent Expenditures

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.
Ms. Emily Buchanan [Electronically Filed] Date 10 / 28 / 2014
Signature

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

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

Full Name of Payee Kelly Dolan
Mailing Address 543 S 2nd St
City Bellaire State NC Zip Code 77401
Purpose of Expenditure Salary Category/Type 001
Name of Federal Candidate Ms. Mary L Landrieu [] Support [X] Oppose
Calendar Year-To-Date Per Election for Office Sought 215051.14

Date of Public Distribution/Dissemination 10 / 27 / 2014
Amount 80.00
Transaction ID : 16daa032-51df-4b7e-8
Date of Disbursement or Obligation 10 / 27 / 2014
Office Sought: [] House District: 00 [] President [X] Senate State: LA
Disbursement For: [] Primary [X] General 2014 [] Other (specify)

Full Name of Payee Kelly Dolan
Mailing Address 543 S 2nd St
City Bellaire State NC Zip Code 77401
Purpose of Expenditure Mileage Category/Type 002
Name of Federal Candidate Ms. Mary L Landrieu [] Support [X] Oppose
Calendar Year-To-Date Per Election for Office Sought 215051.14

Date of Public Distribution/Dissemination 10 / 27 / 2014
Amount 8.40
Transaction ID : e74ab967-17b7-4326-a
Date of Disbursement or Obligation 10 / 27 / 2014
Office Sought: [] House District: 00 [] President [X] Senate State: LA
Disbursement For: [] Primary [X] General 2014 [] Other (specify)

Table with 2 columns: Description and Amount. (a) SUBTOTAL of Itemized Independent Expenditures 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 10 / 28 / 2014
Signature

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

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

Full Name of Payee Cynthia J Christmas
Mailing Address 1731 Frenchmen St
City New Orleans State LA Zip Code 70116
Purpose of Expenditure Salary Category/Type 001

Date of Public Distribution/Dissemination 10 / 27 / 2014
Amount 60.00
Transaction ID : f619d5ae-c7d4-42be-9
Date of Disbursement or Obligation 10 / 27 / 2014

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

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

Full Name of Payee Shantal C Culbreath
Mailing Address 4691 Hercules Lane
City Woodbridge State VA Zip Code 22193
Purpose of Expenditure Salary Category/Type 001

Date of Public Distribution/Dissemination 10 / 27 / 2014
Amount 100.00
Transaction ID : ecddd956-7cb7-4c40-8
Date of Disbursement or Obligation 10 / 27 / 2014

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

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

(a) SUBTOTAL of Itemized Independent Expenditures 160.00
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL Independent Expenditures

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

Ms. Emily Buchanan [Electronically Filed] Date 10 / 28 / 2014
Signature

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

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

Full Name of Payee Parker H Morrow
Mailing Address 506 N Horton Street
City Searcy State AR Zip Code 72143
Purpose of Expenditure Salary Category/Type 001
Name of Federal Candidate Mr. Mark L Pryor [] Support [X] Oppose
Calendar Year-To-Date Per Election for Office Sought 210468.99

Date of Public Distribution/Dissemination 10 / 27 / 2014
Amount 50.00
Transaction ID : 2936983b-4dbe-4c8d-8
Date of Disbursement or Obligation 10 / 27 / 2014
Office Sought: [] House District: 00 [] President [X] Senate State: AR
Disbursement For: [] Primary [X] General 2014 [] Other (specify)

Full Name of Payee Parker H Morrow
Mailing Address 506 N Horton Street
City Searcy State AR Zip Code 72143
Purpose of Expenditure Mileage Category/Type 002
Name of Federal Candidate Mr. Mark L Pryor [] Support [X] Oppose
Calendar Year-To-Date Per Election for Office Sought 210468.99

Date of Public Distribution/Dissemination 10 / 27 / 2014
Amount 15.60
Transaction ID : a6200c85-3de3-4428-b
Date of Disbursement or Obligation 10 / 27 / 2014
Office Sought: [] House District: 00 [] President [X] Senate State: AR
Disbursement For: [] Primary [X] General 2014 [] Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures 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.
Ms. Emily Buchanan [Electronically Filed] Date 10 / 28 / 2014
Signature

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

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

Full Name of Payee Rebecca A Shearer
Mailing Address 6544 Arno College Grove Rd
City College Grove State TN Zip Code 37046
Purpose of Expenditure Salary Category/Type 001
Name of Federal Candidate Mr. Mark L Pryor [] Support [X] Oppose
Calendar Year-To-Date Per Election for Office Sought 210468.99

Date of Public Distribution/Dissemination 10 / 27 / 2014
Amount 50.00
Transaction ID : fb615771-2f9e-4f88-b
Date of Disbursement or Obligation 10 / 27 / 2014
Office Sought: [] House District: 00 [] President [X] Senate State: AR
Disbursement For: [] Primary [X] General 2014 [] Other (specify)

Full Name of Payee Rebecca A Shearer
Mailing Address 6544 Arno College Grove Rd
City College Grove State TN Zip Code 37046
Purpose of Expenditure Mileage Category/Type 002
Name of Federal Candidate Mr. Mark L Pryor [] Support [X] Oppose
Calendar Year-To-Date Per Election for Office Sought 210468.99

Date of Public Distribution/Dissemination 10 / 27 / 2014
Amount 9.60
Transaction ID : c0133699-b005-46d3-b
Date of Disbursement or Obligation 10 / 27 / 2014
Office Sought: [] House District: 00 [] President [X] Senate State: AR
Disbursement For: [] Primary [X] General 2014 [] Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures 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] Date 10 / 28 / 2014
Signature

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

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

Full Name of Payee Shelbi L Randall
Mailing Address 202 East Park Ave Apt 40
City Searcy State AR Zip Code 72143
Purpose of Expenditure Salary Category/Type 001
Name of Federal Candidate Mr. Mark L Pryor [] Support [X] Oppose
Calendar Year-To-Date Per Election for Office Sought 210468.99

Date of Public Distribution/Dissemination 10 / 27 / 2014
Amount 47.50
Transaction ID : 4dd2d23b-2b46-4697-b
Date of Disbursement or Obligation 10 / 27 / 2014
Office Sought: [] House District: 00 [] President [X] Senate State: AR
Disbursement For: [] Primary [X] General 2014 [] Other (specify)

Full Name of Payee Taylor N Randall
Mailing Address 2002 E Park Ave Apt 40
City Searcy State AR Zip Code 72143
Purpose of Expenditure Salary Category/Type 001
Name of Federal Candidate Mr. Mark L Pryor [] Support [X] Oppose
Calendar Year-To-Date Per Election for Office Sought 210468.99

Date of Public Distribution/Dissemination 10 / 27 / 2014
Amount 47.50
Transaction ID : dafcf3e1-269d-4ded-a
Date of Disbursement or Obligation 10 / 27 / 2014
Office Sought: [] House District: 00 [] President [X] Senate State: AR
Disbursement For: [] Primary [X] General 2014 [] Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures 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 10 / 28 / 2014
Signature

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

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

Full Name of Payee Taylor N Randall
Mailing Address 2002 E Park Ave Apt 40
City Searcy State AR Zip Code 72143
Purpose of Expenditure Mileage Category/Type 002
Name of Federal Candidate Mr. Mark L Pryor [] Support [X] Oppose
Calendar Year-To-Date Per Election for Office Sought 210468.99

Date of Public Distribution/Dissemination 10 / 27 / 2014
Amount 66.60
Transaction ID : 8ff9eb42-f93d-4054-8
Date of Disbursement or Obligation 10 / 27 / 2014
Office Sought: [] House District: 00 [] President [X] Senate State: AR
Disbursement For: [] Primary [X] General 2014 [] Other (specify)

Full Name of Payee Logan B Piper
Mailing Address 3205 Pebble Beach Rd
City Conway State AR Zip Code 72034
Purpose of Expenditure Salary Category/Type 001
Name of Federal Candidate Mr. Mark L Pryor [] Support [X] Oppose
Calendar Year-To-Date Per Election for Office Sought 210468.99

Date of Public Distribution/Dissemination 10 / 27 / 2014
Amount 58.70
Transaction ID : 2c2d13a7-f0d0-43c1-b
Date of Disbursement or Obligation 10 / 27 / 2014
Office Sought: [] House District: 00 [] President [X] Senate State: AR
Disbursement For: [] Primary [X] General 2014 [] Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures 125.30
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL Independent Expenditures

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.
Ms. Emily Buchanan [Electronically Filed] Date 10 / 28 / 2014
Signature

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

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

Full Name of Payee Logan B Piper
Mailing Address 3205 Pebble Beach Rd
City Conway State AR Zip Code 72034
Purpose of Expenditure Mileage Category/Type 002
Name of Federal Candidate Mr. Mark L Pryor [] Support [X] Oppose
Calendar Year-To-Date Per Election for Office Sought 210468.99

Date of Public Distribution/Dissemination 10 / 27 / 2014
Amount 21.36
Transaction ID : 33afd129-fa2c-4f13-a
Date of Disbursement or Obligation 10 / 27 / 2014
Office Sought: [] House District: 00 [] President [X] Senate State: AR
Disbursement For: [] Primary [X] General 2014 [] Other (specify)

Full Name of Payee Anthony Pearson
Mailing Address 112 apache Dr
City Search State AR Zip Code 72149
Purpose of Expenditure Salary Category/Type 001
Name of Federal Candidate Mr. Mark L Pryor [] Support [X] Oppose
Calendar Year-To-Date Per Election for Office Sought 210468.99

Date of Public Distribution/Dissemination 10 / 27 / 2014
Amount 70.00
Transaction ID : 36b02cf0-b96e-44f0-8
Date of Disbursement or Obligation 10 / 27 / 2014
Office Sought: [] House District: 00 [] President [X] Senate State: AR
Disbursement For: [] Primary [X] General 2014 [] Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures 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.
Ms. Emily Buchanan [Electronically Filed] Date 10 / 28 / 2014
Signature

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

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

Full Name of Payee Anthony Pearson
Mailing Address 112 apache Dr
City Search State AR Zip Code 72149
Purpose of Expenditure Mileage Category/Type 002
Name of Federal Candidate Mr. Mark L Pryor [] Support [X] Oppose
Calendar Year-To-Date Per Election for Office Sought 210468.99

Date of Public Distribution/Dissemination 10 / 27 / 2014
Amount 59.25
Transaction ID : a7423b14-70cf-435d-a
Date of Disbursement or Obligation 10 / 27 / 2014
Office Sought: [] House District: 00 [] President [X] Senate State: AR
Disbursement For: [] Primary [X] General 2014 [] Other (specify)

Full Name of Payee Claire A Smith
Mailing Address 6610 Walcott Rd
City Paragoud State AR Zip Code 72450
Purpose of Expenditure Salary Category/Type 001
Name of Federal Candidate Mr. Mark L Pryor [] Support [X] Oppose
Calendar Year-To-Date Per Election for Office Sought 210468.99

Date of Public Distribution/Dissemination 10 / 26 / 2014
Amount 50.00
Transaction ID : fb4384fd-234f-4e4d-8
Date of Disbursement or Obligation 10 / 26 / 2014
Office Sought: [] House District: 00 [] President [X] Senate State: AR
Disbursement For: [] Primary [X] General 2014 [] Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures 109.25
(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 10 / 28 / 2014
Signature

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

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

Full Name of Payee Claire A Smith
Mailing Address 6610 Walcott Rd
City Paragoud State AR Zip Code 72450
Purpose of Expenditure Mileage Category/Type 002
Name of Federal Candidate Mr. Mark L Pryor [] Support [X] Oppose
Calendar Year-To-Date Per Election for Office Sought 210468.99

Date of Public Distribution/Dissemination 10 / 26 / 2014
Amount 30.00
Transaction ID : a0f72903-92a9-4183-b
Date of Disbursement or Obligation 10 / 26 / 2014
Office Sought: [] House District: 00 [] President [X] Senate State: AR
Disbursement For: [] Primary [X] General 2014 [] Other (specify)

Full Name of Payee Claire A Smith
Mailing Address 6610 Walcott Rd
City Paragoud State AR Zip Code 72450
Purpose of Expenditure Salary Category/Type 001
Name of Federal Candidate Mr. Mark L Pryor [] Support [X] Oppose
Calendar Year-To-Date Per Election for Office Sought 210468.99

Date of Public Distribution/Dissemination 10 / 27 / 2014
Amount 70.00
Transaction ID : dc127198-6e5d-4a43-a
Date of Disbursement or Obligation 10 / 27 / 2014
Office Sought: [] House District: 00 [] President [X] Senate State: AR
Disbursement For: [] Primary [X] General 2014 [] Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures 100.00
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL Independent Expenditures

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.
Ms. Emily Buchanan [Electronically Filed] Date 10 / 28 / 2014
Signature

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

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

Full Name of Payee Claire A Smith
Mailing Address 6610 Walcott Rd
City Paragoud State AR Zip Code 72450
Purpose of Expenditure Mileage Category/Type 002
Name of Federal Candidate Mr. Mark L Pryor [] Support [X] Oppose
Calendar Year-To-Date Per Election for Office Sought 210468.99

Date of Public Distribution/Dissemination 10 / 27 / 2014
Amount 59.25
Transaction ID : 7d2739de-2617-4ec8-b
Date of Disbursement or Obligation 10 / 27 / 2014
Office Sought: [] House District: 00 [] President [X] Senate State: AR
Disbursement For: [] Primary [X] General 2014 [] Other (specify)

Full Name of Payee Jodi DeFrees
Mailing Address 201 E Mt Vernon
City Wichita State KS Zip Code 67211
Purpose of Expenditure Salary Category/Type 001
Name of Federal Candidate Mr. Greg Orman [] Support [X] Oppose
Calendar Year-To-Date Per Election for Office Sought 188002.26

Date of Public Distribution/Dissemination 10 / 25 / 2014
Amount 30.00
Transaction ID : 2b44fc95-9a07-4109-b
Date of Disbursement or Obligation 10 / 25 / 2014
Office Sought: [] House District: 00 [] President [X] Senate State: KS
Disbursement For: [] Primary [X] General 2014 [] Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures 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.
Ms. Emily Buchanan [Electronically Filed] Date 10 / 28 / 2014
Signature

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

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

Full Name of Payee Jodi DeFrees
Mailing Address 201 E Mt Vernon
City Wichita State KS Zip Code 67211
Purpose of Expenditure Mileage Category/Type 002
Date of Public Distribution/Dissemination 10/25/2014
Amount 5.70
Transaction ID : 8905c150-2e7f-4fde-9
Date of Disbursement or Obligation 10/25/2014
Name of Federal Candidate Mr. Greg Orman [] Support [X] Oppose
Office Sought: [] House District: 00 [] President [X] Senate State: KS
Calendar Year-To-Date Per Election for Office Sought 188002.26
Disbursement For: [] Primary [X] General 2014 [] Other (specify)

Full Name of Payee Marlene A Prosser
Mailing Address 1510 Decatur Rd
City Grantville State KS Zip Code 66429
Purpose of Expenditure Salary Category/Type 001
Date of Public Distribution/Dissemination 10/27/2014
Amount 30.00
Transaction ID : 8c6b5905-efa9-4773-9
Date of Disbursement or Obligation 10/27/2014
Name of Federal Candidate Mr. Greg Orman [] Support [X] Oppose
Office Sought: [] House District: 00 [] President [X] Senate State: KS
Calendar Year-To-Date Per Election for Office Sought 188002.26
Disbursement For: [] Primary [X] 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.

Ms. Emily Buchanan [Electronically Filed] Date 10/28/2014
Signature

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

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

Full Name of Payee Marlene A Prosser
Mailing Address 1510 Decatur Rd
City Grantville State KS Zip Code 66429
Purpose of Expenditure Mileage Category/Type 002
Name of Federal Candidate Mr. Greg Orman [] Support [X] Oppose
Calendar Year-To-Date Per Election for Office Sought 188002.26

Date of Public Distribution/Dissemination 10 / 27 / 2014
Amount 10.20
Transaction ID : da9c4bc8-14b6-4470-b
Date of Disbursement or Obligation 10 / 27 / 2014
Office Sought: [] House District: 00 [] President [X] Senate State: KS
Disbursement For: [] Primary [X] General 2014 [] Other (specify)

Full Name of Payee FP1 Strategies, LLC
Mailing Address P.O. Box 16504
City Alexandria State VA Zip Code 22302
Purpose of Expenditure Digital Ads Category/Type 004
Name of Federal Candidate Mark Begich [] Support [X] Oppose
Calendar Year-To-Date Per Election for Office Sought 583.33

Date of Public Distribution/Dissemination 10 / 27 / 2014
Amount 583.33
Transaction ID : 6ee5b558-7a7c-4558-a
Date of Disbursement or Obligation 10 / 27 / 2014
Office Sought: [] House District: 00 [] President [X] Senate State: AK
Disbursement For: [] Primary [X] General 2014 [] Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures 593.53
(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 10 / 28 / 2014
Signature

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

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

Full Name of Payee FP1 Strategies, LLC
Mailing Address P.O. Box 16504
City Alexandria State VA Zip Code 22302
Purpose of Expenditure Digital Ads Category/Type 004
Name of Federal Candidate Mr. Mark E Udall [] Support [X] Oppose
Calendar Year-To-Date Per Election for Office Sought 26020.48

Date of Public Distribution/Dissemination 10 / 27 / 2014
Amount 583.33
Transaction ID : d46ea1f6-f5fe-4164-8
Date of Disbursement or Obligation 10 / 27 / 2014
Office Sought: [] House District: 00 [] President [X] Senate State: CO
Disbursement For: [] Primary [X] General 2014 [] Other (specify)

Full Name of Payee FP1 Strategies, LLC
Mailing Address P.O. Box 16504
City Alexandria State VA Zip Code 22302
Purpose of Expenditure Digital Ads Category/Type 004
Name of Federal Candidate Bruce Braley [] Support [X] Oppose
Calendar Year-To-Date Per Election for Office Sought 583.33

Date of Public Distribution/Dissemination 10 / 27 / 2014
Amount 583.33
Transaction ID : a4425907-57ad-4aeb-9
Date of Disbursement or Obligation 10 / 27 / 2014
Office Sought: [] House District: 00 [] President [X] Senate State: IA
Disbursement For: [] Primary [X] General 2014 [] Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures 1166.66
(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 10 / 28 / 2014
Signature

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

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

Full Name of Payee FP1 Strategies, LLC
Mailing Address P.O. Box 16504
City Alexandria State VA Zip Code 22302
Purpose of Expenditure Digital Ads Category/Type 004
Name of Federal Candidate Mr. Greg Orman [] Support [X] Oppose
Calendar Year-To-Date Per Election for Office Sought 188002.26

Date of Public Distribution/Dissemination 10 / 27 / 2014
Amount 583.33
Transaction ID : c39b23fb-0cb9-4992-b
Date of Disbursement or Obligation 10 / 27 / 2014
Office Sought: [] House District: 00 [] President [X] Senate State: KS
Disbursement For: [] Primary [X] General 2014 [] Other (specify)

Full Name of Payee FP1 Strategies, LLC
Mailing Address P.O. Box 16504
City Alexandria State VA Zip Code 22302
Purpose of Expenditure Digital Ads Category/Type 004
Name of Federal Candidate Ms. Mary L Landrieu [] Support [X] Oppose
Calendar Year-To-Date Per Election for Office Sought 215051.14

Date of Public Distribution/Dissemination 10 / 27 / 2014
Amount 583.33
Transaction ID : a3e5e175-4b9d-4732-a
Date of Disbursement or Obligation 10 / 27 / 2014
Office Sought: [] House District: 00 [] President [X] Senate State: LA
Disbursement For: [] Primary [X] General 2014 [] Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures 1166.66
(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 10 / 28 / 2014
Signature

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

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

Full Name of Payee FP1 Strategies, LLC
Mailing Address P.O. Box 16504
City Alexandria State VA Zip Code 22302
Purpose of Expenditure Digital Ads Category/Type 004
Name of Federal Candidate Ms. Kay Hagan [] Support [X] Oppose
Calendar Year-To-Date Per Election for Office Sought 1066066.46

Date of Public Distribution/Dissemination 10 / 27 / 2014
Amount 583.33
Transaction ID : 4dd2fadd-ec22-4225-9
Date of Disbursement or Obligation 10 / 27 / 2014
Office Sought: [] House District: 00 [] President [X] Senate State: NC
Disbursement For: [] Primary [X] General 2014 [] Other (specify)

Full Name of Payee Heidi R Robinson
Mailing Address 3722 SE Evans Dr
City Topeka State KS Zip Code 66609
Purpose of Expenditure Salary Category/Type 001
Name of Federal Candidate Mr. Greg Orman [] Support [X] Oppose
Calendar Year-To-Date Per Election for Office Sought 188002.26

Date of Public Distribution/Dissemination 10 / 27 / 2014
Amount 12.00
Transaction ID : 61a8cd84-7260-406a-b
Date of Disbursement or Obligation 10 / 27 / 2014
Office Sought: [] House District: 00 [] President [X] Senate State: KS
Disbursement For: [] Primary [X] General 2014 [] Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures 595.33
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL Independent Expenditures

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.
Ms. Emily Buchanan [Electronically Filed] Date 10 / 28 / 2014
Signature

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

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

Full Name of Payee Heidi R Robinson
Mailing Address 3722 SE Evans Dr
City Topeka State KS Zip Code 66609
Purpose of Expenditure Mileage Category/Type 002
Date of Public Distribution/Dissemination 10/27/2014
Amount 2.40
Transaction ID : a5f2973c-7b4b-4ada-9
Date of Disbursement or Obligation 10/27/2014
Name of Federal Candidate Mr. Greg Orman [] Support [X] Oppose
Office Sought: [] House District: 00 [] President [X] Senate State: KS
Calendar Year-To-Date Per Election for Office Sought 188002.26
Disbursement For: [] Primary [X] General 2014 [] Other (specify)

Full Name of Payee Cynthia E Matson
Mailing Address 7101 E 69th St N
City Valley Center State KS Zip Code 67147
Purpose of Expenditure Salary Category/Type 001
Date of Public Distribution/Dissemination 10/27/2014
Amount 15.00
Transaction ID : 8c95001f-7977-430e-b
Date of Disbursement or Obligation 10/27/2014
Name of Federal Candidate Mr. Greg Orman [] Support [X] Oppose
Office Sought: [] House District: 00 [] President [X] Senate State: KS
Calendar Year-To-Date Per Election for Office Sought 188002.26
Disbursement For: [] Primary [X] 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] Date 10/28/2014
Signature

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

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

Full Name of Payee Cynthia E Matson
Mailing Address 7101 E 69th St N
City Valley Center State KS Zip Code 67147
Purpose of Expenditure Mileage Category/Type 002
Name of Federal Candidate Mr. Greg Orman [] Support [X] Oppose
Calendar Year-To-Date Per Election for Office Sought 188002.26

Date of Public Distribution/Dissemination 10 / 27 / 2014
Amount 3.30
Transaction ID : c73a2245-949a-45dd-a
Date of Disbursement or Obligation 10 / 27 / 2014
Office Sought: [] House District: 00 [] President [X] Senate State: KS
Disbursement For: [] Primary [X] General 2014 [] Other (specify)

Full Name of Payee FP1 Strategies, LLC
Mailing Address P.O. Box 16504
City Alexandria State VA Zip Code 22302
Purpose of Expenditure Digital Ads Category/Type 004
Name of Federal Candidate Ms. Kay Hagan [] Support [X] Oppose
Calendar Year-To-Date Per Election for Office Sought 1066066.46

Date of Public Distribution/Dissemination 10 / 27 / 2014
Amount 450.00
Transaction ID : c107053a-46c7-4a39-9
Date of Disbursement or Obligation 10 / 27 / 2014
Office Sought: [] House District: 00 [] President [X] Senate State: NC
Disbursement For: [] Primary [X] General 2014 [] Other (specify)

Table with 2 columns: Description and Amount. (a) SUBTOTAL of Itemized Independent Expenditures 453.30, (b) SUBTOTAL of Unitemized Independent Expenditures, (c) TOTAL Independent Expenditures 16313.36

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

Ms. Emily Buchanan [Electronically Filed] Date 10 / 28 / 2014
Signature