

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

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 FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) WOMEN SPEAK OUT PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if ☐ 24-hour report ☒ 48-hour report ☒ New report ☐ Amends report filed on					
Full Name of Payee Campaign Graphics			Date of Public Distribution/Dissemination MM / DD / YYYY 08 / 04 / 2016		
Mailing Address 1229 N. Wakonda Street			Amount 153.94		
City State Zip Code Flagstaff AZ 86004		Transaction ID : SE.6195 Date of Disbursement or Obligation MM / DD / YYYY 08 / 04 / 2016			
Purpose of Expenditure Lapel Stickers		Category/Type 004			
Name of Federal Candidate HILLARY RODHAM CLINTON			☐ Support ☒ Oppose		
Calendar Year-To-Date Per Election for Office Sought			Office Sought: ☐ House District: _____ ☒ President ☐ Senate State: NC		
64278.94			Disbursement For: ☐ Primary ☒ General 2016 ☐ Other (specify) ▶		
Full Name of Payee Campaign Graphics			Date of Public Distribution/Dissemination MM / DD / YYYY 08 / 04 / 2016		
Mailing Address 1229 N. Wakonda Street			Amount 153.94		
City State Zip Code Flagstaff AZ 86004		Transaction ID : SE.6197 Date of Disbursement or Obligation MM / DD / YYYY 08 / 04 / 2016			
Purpose of Expenditure Lapel Stickers		Category/Type 004			
Name of Federal Candidate DEBORAH K ROSS			☐ Support ☒ Oppose		
Calendar Year-To-Date Per Election for Office Sought			Office Sought: ☐ House District: _____ ☐ President ☒ Senate State: NC		
42903.94			Disbursement For: ☐ Primary ☒ General 2016 ☐ Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			307.88		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶			0.00		
(c) TOTAL Independent Expenditures..... ▶			307.88		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature Emily Buchanan			Date MM / DD / YYYY 08 / 04 / 2016		

[Electronically Filed]