

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT Example: If typing, type over the lines. 12FE4M5 Women Speak Out PAC

ADDRESS (number and street) 1200 New Hampshire Ave NW Suite 750 Washington DC 20036 Check if different than previously reported. (ACC)

2. FEC IDENTIFICATION NUMBER C C00530766 3. IS THIS REPORT NEW (N) OR AMENDED (A) X

4. TYPE OF REPORT (Choose One) (a) Quarterly Reports: April 15 Quarterly Report (Q1) July 15 Quarterly Report (Q2) October 15 Quarterly Report (Q3) January 31 Year-End Report (YE) July 31 Mid-Year Report (Non-election Year Only) (MY) Termination Report (TER) (b) Monthly Report Due On: Feb 20 (M2) May 20 (M5) Aug 20 (M8) Nov 20 (M11) (Non-Election Year Only) Mar 20 (M3) Jun 20 (M6) Sep 20 (M9) Dec 20 (M12) (Non-Election Year Only) Apr 20 (M4) Jul 20 (M7) Oct 20 (M10) Jan 31 (YE) (c) 12-Day PRE-Election Report for the: Primary (12P) General (12G) Runoff (12R) Convention (12C) Special (12S) Election on in the State of (d) 30-Day POST-Election Report for the: General (30G) Runoff (30R) Special (30S) Election on in the State of

5. Covering Period 11 / 25 / 2014 through 12 / 26 / 2014

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

Type or Print Name of Treasurer Ms. Emily Buchanan

Signature of Treasurer Ms. Emily Buchanan [Electronically Filed] Date 05 / 18 / 2015

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

**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

**Women Speak Out PAC**

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

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2014"/>	<input type="text" value="1842.48"/>	<input type="text" value="1842.48"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="371488.42"/>	
(c) Total Receipts (from Line 19) .....	<input type="text" value="74748.48"/>	<input type="text" value="3757197.19"/>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	<input type="text" value="446236.9"/>	<input type="text" value="3759039.67"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="433527.19"/>	<input type="text" value="3746329.96"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="12709.71"/>	<input type="text" value="12709.71"/>
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D).....	<input type="text" value="0.00"/>	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D).....	<input type="text" value="40598.09"/>	

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

**For further information contact:**

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

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

## DETAILED SUMMARY PAGE of Receipts

FEC Form 3X (Rev. 06/2004)

Write or Type Committee Name

**Women Speak Out PAC**

Report Covering the Period: From: M M / D D / Y Y Y Y 11 / 25 / 2014 To: M M / D D / Y Y Y Y 12 / 26 / 2014

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	30254.39	3537703.48
(ii) Unitemized .....	3896.00	108895.62
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	34150.39	3646599.1
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0	70000
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5) .....	34150.39	3716599.1
12. Transfers From Affiliated/Other Party Committees.....	0.00	0.00
13. All Loans Received .....	40598.09	40598.09
14. Loan Repayments Received.....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....	0	0
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3).....	0.00	0.00
(b) Levin Funds (from Schedule H5) .....	0.00	0.00
(c) Total Transfers (add 18(a) and 18(b))..	0	
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))..... ▶	74748.48	3757197.19
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	74748.48	3757197.19

**DETAILED SUMMARY PAGE**  
of Disbursements

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share .....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures .....	177037.31	1409355.05
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	177037.31	1409355.05
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	0	3000
24. Independent Expenditures (use Schedule E) .....	256489.88	2333974.91
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees .....	0.00	0.00
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0	0
29. Other Disbursements .....	0.00	0.00
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share .....	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds .....	0.00	0.00
(c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	433527.19	3746329.96
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	433527.19	3746329.96

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3) .....	34150.39	3716599.1
34. Total Contribution Refunds (from Line 28(d)) .....	0	0
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	34150.39	3716599.1
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) ..... ▶	177037.31	1409355.05
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0	0
38. Net Operating Expenditures (subtract Line 37 from Line 36) ..... ▶	177037.31	1409355.05

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 6 OF 457
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**Women Speak Out PAC**

Full Name (Last, First, Middle Initial)  
**A. Robert Muir**

Mailing Address 522 Wedgewood Terrace

City Germantown Hills	State IL	Zip Code 61548
--------------------------	-------------	-------------------

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

Name of Employer Retired	Occupation Patent Attorney
-----------------------------	-------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  

M M	/	D D	/	Y Y Y Y
12	/	02	/	2014

**Transaction ID : 8E-9F4B-CC75C1EEE6D6**

Amount of Each Receipt this Period  
500.00

Full Name (Last, First, Middle Initial)  
**B. Howard Ahmanson**

Mailing Address P.O. Box 19599

City Irvine	State CA	Zip Code 92623
----------------	-------------	-------------------

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

Name of Employer Fieldstead & Co.	Occupation Founder & Trustee
--------------------------------------	---------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
10000.00

Date of Receipt  

M M	/	D D	/	Y Y Y Y
12	/	02	/	2014

**Transaction ID : 90-B476-5F01993964F4**

Amount of Each Receipt this Period  
10000.00

Full Name (Last, First, Middle Initial)  
**C. Daniel Costello**

Mailing Address 9236 South Komensky Avenue

City Oak Lawn	State IL	Zip Code 60453
------------------	-------------	-------------------

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

Name of Employer University of Notre DAME	Occupation Professor
--	-------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1000.00

Date of Receipt  

M M	/	D D	/	Y Y Y Y
12	/	02	/	2014

**Transaction ID : 15-81FF-CCC408EBF92D**

Amount of Each Receipt this Period  
1000.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	11500.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 OF 457
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**Women Speak Out PAC**

**A. David Hanson**  
Full Name (Last, First, Middle Initial)

Mailing Address 1803 Springview Drive

City Mason City State IA Zip Code 50401

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

Name of Employer Mercy Med. Center- North Iowa Occupation Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 02 / 2014  
**Transaction ID : 25-8274-BDEA1128717D**

Amount of Each Receipt this Period  
500.00

**B. Susan B Anthony List, Inc.**  
Full Name (Last, First, Middle Initial)

Mailing Address 1200 New Hampshire Ave NW Ste 750

City Washington State DC Zip Code 20036

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1575192.41

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 11 / 30 / 2014  
**Transaction ID : 62-A04A-9BB9AD183E8D**

Amount of Each Receipt this Period  
1057.30

In Kind Donation of Office Expense

In Kind Donation of Office Expense

**C. Susan B Anthony List, Inc.**  
Full Name (Last, First, Middle Initial)

Mailing Address 1200 New Hampshire Ave NW Ste 750

City Washington State DC Zip Code 20036

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1575192.41

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 11 / 30 / 2014  
**Transaction ID : 9C-94EF-BA8E00C334A7**

Amount of Each Receipt this Period  
1222.09

In Kind Donation of Payroll Taxes

In Kind Donation of Payroll Taxes

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 2779.39

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

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

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

FOR LINE NUMBER: PAGE 8 OF 457  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**Women Speak Out PAC**

**A.** Full Name (Last, First, Middle Initial)  
**Susan B Anthony List, Inc.**

Mailing Address 1200 New Hampshire Ave NW  
Ste 750

City Washington State DC Zip Code 20036

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

Name of Employer Occupation

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1575192.41

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 11 / 30 / 2014  
**Transaction ID : 00-9C32-8070199D11FA**

Amount of Each Receipt this Period  
15975.00

In Kind Donation of Salaries

In Kind Donation of Salaries

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt  
 M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt  
 M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	15975.00
<b>TOTAL</b> This Period (last page this line number only).....▶	30254.39



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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 9 OF 457
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input checked="" type="checkbox"/> 16
			<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Women Speak Out PAC**

**A. Susan B Anthony List**  
Full Name (Last, First, Middle Initial)  
Mailing Address 1707 L St., NW  
City Washington State DC Zip Code 20036  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Occupation  
Receipt For:  
 Primary  General  
 Other (specify) ▼  
Aggregate Year-to-Date ▼

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
11 / 30 / 2014  
**Transaction ID : 51-A4EA-686D7A7407DE**  
Amount of Each Receipt this Period  
40598.09

**B.**  
Full Name (Last, First, Middle Initial)  
Mailing Address  
City State Zip Code  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Occupation  
Receipt For:  
 Primary  General  
 Other (specify) ▼  
Aggregate Year-to-Date ▼

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
Amount of Each Receipt this Period

**C.**  
Full Name (Last, First, Middle Initial)  
Mailing Address  
City State Zip Code  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Occupation  
Receipt For:  
 Primary  General  
 Other (specify) ▼  
Aggregate Year-to-Date ▼

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
Amount of Each Receipt this Period

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	40598.09
<b>TOTAL</b> This Period (last page this line number only).....▶	40598.09

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
**Women Speak Out PAC**

Full Name (Last, First, Middle Initial)

**A. Strategic Media Services**

Mailing Address 1911 North Ft Myer Dr  
Suite 400

City Arlington State VA Zip Code 22209

Purpose of Disbursement  
Media Consulting

Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

/  /

**Transaction ID : 000EF786-601D-4321-8**

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

**B. Intuit**

Mailing Address 2632 Marine Way

City Mountain View State CA Zip Code 94042

Purpose of Disbursement  
Credit Card Processing Fees

Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

/  /

**Transaction ID : 00537F59-5F75-47A0-8**

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

**C. Charles B Schmitz**

Mailing Address 213 South Haynes St

City Poplarville State MS Zip Code 39470

Purpose of Disbursement  
Travel Reimbursements

Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

/  /

**Transaction ID : 04AC6B94-14CB-472D-A**

Amount of Each Disbursement this Period

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

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

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
**Women Speak Out PAC**

Full Name (Last, First, Middle Initial)

**A. Charles B Schmitz**

Mailing Address 213 South Haynes St

City Poplarville State MS Zip Code 39470

Purpose of Disbursement  
Travel Reimbursements

002

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

M M / D D / Y Y Y Y Y  
12 / 16 / 2014

Transaction ID : 04B2D02E-BF05-4107-8

Amount of Each Disbursement this Period

355.59

Full Name (Last, First, Middle Initial)

**B. Activist Manager**

Mailing Address PO Box 601

City Great Falls State VA Zip Code 22066

Purpose of Disbursement  
FEC Report Management

001

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

M M / D D / Y Y Y Y Y  
12 / 22 / 2014

Transaction ID : 0796DBFC-B5D2-4209-B

Amount of Each Disbursement this Period

3000.00

Full Name (Last, First, Middle Initial)

**C. Christopher Crawford**

Mailing Address 18 Fairhaven road

City Nashua State NH Zip Code 03060

Purpose of Disbursement  
Travel Reimbursements

002

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

M M / D D / Y Y Y Y Y  
12 / 22 / 2014

Transaction ID : 08A28DE3-DED7-4738-B

Amount of Each Disbursement this Period

3609.38

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

6964.97

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

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
**Women Speak Out PAC**

Full Name (Last, First, Middle Initial)

**A. Delta**

Mailing Address P.O. Box 20706

City Atlanta State GA Zip Code 30320

Purpose of Disbursement  
Travel

Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

/  /

**Transaction ID : 7521B067-750A-40C2-9**

Amount of Each Disbursement this Period

**[MEMO ITEM]**  
Itemization Of Reimbursement

Full Name (Last, First, Middle Initial)

**B. Hampton Inn**

Mailing Address 2730 N Causeway Blvd

City Metairie State LA Zip Code 70002

Purpose of Disbursement  
Travel

Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

/  /

**Transaction ID : 68395532-E885-4EBB-A**

Amount of Each Disbursement this Period

**[MEMO ITEM]**  
Itemization Of Reimbursement

Full Name (Last, First, Middle Initial)

**C. FedEx**

Mailing Address 3875 Airways, Module H3

City Memphis State TN Zip Code 38116

Purpose of Disbursement  
Supplies

Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

/  /

**Transaction ID : 6309EC53-9F85-4E89-8**

Amount of Each Disbursement this Period

**[MEMO ITEM]**  
Itemization Of Reimbursement

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

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

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
**Women Speak Out PAC**

Full Name (Last, First, Middle Initial)

**A. Pizza Hut**

Mailing Address 4205 Georgia Ave

City Washington State DC Zip Code 20036

Purpose of Disbursement  
Meals

Category/  
Type

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

/  /

**Transaction ID : 11376829-F671-40AC-A**

Amount of Each Disbursement this Period

**[MEMO ITEM]**  
Itemization Of Reimbursement

Full Name (Last, First, Middle Initial)

**B. FedEx**

Mailing Address 3875 Airways, Module H3

City Memphis State TN Zip Code 38116

Purpose of Disbursement  
Supplies

Category/  
Type

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

/  /

**Transaction ID : A6E9E6D5-1CE9-4A74-8**

Amount of Each Disbursement this Period

**[MEMO ITEM]**  
Itemization Of Reimbursement

Full Name (Last, First, Middle Initial)

**C. FedEx**

Mailing Address 3875 Airways, Module H3

City Memphis State TN Zip Code 38116

Purpose of Disbursement  
Supplies

Category/  
Type

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

/  /

**Transaction ID : 8C9DEE56-3A15-487B-8**

Amount of Each Disbursement this Period

**[MEMO ITEM]**  
Itemization Of Reimbursement

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

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

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
**Women Speak Out PAC**

Full Name (Last, First, Middle Initial)

**A. FedEx**

Mailing Address 3875 Airways, Module H3

City Memphis State TN Zip Code 38116

Purpose of Disbursement  
Supplies

Category/  
Type

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

/  /

**Transaction ID : C31E7631-CAB8-4ACA-8**

Amount of Each Disbursement this Period

**[MEMO ITEM]**  
Itemization Of Reimbursement

Full Name (Last, First, Middle Initial)

**B. WalMart**

Mailing Address 880 N Highway 190

City Covington State LA Zip Code 70433

Purpose of Disbursement  
Supplies

Category/  
Type

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

/  /

**Transaction ID : 531972EE-C3D9-4487-8**

Amount of Each Disbursement this Period

**[MEMO ITEM]**  
Itemization Of Reimbursement

Full Name (Last, First, Middle Initial)

**C. Don's Seafood**

Mailing Address 126 Lake Dr

City Covington State LA Zip Code 70433

Purpose of Disbursement  
Meals

Category/  
Type

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

/  /

**Transaction ID : 780FFCFB-CD59-4495-9**

Amount of Each Disbursement this Period

**[MEMO ITEM]**  
Itemization Of Reimbursement

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

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

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
**Women Speak Out PAC**

Full Name (Last, First, Middle Initial)

**A. Hertz**

Mailing Address New Orleans Int'l Airport

City Kenner State LA Zip Code 70062

Purpose of Disbursement  
Travel

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
12			22			2014			

**Transaction ID : 083982F8-7F11-423C-9**

Amount of Each Disbursement this Period

789.39
--------

**[MEMO ITEM]**  
Itemization Of Reimbursement

Full Name (Last, First, Middle Initial)

**B. US Airways**

Mailing Address 4333 Amon Carter Blvd

City Fort Worth State TX Zip Code 76155

Purpose of Disbursement  
Travel

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
12			22			2014			

**Transaction ID : 648F1DE2-018A-49BB-9**

Amount of Each Disbursement this Period

501.10
--------

**[MEMO ITEM]**  
Itemization Of Reimbursement

Full Name (Last, First, Middle Initial)

**C. AR Department of Revenue**

Mailing Address 1509 W. 7th Street

City Little Rock State AR Zip Code 72201

Purpose of Disbursement  
Taxes

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
12			16			2014			

**Transaction ID : 09384E3E-FE6B-4A31-9**

Amount of Each Disbursement this Period

56.84
-------

**[MEMO ITEM]**  
Itemization Of Reimbursement

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

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

56.84
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
**Women Speak Out PAC**

Full Name (Last, First, Middle Initial)

**A. Shanon Snyder**

Mailing Address 2701 Winifred

City Metairie State LA Zip Code 70003

Purpose of Disbursement Salaries

Category/  
Type

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

/  /

Transaction ID : **0CA5227D-423D-4788-A**

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

**B. MTOT Disc Bankcard**

Mailing Address 21215 Burbank Blvd Suite 300

City Woodland Hills State CA Zip Code 91367

Purpose of Disbursement Credit Card Processing Fees

Category/  
Type

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

/  /

Transaction ID : **0CDC59BA-5586-43C7-B**

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

**C. IRS**

Mailing Address IRS

City Cincinnati State OH Zip Code 45999

Purpose of Disbursement Taxes

Category/  
Type

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

/  /

Transaction ID : **121516EA-101F-4BEE-8**

Amount of Each Disbursement this Period

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

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



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

Use separate schedule(s)  
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Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
**Women Speak Out PAC**

Full Name (Last, First, Middle Initial)

**A. Ursula Anderson**

Mailing Address 210 Cooper Drive

City Lafayette State LA Zip Code 70501

Purpose of Disbursement  
Travel Reimbursement

Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

/  /

**Transaction ID : 162A53DB-C9A5-4C16-B**

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

**B. Ms. Dayna Poppen**

Mailing Address 111 Jerold Dr

City West Monroe State LA Zip Code 71291

Purpose of Disbursement  
Travel Reimbursements

Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

/  /

**Transaction ID : 175122B0-4CF3-4A68-8**

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

**C. Mr. Mick Bransfield**

Mailing Address 12720 Builders Rd

City Herndon State VA Zip Code 20170

Purpose of Disbursement  
Salaries

Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

/  /

**Transaction ID : 18922A2F-7455-47A3-9**

Amount of Each Disbursement this Period

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

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

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
**Women Speak Out PAC**

Full Name (Last, First, Middle Initial)

**A. The Lukens Company**

Mailing Address 2800 Shirlington Rd

City State Zip Code  
Arlington VA 22206

Purpose of Disbursement  
Fundraising Mailing

003

Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y Y Y  
11 / 26 / 2014

Transaction ID : 19EEBA45-B74B-42B6-8

Amount of Each Disbursement this Period

1631.70

Full Name (Last, First, Middle Initial)

**B. Chain Bridge Bank**

Mailing Address 1445-A Laughlin Avenue

City State Zip Code  
McLean VA 22101

Purpose of Disbursement  
Bank Fees

001

Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y Y Y  
12 / 08 / 2014

Transaction ID : 1E7A0AF7-715B-4ABF-A

Amount of Each Disbursement this Period

7.90

Full Name (Last, First, Middle Initial)

**C. Sudden Link Business Office**

Mailing Address 1820 S SW Loop 323

City State Zip Code  
Tyler TX 75701

Purpose of Disbursement  
Utilities

001

Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y Y Y  
12 / 16 / 2014

Transaction ID : 205B8729-3352-4FAC-B

Amount of Each Disbursement this Period

272.27

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

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

1911.87

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

Use separate schedule(s)  
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Detailed Summary Page

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

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NAME OF COMMITTEE (In Full)  
**Women Speak Out PAC**

Full Name (Last, First, Middle Initial)

**A. Martha C Luke**

Mailing Address 345 S Club Ave

City St. Gabriel State LA Zip Code 70776

Purpose of Disbursement  
Travel Reimbursements

Category/  
Type

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

/  /

Transaction ID : 24ECACDC-1CDF-4A50-8

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

**B. Discount Bankcard**

Mailing Address 21215 Burbank Blvd  
Suite 300

City Woodland Hills State CA Zip Code 91367

Purpose of Disbursement  
Credit Card Processing Fees

Category/  
Type

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

/  /

Transaction ID : 2B93D97E-B542-4BDB-8

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

**C. Martha C Luke**

Mailing Address 345 S Club Ave

City St. Gabriel State LA Zip Code 70776

Purpose of Disbursement  
Salaries

Category/  
Type

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

/  /

Transaction ID : 2C5E23FE-89A3-4666-B

Amount of Each Disbursement this Period

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

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

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
**Women Speak Out PAC**

Full Name (Last, First, Middle Initial)

**A. Mr. Mick Bransfield**

Mailing Address 12720 Builders Rd

City Herndon State VA Zip Code 20170

Purpose of Disbursement  
Travel Reimbursements

Category/  
Type

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

/  /

Transaction ID : 2F2C6F2D-D309-4009-A

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

**B. Mr. Mick Bransfield**

Mailing Address 12720 Builders Rd

City Herndon State VA Zip Code 20170

Purpose of Disbursement  
National Field Consulting

Category/  
Type

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

/  /

Transaction ID : 906E48A5-A00F-43CB-9

Amount of Each Disbursement this Period

**[MEMO ITEM]**  
Itemization

Full Name (Last, First, Middle Initial)

**C. Delta**

Mailing Address P.O. Box 20706

City Atlanta State GA Zip Code 30320

Purpose of Disbursement  
Travel

Category/  
Type

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

/  /

Transaction ID : 09E91A24-345D-4345-A

Amount of Each Disbursement this Period

**[MEMO ITEM]**  
Itemization Of Reimbursement

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

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

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

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

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

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NAME OF COMMITTEE (In Full)  
**Women Speak Out PAC**

Full Name (Last, First, Middle Initial)

**A. Frank Cannon**

Mailing Address 6217 Lee Highway

City Arlington State VA Zip Code 22205

Purpose of Disbursement  
Political Consulting

Category/  
Type

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

/  /

**Transaction ID : 35AACF2A-70A5-4F8E-8**

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

**B. Shanon Snyder**

Mailing Address 2701 Winifred

City Metairie State LA Zip Code 70003

Purpose of Disbursement  
Travel Reimbursement

Category/  
Type

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

/  /

**Transaction ID : 38513008-AE05-4C0E-8**

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

**C. Martha C Luke**

Mailing Address 345 S Club Ave

City St. Gabriel State LA Zip Code 70776

Purpose of Disbursement  
Salaries

Category/  
Type

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

/  /

**Transaction ID : 388423CA-B62D-4063-8**

Amount of Each Disbursement this Period

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

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

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

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

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

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NAME OF COMMITTEE (In Full)  
**Women Speak Out PAC**

Full Name (Last, First, Middle Initial)

**A. Mr. Grayson Greco**

Mailing Address 115 Wyndham Way

City State Zip Code  
Wilmington NC 24811

Purpose of Disbursement  
Travel Reimbursements

Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

/  /

**Transaction ID : 38C0D92A-C664-4B94-A**

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

**B. Mr. Robert Clapper**

Mailing Address 924 French St.

City State Zip Code  
New Orleans LA 70124

Purpose of Disbursement  
Salaries

Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

/  /

**Transaction ID : 38CA9676-E18E-4F05-8**

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

**C. Emily Buchanan**

Mailing Address 1707 L St, NW  
Suite 550

City State Zip Code  
Washington DC 20036

Purpose of Disbursement  
Salaries

Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

/  /

**Transaction ID : 3A3F4667-F9DD-4C49-8**

Amount of Each Disbursement this Period

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

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

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
**Women Speak Out PAC**

Full Name (Last, First, Middle Initial)

**A. PayChex**

Mailing Address 911 Panorama Trail S

City Rochester State NY Zip Code 14625

Purpose of Disbursement  
Payroll Processing Fees

001

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
12 / 10 / 2014

Transaction ID : 3B5B8301-2383-4D36-B

Amount of Each Disbursement this Period

48.80

Full Name (Last, First, Middle Initial)

**B. The Stone Ridge Group**

Mailing Address 4400 NorthPoint Parkway  
Suite 190

City Alpharetta State GA Zip Code 30022

Purpose of Disbursement  
Design Work

003

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
12 / 01 / 2014

Transaction ID : 3B89689A-33AE-4CCD-B

Amount of Each Disbursement this Period

12599.75

Full Name (Last, First, Middle Initial)

**C. Ursula Anderson**

Mailing Address 210 Cooper Drive

City Lafayette State LA Zip Code 70501

Purpose of Disbursement  
Salaries

001

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
12 / 19 / 2014

Transaction ID : 3BAC6990-01C4-4D96-A

Amount of Each Disbursement this Period

1023.94

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

13672.49

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

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
**Women Speak Out PAC**

Full Name (Last, First, Middle Initial)

**A. Christopher Crawford**

Mailing Address 18 Fairhaven road

City State Zip Code  
Nashua NH 03060

Purpose of Disbursement  
Salaries

001  
Category/  
Type

Candidate Name

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

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
12 / 19 / 2014

Transaction ID : 3F22E233-2B72-4B6C-9

Amount of Each Disbursement this Period

1100.75

Full Name (Last, First, Middle Initial)

**B. IRS**

Mailing Address IRS

City State Zip Code  
Cincinnati OH 45999

Purpose of Disbursement  
Taxes

001  
Category/  
Type

Candidate Name

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

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
12 / 19 / 2014

Transaction ID : 4193DDD1-11BD-45BB-B

Amount of Each Disbursement this Period

4694.87

Full Name (Last, First, Middle Initial)

**C. Chain Bridge Bank**

Mailing Address 1445-A Laughlin Avenue

City State Zip Code  
McLean VA 22101

Purpose of Disbursement  
Bank Fees

001  
Category/  
Type

Candidate Name

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

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
11 / 28 / 2014

Transaction ID : 42456B0F-4F82-4292-8

Amount of Each Disbursement this Period

10.00

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

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

5805.62



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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
**Women Speak Out PAC**

Full Name (Last, First, Middle Initial)

**A. Chain Bridge Bank**

Mailing Address 1445-A Laughlin Avenue

City McLean State VA Zip Code 22101

Purpose of Disbursement  
Bank Fees

Category/  
Type

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

/  /

Transaction ID : 42E3CE71-2FBD-4034-B

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

**B. Intuit**

Mailing Address 2632 Marine Way

City Mountain View State CA Zip Code 94042

Purpose of Disbursement  
Credit Card Processing Fees

Category/  
Type

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

/  /

Transaction ID : 4367604B-D25A-4E3F-8

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

**C. Ms. Ruth Wisher**

Mailing Address 515 Gardere Lane  
Apt 215

City Baton Rouge State LA Zip Code 70820

Purpose of Disbursement  
Travel Reimbursement

Category/  
Type

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

/  /

Transaction ID : 4622ED92-FAF2-4542-8

Amount of Each Disbursement this Period

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

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

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
**Women Speak Out PAC**

Full Name (Last, First, Middle Initial)

**A. Bamberger, Foreman, Oswald & Hahn, LLP**

Mailing Address PO Box 657

City State Zip Code  
Evansville IN 47704

Purpose of Disbursement  
Legal Fees

001

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y Y Y  
12 / 16 / 2014

Transaction ID : 47D72A2A-6854-426A-A

Amount of Each Disbursement this Period

1476.00

Full Name (Last, First, Middle Initial)

**B. PayChex**

Mailing Address 911 Panorama Trail S

City State Zip Code  
Rochester NY 14625

Purpose of Disbursement  
Payroll Processing Fees

001

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y Y Y  
12 / 05 / 2014

Transaction ID : 481B47ED-A598-4396-B

Amount of Each Disbursement this Period

48.80

Full Name (Last, First, Middle Initial)

**C. LA Department of Taxation**

Mailing Address PO Box 201

City State Zip Code  
Baton Rouge LA 70802

Purpose of Disbursement  
Taxes

001

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y Y Y  
11 / 28 / 2014

Transaction ID : 4C6FC86B-E18E-498D-A

Amount of Each Disbursement this Period

446.00

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

1970.80

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

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
**Women Speak Out PAC**

Full Name (Last, First, Middle Initial)

**A. Tami Fitzgerald**

Mailing Address 109 Carpathian Way

City Raleigh State NC Zip Code 27615

Purpose of Disbursement  
Travel Reimbursement

Category/  
Type

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

/  /

**Transaction ID : 4C932C78-3388-465F-8**

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

**B. Mr. Mick Bransfield**

Mailing Address 12720 Builders Rd

City Herndon State VA Zip Code 20170

Purpose of Disbursement  
Travel Reimbursements/Consulting

Category/  
Type

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

/  /

**Transaction ID : 4F52E6FE-B9E4-4D83-B**

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

**C. Mr. Mick Bransfield**

Mailing Address 12720 Builders Rd

City Herndon State VA Zip Code 20170

Purpose of Disbursement  
National Field Consulting

Category/  
Type

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

/  /

**Transaction ID : B13A1273-8224-4FAA-8**

Amount of Each Disbursement this Period

**[MEMO ITEM]**  
Itemization

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

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

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
**Women Speak Out PAC**

Full Name (Last, First, Middle Initial)

**A. Walmart**

Mailing Address 14000 Worth Ave

City Woodbridge State VA Zip Code 22192

Purpose of Disbursement  
Supplies

Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

/  /

**Transaction ID : 81627504-653E-4D43-A**

Amount of Each Disbursement this Period

**[MEMO ITEM]**  
Itemization Of Reimbursement

Full Name (Last, First, Middle Initial)

**B. Thrifty Car Rental**

Mailing Address New Orleans Intl Airport

City Kenner State LA Zip Code 70062

Purpose of Disbursement  
Travel

Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

/  /

**Transaction ID : 72763711-173D-4DD5-8**

Amount of Each Disbursement this Period

**[MEMO ITEM]**  
Itemization Of Reimbursement

Full Name (Last, First, Middle Initial)

**C. Budget**

Mailing Address New Orleans Intl Airport

City Kenner State LA Zip Code 70062

Purpose of Disbursement  
Insurance

Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

/  /

**Transaction ID : 156257DB-9FD0-42A9-8**

Amount of Each Disbursement this Period

**[MEMO ITEM]**  
Itemization Of Reimbursement

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

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

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
**Women Speak Out PAC**

Full Name (Last, First, Middle Initial)

**A. Avis**

Mailing Address New Orleans Intl Airport

City Kenner State LA Zip Code 70062

Purpose of Disbursement  
Insurance

001  
Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

M M M /  D D D /  Y Y Y Y Y Y  
12 / 16 / 2014

Transaction ID : 8918CEBC-318E-4279-9

Amount of Each Disbursement this Period

1257.00

**[MEMO ITEM]**  
Itemization Of Reimbursement

Full Name (Last, First, Middle Initial)

**B. Jennifer Gross**

Mailing Address 1707 L St, NW

City Washington State DC Zip Code 20036

Purpose of Disbursement  
Salaries

001  
Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

M M M /  D D D /  Y Y Y Y Y Y  
12 / 19 / 2014

Transaction ID : 4FDD9288-CBA0-4CC3-8

Amount of Each Disbursement this Period

1717.42

Full Name (Last, First, Middle Initial)

**C. Discount Bankcard**

Mailing Address 21215 Burbank Blvd  
Suite 300

City Woodland Hills State CA Zip Code 91367

Purpose of Disbursement  
Credit Card Processing Fees

001  
Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

M M M /  D D D /  Y Y Y Y Y Y  
11 / 28 / 2014

Transaction ID : 52436EB4-8336-4D59-9

Amount of Each Disbursement this Period

1.90

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

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

1719.32

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
**Women Speak Out PAC**

Full Name (Last, First, Middle Initial)

**A. Mr. Robert Clapper**

Mailing Address 924 French St.

City State Zip Code  
New Orleans LA 70124

Purpose of Disbursement  
Travel Reimbursements

Category/  
Type

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

/  /

**Transaction ID : 528CDD64-D67F-42DD-9**

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

**B. Hilton**

Mailing Address 7121 Catina St

City State Zip Code  
New Orleans LA 70124

Purpose of Disbursement  
Banquet Rooms

Category/  
Type

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

/  /

**Transaction ID : C04DB363-B236-42DC-B**

Amount of Each Disbursement this Period

**[MEMO ITEM]**  
Itemization Of Reimbursement

Full Name (Last, First, Middle Initial)

**C. Delta**

Mailing Address P.O. Box 20706

City State Zip Code  
Atlanta GA 30320

Purpose of Disbursement  
Travel

Category/  
Type

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

/  /

**Transaction ID : 1222FC41-5620-4424-A**

Amount of Each Disbursement this Period

**[MEMO ITEM]**  
Itemization Of Reimbursement

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

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

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
**Women Speak Out PAC**

Full Name (Last, First, Middle Initial)

**A. Chain Bridge Bank**

Mailing Address 1445-A Laughlin Avenue

City McLean State VA Zip Code 22101

Purpose of Disbursement  
Bank Fees

Category/  
Type

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

/  /

Transaction ID : 545C42CF-6194-41CD-A

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

**B. PayChex**

Mailing Address 911 Panorama Trail S

City Rochester State NY Zip Code 14625

Purpose of Disbursement  
Payroll Processing Fees

Category/  
Type

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

/  /

Transaction ID : 565C4C8F-AAB4-4ADC-9

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

**C. Intuit**

Mailing Address 2632 Marine Way

City Mountain View State CA Zip Code 94042

Purpose of Disbursement  
Credit Card Processing Fees

Category/  
Type

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

/  /

Transaction ID : 567575F2-DA4C-42B6-A

Amount of Each Disbursement this Period

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

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

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
**Women Speak Out PAC**

Full Name (Last, First, Middle Initial)

**A. Andrea M Gatts**

Mailing Address 6894 106th

City Ozawkie State KS Zip Code 66070

Purpose of Disbursement  
Salaries

001

Candidate Name

Category/  
Type

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
12 / 05 / 2014

Transaction ID : 58656A5C-AC79-4981-B

Amount of Each Disbursement this Period

18.47

Full Name (Last, First, Middle Initial)

**B. Ms. Dayna Poppen**

Mailing Address 111 Jerold Dr

City West Monroe State LA Zip Code 71291

Purpose of Disbursement  
Travel Reimbursements

002

Candidate Name

Category/  
Type

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
12 / 16 / 2014

Transaction ID : 59B86FB7-4CE3-48DF-B

Amount of Each Disbursement this Period

144.60

Full Name (Last, First, Middle Initial)

**C. PayChex**

Mailing Address 911 Panorama Trail S

City Rochester State NY Zip Code 14625

Purpose of Disbursement  
Payroll Processing Fees

001

Candidate Name

Category/  
Type

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
12 / 24 / 2014

Transaction ID : 5C123DD0-6416-4E82-A

Amount of Each Disbursement this Period

48.80

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

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

211.87



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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
**Women Speak Out PAC**

Full Name (Last, First, Middle Initial)

**A. Intuit**

Mailing Address 2632 Marine Way

City Mountain View State CA Zip Code 94042

Purpose of Disbursement  
Credit Card Processing Fees

001

Candidate Name

Category/  
Type

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement

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

Transaction ID : 5C2CD518-B3C4-4E34-8

Amount of Each Disbursement this Period

1.81

Full Name (Last, First, Middle Initial)

**B. Chain Bridge Bank**

Mailing Address 1445-A Laughlin Avenue

City McLean State VA Zip Code 22101

Purpose of Disbursement  
Bank Fees

001

Candidate Name

Category/  
Type

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y Y  
11 / 28 / 2014

Transaction ID : 5C40493E-898B-4656-9

Amount of Each Disbursement this Period

100.00

Full Name (Last, First, Middle Initial)

**C. Greg Letiecq**

Mailing Address 9702 Dublin Drive

City Manassas State VA Zip Code 20109

Purpose of Disbursement  
Web Consulting

001

Candidate Name

Category/  
Type

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y Y  
11 / 25 / 2014

Transaction ID : 5ED2D0D0-1F80-42B3-8

Amount of Each Disbursement this Period

7589.26

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

7691.07

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

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
**Women Speak Out PAC**

Full Name (Last, First, Middle Initial)

**A. PayChex**

Mailing Address 911 Panorama Trail S

City Rochester State NY Zip Code 14625

Purpose of Disbursement  
Payroll Processing Fees

001

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
11 / 28 / 2014

Transaction ID : 69579FA0-3100-4D3B-9

Amount of Each Disbursement this Period

62.27

Full Name (Last, First, Middle Initial)

**B. Mr. Robert Clapper**

Mailing Address 924 French St.

City New Orleans State LA Zip Code 70124

Purpose of Disbursement  
Salaries

001

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
11 / 28 / 2014

Transaction ID : 6BAEC60D-2A0B-4EE6-8

Amount of Each Disbursement this Period

2270.75

Full Name (Last, First, Middle Initial)

**C. Joanne Filiatreau**

Mailing Address 3 Putter Cove

City Sherwood State AR Zip Code 72120

Purpose of Disbursement  
Travel Reimbursements

002

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
11 / 26 / 2014

Transaction ID : 70E2749E-BF66-4D1A-A

Amount of Each Disbursement this Period

125.74

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

2458.76

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

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
**Women Speak Out PAC**

Full Name (Last, First, Middle Initial)

**A. The Lukens Company**

Mailing Address 2800 Shirlington Rd

City Arlington State VA Zip Code 22206

Purpose of Disbursement  
Fundraising Mailing

003

Candidate Name

Category/  
Type

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
11			26			2014			

Transaction ID : 72AA7F77-795D-47F7-A

Amount of Each Disbursement this Period

12446.00
----------

Full Name (Last, First, Middle Initial)

**B. VA Department of Taxation**

Mailing Address PO Box 1115

City Richmond State VA Zip Code 23218

Purpose of Disbursement  
Taxes

001

Candidate Name

Category/  
Type

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
12			19			2014			

Transaction ID : 7720A339-1643-4358-A

Amount of Each Disbursement this Period

103.34
--------

Full Name (Last, First, Middle Initial)

**C. Ms. Ruth Wisher**

Mailing Address 515 Gardere Lane  
Apt 215

City Baton Rouge State LA Zip Code 70820

Purpose of Disbursement  
Salaries

001

Candidate Name

Category/  
Type

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
12			19			2014			

Transaction ID : 776A80ED-B1F2-4DB0-8

Amount of Each Disbursement this Period

2300.44
---------

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

14849.78
----------

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

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
**Women Speak Out PAC**

Full Name (Last, First, Middle Initial)

**A. Intuit**

Mailing Address 2632 Marine Way

City Mountain View State CA Zip Code 94042

Purpose of Disbursement  
Credit Card Processing Fees

001

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
12 / 02 / 2014

Transaction ID : 77C5776F-B133-4E69-9

Amount of Each Disbursement this Period

15.95

Full Name (Last, First, Middle Initial)

**B. Mr Rollin L Reisinger**

Mailing Address 4089 SE Old Sain Lucie Blvd

City Sturat State FL Zip Code 34996

Purpose of Disbursement  
Field Rep Management

001

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
12 / 04 / 2014

Transaction ID : 785BFC32-8412-408A-A

Amount of Each Disbursement this Period

3000.00

Full Name (Last, First, Middle Initial)

**C. PayChex**

Mailing Address 911 Panorama Trail S

City Rochester State NY Zip Code 14625

Purpose of Disbursement  
Payroll Processing Fees

001

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
12 / 05 / 2014

Transaction ID : 79E16F01-CAC6-434F-8

Amount of Each Disbursement this Period

165.65

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

3181.60

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

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
**Women Speak Out PAC**

Full Name (Last, First, Middle Initial)

**A. Ms. Dayna Poppen**

Mailing Address 111 Jerold Dr

City West Monroe State LA Zip Code 71291

Purpose of Disbursement Salaries

Category/Type

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

/  /

Transaction ID : 7A42A61E-A2B1-4666-A

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

**B. Emily Buchanan**

Mailing Address 1707 L St, NW Suite 550

City Washington State DC Zip Code 20036

Purpose of Disbursement Salaries

Category/Type

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

/  /

Transaction ID : 7B1106A7-06DC-4BBF-A

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

**C. Dueling Oak, LLC**

Mailing Address PO Box 1026

City Madisonville State LA Zip Code 70447

Purpose of Disbursement Utilities

Category/Type

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

/  /

Transaction ID : 7C0196AE-5CC2-41F7-8

Amount of Each Disbursement this Period

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

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

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
**Women Speak Out PAC**

Full Name (Last, First, Middle Initial)

**A. Discount Bankcard**

Mailing Address 21215 Burbank Blvd  
Suite 300

City Woodland Hills State CA Zip Code 91367

Purpose of Disbursement  
Credit Card Processing Fees

001

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
12 / 09 / 2014

Transaction ID : 7C0483BE-D2F4-4568-B

Amount of Each Disbursement this Period

0.48

Full Name (Last, First, Middle Initial)

**B. LA Department of Taxation**

Mailing Address PO Box 201

City Baton Rouge State LA Zip Code 70802

Purpose of Disbursement  
Taxes

001

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
12 / 19 / 2014

Transaction ID : 7C57762C-8389-4A5E-9

Amount of Each Disbursement this Period

324.00

Full Name (Last, First, Middle Initial)

**C. LA Unemployment**

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

City Baton Rouge State LA Zip Code 70804

Purpose of Disbursement  
Taxes

001

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
11 / 28 / 2014

Transaction ID : 814B6E16-8052-48A9-B

Amount of Each Disbursement this Period

296.73

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

621.21

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

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
**Women Speak Out PAC**

Full Name (Last, First, Middle Initial)

**A. PayChex**

Mailing Address 911 Panorama Trail S

City Rochester State NY Zip Code 14625

Purpose of Disbursement  
Payroll Processing Fees

001

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

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

Transaction ID : 81C29678-8FB7-4605-8

Amount of Each Disbursement this Period

176.97

Full Name (Last, First, Middle Initial)

**B. Authorize.Net**

Mailing Address PO Box 947

City American Fork State UT Zip Code 84003

Purpose of Disbursement  
Credit Card Processing Fees

001

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
12 / 02 / 2014

Transaction ID : 81DDFCD7-6C18-4765-8

Amount of Each Disbursement this Period

67.30

Full Name (Last, First, Middle Initial)

**C. Susan B Anthony List**

Mailing Address 1707 L St., NW

City Washington State DC Zip Code 20036

Purpose of Disbursement  
In Kind donation of Salaries

001

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
11 / 30 / 2014

Transaction ID : 82382C49-4F03-4B01-B

Amount of Each Disbursement this Period

15975.00

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

16219.27

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

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
**Women Speak Out PAC**

Full Name (Last, First, Middle Initial)

**A. Discount Bankcard**

Mailing Address 21215 Burbank Blvd  
Suite 300

City Woodland Hills State CA Zip Code 91367

Purpose of Disbursement  
Credit Card Processing Fees

001

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
11 / 25 / 2014

Transaction ID : 843D6B7C-A01E-4778-A

Amount of Each Disbursement this Period

0.48

Full Name (Last, First, Middle Initial)

**B. Susan B Anthony List**

Mailing Address 1707 L St., NW

City Washington State DC Zip Code 20036

Purpose of Disbursement  
Reimburse office and travel expenses

001

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
12 / 26 / 2014

Transaction ID : 84ABA107-556A-400C-8

Amount of Each Disbursement this Period

10430.00

Full Name (Last, First, Middle Initial)

**C. Marjorie Dannenfelser**

Mailing Address 1707 L St, NW  
Suite 350

City Washington State DC Zip Code 20036

Purpose of Disbursement  
Salaries

001

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
12 / 19 / 2014

Transaction ID : 86BF53F5-9B70-4F4E-A

Amount of Each Disbursement this Period

1174.52

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

11605.00

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



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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
**Women Speak Out PAC**

Full Name (Last, First, Middle Initial)

**A. Mary Catherine Toburen**

Mailing Address 1222 SE 44 St

City Topeka State KS Zip Code 66609

Purpose of Disbursement  
Salaries

001

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

M M / D D / Y Y Y Y Y  
12 / 05 / 2014

Transaction ID : 86E44D6C-8285-43BD-9

Amount of Each Disbursement this Period

46.17

Full Name (Last, First, Middle Initial)

**B. VA Department of Taxation**

Mailing Address PO Box 1115

City Richmond State VA Zip Code 23218

Purpose of Disbursement  
Taxes

001

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

M M / D D / Y Y Y Y Y  
11 / 28 / 2014

Transaction ID : 88B2A31C-7F3A-48A1-9

Amount of Each Disbursement this Period

103.34

Full Name (Last, First, Middle Initial)

**C. Cleco Power, LLC**

Mailing Address PO Box

City Dallas State TX Zip Code 75266

Purpose of Disbursement  
Utilities

001

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

M M / D D / Y Y Y Y Y  
12 / 22 / 2014

Transaction ID : 8A10D0AE-A938-4410-8

Amount of Each Disbursement this Period

97.70

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

247.21

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

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
**Women Speak Out PAC**

Full Name (Last, First, Middle Initial)

**A. Susan B Anthony List**

Mailing Address 1707 L St., NW

City Washington State DC Zip Code 20036

Purpose of Disbursement  
In Kind donation of office expense

001  
Category/  
Type

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

M M / D D / Y Y Y Y Y  
11 / 30 / 2014

**Transaction ID : 8B5D6C18-68D7-43EA-B**

Amount of Each Disbursement this Period

1057.30

Full Name (Last, First, Middle Initial)

**B. Chain Bridge Bank**

Mailing Address 1445-A Laughlin Avenue

City McLean State VA Zip Code 22101

Purpose of Disbursement  
Bank Fees

001  
Category/  
Type

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

M M / D D / Y Y Y Y Y  
12 / 02 / 2014

**Transaction ID : 8CF1E033-A238-485B-8**

Amount of Each Disbursement this Period

15.00

Full Name (Last, First, Middle Initial)

**C. PayChex**

Mailing Address 911 Panorama Trail S

City Rochester State NY Zip Code 14625

Purpose of Disbursement  
Payroll Processing Fees

001  
Category/  
Type

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

M M / D D / Y Y Y Y Y  
11 / 28 / 2014

**Transaction ID : 8E594DDD-65D9-4E54-A**

Amount of Each Disbursement this Period

168.89

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

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

1241.19

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
**Women Speak Out PAC**

Full Name (Last, First, Middle Initial)

**A. Intuit**

Mailing Address 2632 Marine Way

City Mountain View State CA Zip Code 94042

Purpose of Disbursement  
Credit Card Processing Fees

001

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
12 / 03 / 2014

Transaction ID : 91E84135-EA2B-4125-9

Amount of Each Disbursement this Period

1.81

Full Name (Last, First, Middle Initial)

**B. Michelle Rickert**

Mailing Address 710 St. Martins Lane

City Bossier City State LA Zip Code 71111

Purpose of Disbursement  
Travel Reimbursement

002

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
11 / 26 / 2014

Transaction ID : 930FBEF3-E71C-4818-B

Amount of Each Disbursement this Period

1182.88

Full Name (Last, First, Middle Initial)

**C. Walmart**

Mailing Address 9550 Mansfield Rd

City Shreveport State LA Zip Code 71118

Purpose of Disbursement  
Supplies

002

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
11 / 26 / 2014

Transaction ID : F6BEC596-3C2E-4401-8

Amount of Each Disbursement this Period

725.00

**[MEMO ITEM]**  
Itemization Of Reimbursement

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

1184.69

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

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
**Women Speak Out PAC**

Full Name (Last, First, Middle Initial)

**A. Intuit**

Mailing Address 2632 Marine Way

City Mountain View State CA Zip Code 94042

Purpose of Disbursement  
Credit Card Processing Fees

001

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY  
12 / 23 / 2014

Transaction ID : 975C1EF9-AEA3-4C03-B

Amount of Each Disbursement this Period

1.70

Full Name (Last, First, Middle Initial)

**B. Michael B ODonnell**

Mailing Address 1309 N High

City Wichita State KS Zip Code 67203

Purpose of Disbursement  
Travel Reimbursement

002

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY  
11 / 26 / 2014

Transaction ID : 9D36931F-B218-44EC-A

Amount of Each Disbursement this Period

87.20

Full Name (Last, First, Middle Initial)

**C. Michelle Rickert**

Mailing Address 710 St. Martins Lane

City Bossier City State LA Zip Code 71111

Purpose of Disbursement  
Salaries

001

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY  
12 / 19 / 2014

Transaction ID : A4CB4414-1133-4FA2-B

Amount of Each Disbursement this Period

2506.50

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

2595.40

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

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
**Women Speak Out PAC**

Full Name (Last, First, Middle Initial)

**A. Ms. Dayna Poppen**

Mailing Address 111 Jerold Dr

City West Monroe State LA Zip Code 71291

Purpose of Disbursement  
Salaries

001

Candidate Name

Category/  
Type

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
11 / 28 / 2014

Transaction ID : A949B56A-B07F-48F1-9

Amount of Each Disbursement this Period

1195.19

Full Name (Last, First, Middle Initial)

**B. Charles B Schmitz**

Mailing Address 213 South Haynes St

City Poplarville State MS Zip Code 39470

Purpose of Disbursement  
Travel Reimbursements

002

Candidate Name

Category/  
Type

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
12 / 03 / 2014

Transaction ID : B5C03D05-0CF7-4A70-B

Amount of Each Disbursement this Period

477.34

Full Name (Last, First, Middle Initial)

**C. Ursula Anderson**

Mailing Address 210 Cooper Drive

City Lafayette State LA Zip Code 70501

Purpose of Disbursement  
Salaries

001

Candidate Name

Category/  
Type

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
11 / 28 / 2014

Transaction ID : B5C08DC8-0303-45F9-8

Amount of Each Disbursement this Period

1356.25

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

3028.78

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

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
**Women Speak Out PAC**

Full Name (Last, First, Middle Initial)

**A. Intuit**

Mailing Address 2632 Marine Way

City Mountain View State CA Zip Code 94042

Purpose of Disbursement  
Credit Card Processing Fees

001

Candidate Name

Category/  
Type

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
11 / 26 / 2014

Transaction ID : BA889979-DFEF-4F0D-9

Amount of Each Disbursement this Period

7.59

Full Name (Last, First, Middle Initial)

**B. Intuit**

Mailing Address 2632 Marine Way

City Mountain View State CA Zip Code 94042

Purpose of Disbursement  
Credit Card Processing Fees

001

Candidate Name

Category/  
Type

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
12 / 08 / 2014

Transaction ID : BAF542D8-BE28-4DC1-B

Amount of Each Disbursement this Period

18.41

Full Name (Last, First, Middle Initial)

**C. The Lukens Company**

Mailing Address 2800 Shirlington Rd

City Arlington State VA Zip Code 22206

Purpose of Disbursement  
Fundraising Mailing

003

Candidate Name

Category/  
Type

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
12 / 02 / 2014

Transaction ID : BC181AE6-9428-4EF9-9

Amount of Each Disbursement this Period

7810.03

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

7836.03

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

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
**Women Speak Out PAC**

Full Name (Last, First, Middle Initial)

**A. LA Unemployment**

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

City State Zip Code  
Baton Rouge LA 70804

Purpose of Disbursement  
Taxes

Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

/  /

Transaction ID : BCC6A07B-226F-4641-8

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

**B. Charles B Schmitz**

Mailing Address 213 South Haynes St

City State Zip Code  
Poplarville MS 39470

Purpose of Disbursement  
Salaries

Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

/  /

Transaction ID : BD0D501D-2B73-472D-B

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

**C. Paramount Communications Group**

Mailing Address 525-K East Market St.  
#114

City State Zip Code  
Leesburg VA 20176

Purpose of Disbursement  
Fundraising EMails

Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

/  /

Transaction ID : C11ADAD8-F288-4A87-8

Amount of Each Disbursement this Period

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

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

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
**Women Speak Out PAC**

Full Name (Last, First, Middle Initial)

**A. PayChex**

Mailing Address 911 Panorama Trail S

City Rochester State NY Zip Code 14625

Purpose of Disbursement  
Payroll Processing Fees

001  
Category/  
Type

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
12 / 02 / 2014

Transaction ID : C15BBB18-4CCE-4E48-A

Amount of Each Disbursement this Period

101.68

Full Name (Last, First, Middle Initial)

**B. Jennifer Gross**

Mailing Address 1707 L St, NW

City Washington State DC Zip Code 20036

Purpose of Disbursement  
Salaries

001  
Category/  
Type

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
11 / 28 / 2014

Transaction ID : C217562D-9D0D-4E1B-B

Amount of Each Disbursement this Period

1717.42

Full Name (Last, First, Middle Initial)

**C. Susan B Anthony List**

Mailing Address 1707 L St., NW

City Washington State DC Zip Code 20036

Purpose of Disbursement  
In Kind donation of payroll tax expense

001  
Category/  
Type

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
11 / 30 / 2014

Transaction ID : C2AFAAC0-9C86-474C-A

Amount of Each Disbursement this Period

1222.09

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

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

3041.19



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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
**Women Speak Out PAC**

Full Name (Last, First, Middle Initial)

**A. Christopher Crawford**

Mailing Address 18 Fairhaven road

City State Zip Code  
Nashua NH 03060

Purpose of Disbursement  
Salaries

Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

/  /

Transaction ID : C451B73F-E270-40EB-B

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

**B. Ms. Ruth Wisher**

Mailing Address 515 Gardere Lane  
Apt 215

City State Zip Code  
Baton Rouge LA 70820

Purpose of Disbursement  
Salaries

Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

/  /

Transaction ID : C4F69E71-2DD8-4CAB-8

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

**C. Entergy Arkansas, Inc.**

Mailing Address PO Box 8101

City State Zip Code  
Baton Rouge LA 70891

Purpose of Disbursement  
Utilities

Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

/  /

Transaction ID : C5FB33C9-CFD6-44CD-A

Amount of Each Disbursement this Period

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

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

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
**Women Speak Out PAC**

Full Name (Last, First, Middle Initial)

**A. Mary D Meens**

Mailing Address 5724 SW Arrowhead Ct

City Topeka State KS Zip Code 66614

Purpose of Disbursement  
Salaries

Category/  
Type

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

/  /

**Transaction ID : C8375364-296B-4CAC-A**

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

**B. PayChex**

Mailing Address 911 Panorama Trail S

City Rochester State NY Zip Code 14625

Purpose of Disbursement  
Payroll Processing Fees

Category/  
Type

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

/  /

**Transaction ID : C96F273E-F059-4891-8**

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

**C. The Carlyle Gregory Company, LLC**

Mailing Address 140 Little Falls St.  
Suite 104

City Falls Church State VA Zip Code 22046

Purpose of Disbursement  
Political Consulting

Category/  
Type

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

/  /

**Transaction ID : CF4896C7-9650-496E-A**

Amount of Each Disbursement this Period

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

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

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
**Women Speak Out PAC**

Full Name (Last, First, Middle Initial)

**A. Chain Bridge Bank**

Mailing Address 1445-A Laughlin Avenue

City McLean State VA Zip Code 22101

Purpose of Disbursement  
Bank Fees

001  
Category/  
Type

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

M M / D D / Y Y Y Y Y  
11 / 26 / 2014

Transaction ID : D903CFE4-2DA7-4E50-A

Amount of Each Disbursement this Period

30.00

Full Name (Last, First, Middle Initial)

**B. Christopher Crawford**

Mailing Address 18 Fairhaven road

City Nashua State NH Zip Code 03060

Purpose of Disbursement  
Salaries

001  
Category/  
Type

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

M M / D D / Y Y Y Y Y  
12 / 19 / 2014

Transaction ID : D98CF68E-09FE-4AEA-8

Amount of Each Disbursement this Period

1100.75

Full Name (Last, First, Middle Initial)

**C. Edmond D Rea**

Mailing Address 416 Vine Dr

City Lawrence State KS Zip Code 66049

Purpose of Disbursement  
Salaries

001  
Category/  
Type

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

M M / D D / Y Y Y Y Y  
12 / 15 / 2014

Transaction ID : DBC7A29A-B2DC-4AF2-B

Amount of Each Disbursement this Period

394.52

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

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

1525.27

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
**Women Speak Out PAC**

Full Name (Last, First, Middle Initial)

**A. DC Unemployment Services**

Mailing Address 501 C St. NW #501

City Washington State DC Zip Code 20001

Purpose of Disbursement  
Taxes

Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

/  /

Transaction ID : E106CD25-CA76-484D-8

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

**B. Chain Bridge Bank**

Mailing Address 1445-A Laughlin Avenue

City McLean State VA Zip Code 22101

Purpose of Disbursement  
Bank Fees

Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

/  /

Transaction ID : E223DD1F-41FB-408D-A

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

**C. Charles B Schmitz**

Mailing Address 213 South Haynes St

City Poplarville State MS Zip Code 39470

Purpose of Disbursement  
Salaries

Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

/  /

Transaction ID : E2A51E60-EBCD-4EFC-B

Amount of Each Disbursement this Period

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

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

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
**Women Speak Out PAC**

Full Name (Last, First, Middle Initial)

**A. Michelle Rickert**

Mailing Address 710 St. Martins Lane

City State Zip Code  
Bossier City LA 71111

Purpose of Disbursement  
Salaries

Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

/  /

**Transaction ID : E46B69C1-AF6A-4816-B**

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

**B. PayChex**

Mailing Address 911 Panorama Trail S

City State Zip Code  
Rochester NY 14625

Purpose of Disbursement  
Payroll Processing Fees

Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

/  /

**Transaction ID : E5110D3C-7F56-49D2-8**

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

**C. Lus Fiber**

Mailing Address P.O. Box 4030-C

City State Zip Code  
Lafayette LA 70502

Purpose of Disbursement  
Utilities

Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

/  /

**Transaction ID : E56B35F0-AA57-40F8-B**

Amount of Each Disbursement this Period

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

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

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
**Women Speak Out PAC**

Full Name (Last, First, Middle Initial)

**A. Discount Bankcard**

Mailing Address 21215 Burbank Blvd  
Suite 300

City Woodland Hills State CA Zip Code 91367

Purpose of Disbursement  
Credit Card Processing Fees

001

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
11 / 28 / 2014

Transaction ID : E5F23A8F-A62D-4A1F-8

Amount of Each Disbursement this Period

0.95

Full Name (Last, First, Middle Initial)

**B. Shanon Snyder**

Mailing Address 2701 Winifred

City Metairie State LA Zip Code 70003

Purpose of Disbursement  
Travel Reimbursement

002

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
12 / 16 / 2014

Transaction ID : E7EB2B87-BC19-4242-B

Amount of Each Disbursement this Period

142.52

Full Name (Last, First, Middle Initial)

**C. PayChex**

Mailing Address 911 Panorama Trail S

City Rochester State NY Zip Code 14625

Purpose of Disbursement  
Payroll Processing Fees

001

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
12 / 02 / 2014

Transaction ID : E916231B-E43F-4234-9

Amount of Each Disbursement this Period

101.68

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

245.15

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

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
**Women Speak Out PAC**

Full Name (Last, First, Middle Initial) <b>A. Marjorie Dannenfelser</b>			Date of Disbursement MM / DD / YYYY 11 / 28 / 2014		
Mailing Address 1707 L St, NW Suite 350			<b>Transaction ID : EB4062EA-1C42-4957-8</b>		
City Washington State DC Zip Code 20036					
Purpose of Disbursement Salaries		Candidate Name	Category/ Type	Amount of Each Disbursement this Period	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	001	1174.52	
State: District:					

Full Name (Last, First, Middle Initial) <b>B. PayChex</b>			Date of Disbursement MM / DD / YYYY 12 / 26 / 2014		
Mailing Address 911 Panorama Trail S			<b>Transaction ID : EE831503-C741-49F2-B</b>		
City Rochester State NY Zip Code 14625					
Purpose of Disbursement Payroll Processing Fees		Candidate Name	Category/ Type	Amount of Each Disbursement this Period	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	001	48.80	
State: District:					

Full Name (Last, First, Middle Initial) <b>C. Discount Bankcard</b>			Date of Disbursement MM / DD / YYYY 11 / 25 / 2014		
Mailing Address 21215 Burbank Blvd Suite 300			<b>Transaction ID : EF8F7056-037A-439D-8</b>		
City Woodland Hills State CA Zip Code 91367					
Purpose of Disbursement Credit Card Processing Fees		Candidate Name	Category/ Type	Amount of Each Disbursement this Period	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	001	7.13	
State: District:					

<b>SUBTOTAL</b> of Disbursements This Page (optional)..... ▶	1230.45
<b>TOTAL</b> This Period (last page this line number only)..... ▶	

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
**Women Speak Out PAC**

Full Name (Last, First, Middle Initial)

**A. Intuit**

Mailing Address 2632 Marine Way

City Mountain View State CA Zip Code 94042

Purpose of Disbursement  
Credit Card Processing Fees

001

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY  
12 / 08 / 2014

Transaction ID : F18F2321-5978-412F-8

Amount of Each Disbursement this Period

0.69

Full Name (Last, First, Middle Initial)

**B. PayChex**

Mailing Address 911 Panorama Trail S

City Rochester State NY Zip Code 14625

Purpose of Disbursement  
Payroll Processing Fees

001

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY  
12 / 19 / 2014

Transaction ID : F566E19D-77C8-40D6-A

Amount of Each Disbursement this Period

63.89

Full Name (Last, First, Middle Initial)

**C. Chain Bridge Bank**

Mailing Address 1445-A Laughlin Avenue

City McLean State VA Zip Code 22101

Purpose of Disbursement  
Bank Fees

001

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY  
11 / 28 / 2014

Transaction ID : F5D021E8-DAC5-4FAB-A

Amount of Each Disbursement this Period

167.20

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

231.78

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



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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
**Women Speak Out PAC**

Full Name (Last, First, Middle Initial)

**A. PayChex**

Mailing Address 911 Panorama Trail S

City Rochester State NY Zip Code 14625

Purpose of Disbursement  
Payroll Processing Fees

001

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
12 / 05 / 2014

Transaction ID : F63B0DEE-AB89-40A7-9

Amount of Each Disbursement this Period

65.51

Full Name (Last, First, Middle Initial)

**B. PayChex**

Mailing Address 911 Panorama Trail S

City Rochester State NY Zip Code 14625

Purpose of Disbursement  
Payroll Processing Fees

001

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
12 / 10 / 2014

Transaction ID : F754E4F6-BB7B-4D0F-9

Amount of Each Disbursement this Period

48.80

Full Name (Last, First, Middle Initial)

**C. AT&T**

Mailing Address PO Box 657

City Evansville State IN Zip Code 47704

Purpose of Disbursement  
Telephone

001

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
12 / 16 / 2014

Transaction ID : F7985834-822E-48C3-8

Amount of Each Disbursement this Period

3952.44

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

4066.75

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

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
**Women Speak Out PAC**

Full Name (Last, First, Middle Initial)

**A. Shanon Snyder**

Mailing Address 2701 Winifred

City Metairie State LA Zip Code 70003

Purpose of Disbursement  
Salaries

Category/  
Type

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

/  /

**Transaction ID : F84B3110-F345-463B-A**

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

**B.**

Mailing Address

City State Zip Code

Purpose of Disbursement

Category/  
Type

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

/  /

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

**C.**

Mailing Address

City State Zip Code

Purpose of Disbursement

Category/  
Type

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

/  /

Amount of Each Disbursement this Period

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

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

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

**LOANS**

NAME OF COMMITTEE (In Full) **Women Speak Out PAC** Transaction ID : 47C17094-2EED-4557-9

<b>LOAN SOURCE</b> Full Name (Last, First, Middle Initial) Susan B Anthony List	Election: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address 1200 New Hampshire Ave, NW Suite 750	
City Washington State DC ZIP Code 20036	

Original Amount of Loan <input type="text" value="40598.09"/>	Cumulative Payment To Date <input type="text" value="0.00"/>	Balance Outstanding at Close of This Period <input type="text" value="40598.09"/>
--	---	--

**TERMS**

Date Incurred:  /  /  Date Due:  /  /  Interest Rate:  % (apr) Secured:  Yes  No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>

<b>SUBTOTALS</b> This Period This Page (optional)..... ▶	<input type="text" value="40598.09"/>
<b>TOTALS</b> This Period (last page in this line only)..... ▶	<input type="text" value="40598.09"/>

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>	<b>FEC IDENTIFICATION NUMBER ▼</b> <b>C</b> C00530766
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span>	

Full Name of Payee <b>Stephanie L Heun</b>	Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 11 / 25 / 2014
Mailing Address 8026 S Wilwood Dr Apt 101	Amount <span style="border: 1px solid black; padding: 2px;">15.70</span>
City State Zip Code Oak Creek WI 53154	<b>Transaction ID : 144ecfde-9f0f-4091-9</b> Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 11 / 25 / 2014
Purpose of Expenditure Salary	Category/Type <span style="border: 1px solid black; padding: 2px;">001</span>
Name of Federal Candidate Ms. Mary L Landrieu	Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>LA</u>
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">554635.78</span>	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input checked="" type="checkbox"/> Other (specify) ▶ <u>Runoff</u>

Full Name of Payee <b>Corey S McKnight</b>	Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 11 / 25 / 2014
Mailing Address 1510 Bailey St	Amount <span style="border: 1px solid black; padding: 2px;">80.00</span>
City State Zip Code West Monroe LA 71292	<b>Transaction ID : 09500f20-94f0-4603-8</b> Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 11 / 25 / 2014
Purpose of Expenditure Salary	Category/Type <span style="border: 1px solid black; padding: 2px;">001</span>
Name of Federal Candidate Ms. Mary L Landrieu	Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>LA</u>
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">554635.78</span>	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input checked="" type="checkbox"/> Other (specify) ▶ <u>Runoff</u>

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶	<span style="border: 1px solid black; padding: 2px;">95.70</span>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	<span style="border: 1px solid black; padding: 2px;"> </span>
(c) <b>TOTAL</b> Independent Expenditures..... ▶	<span style="border: 1px solid black; padding: 2px;"> </span>

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

*Ms. Emily Buchanan* [Electronically Filed] Date M M / D D / Y Y Y Y Y Y  
05 / 18 / 2015

Signature

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>	<b>FEC IDENTIFICATION NUMBER</b> ▼ <b>C</b> C00530766
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span>	

Full Name of Payee <b>Cynthia J Christmas</b>	Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 11 / 25 / 2014
Mailing Address 1731 Frenchmen St	Amount <span style="border: 1px solid black; padding: 2px;">80.00</span>
City State Zip Code New Orleans LA 70116	
Purpose of Expenditure Salary	Category/Type <span style="border: 1px solid black; padding: 2px;">001</span>
Name of Federal Candidate Ms. Mary L Landrieu	Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 11 / 25 / 2014
Name of Federal Candidate Ms. Mary L Landrieu	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: LA
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">554635.78</span>	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input checked="" type="checkbox"/> Other (specify) ▶ Runoff

Full Name of Payee <b>Cynthia J Christmas</b>	Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 11 / 25 / 2014
Mailing Address 1731 Frenchmen St	Amount <span style="border: 1px solid black; padding: 2px;">12.30</span>
City State Zip Code New Orleans LA 70116	
Purpose of Expenditure Mileage	Category/Type <span style="border: 1px solid black; padding: 2px;">002</span>
Name of Federal Candidate Ms. Mary L Landrieu	Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 11 / 25 / 2014
Name of Federal Candidate Ms. Mary L Landrieu	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: LA
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">554635.78</span>	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input checked="" type="checkbox"/> Other (specify) ▶ Runoff

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶	<span style="border: 1px solid black; padding: 2px;">92.30</span>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	<span style="border: 1px solid black; padding: 2px;"> </span>
(c) <b>TOTAL</b> Independent Expenditures..... ▶	<span style="border: 1px solid black; padding: 2px;"> </span>

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

*Ms. Emily Buchanan*

Signature \_\_\_\_\_ [Electronically Filed] Date M M / D D / Y Y Y Y Y Y  
05 / 18 / 2015

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

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

Full Name of Payee: Gary W Fuhrmann
Mailing Address: 9425 Jessica Drive
City: Shreveport, State: LA, Zip Code: 71106
Purpose of Expenditure: Salary, Category/Type: 001
Date of Public Distribution/Dissemination: 11/25/2014
Amount: 62.50
Transaction ID: 2b7f2fa1-25cc-4164-8
Date of Disbursement or Obligation: 11/25/2014
Name of Federal Candidate: Ms. Mary L Landrieu, Support: [ ], Oppose: [X]
Office Sought: [ ] House, [X] Senate, District: 00, State: LA
Calendar Year-To-Date Per Election for Office Sought: 554635.78
Disbursement For: [ ] Primary, [ ] General, [X] Other (specify) Runoff

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
Date of Public Distribution/Dissemination: 11/25/2014
Amount: 11.40
Transaction ID: 77e7b6e4-4298-4be2-9
Date of Disbursement or Obligation: 11/25/2014
Name of Federal Candidate: Ms. Mary L Landrieu, Support: [ ], Oppose: [X]
Office Sought: [ ] House, [X] Senate, District: 00, State: LA
Calendar Year-To-Date Per Election for Office Sought: 554635.78
Disbursement For: [ ] Primary, [ ] General, [X] Other (specify) Runoff

(a) SUBTOTAL of Itemized Independent Expenditures: 73.90
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL Independent Expenditures

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

Signature: Ms. Emily Buchanan [Electronically Filed] Date: 05/18/2015

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

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

Full Name of Payee Heather A Smith
Mailing Address 995 Clairborne Rd
City Calhoun State LA Zip Code 71225
Purpose of Expenditure Salary Category/Type 001
Date of Public Distribution/Dissemination 11/25/2014
Amount 55.00
Transaction ID : 62ee47f4-1aad-45cc-a
Date of Disbursement or Obligation 11/25/2014
Name of Federal Candidate Ms. Mary L Landrieu Support Oppose
Office Sought: House Senate State: LA
Calendar Year-To-Date Per Election for Office Sought 554635.78
Disbursement For: Primary General Other (specify) Runoff

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
Date of Public Distribution/Dissemination 11/25/2014
Amount 27.00
Transaction ID : 9782742f-cbba-4511-b
Date of Disbursement or Obligation 11/25/2014
Name of Federal Candidate Ms. Mary L Landrieu Support Oppose
Office Sought: House Senate State: LA
Calendar Year-To-Date Per Election for Office Sought 554635.78
Disbursement For: Primary General Other (specify) Runoff

(a) SUBTOTAL of Itemized Independent Expenditures 82.00
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL Independent Expenditures

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.
Ms. Emily Buchanan [Electronically Filed] Date 05/18/2015
Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

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

Full Name of Payee: Windy Hageman
Mailing Address: 5521 Randolph St.
City: Marrero, State: LA, Zip Code: 70072
Purpose of Expenditure: Salary, Category/Type: 001
Date of Public Distribution/Dissemination: 11/25/2014
Amount: 25.00
Transaction ID: 647f2915-e13e-4043-a
Name of Federal Candidate: Ms. Mary L Landrieu, Support: [ ], Oppose: [X]
Office Sought: [ ] House, [X] Senate, District: 00, State: LA
Calendar Year-To-Date Per Election for Office Sought: 554635.78
Disbursement For: [ ] Primary, [ ] General, [X] Other (specify) Runoff

Full Name of Payee: Windy Hageman
Mailing Address: 5521 Randolph St.
City: Marrero, State: LA, Zip Code: 70072
Purpose of Expenditure: Mileage, Category/Type: 002
Date of Public Distribution/Dissemination: 11/25/2014
Amount: 2.10
Transaction ID: 3e6ceafc-1819-4b45-a
Name of Federal Candidate: Ms. Mary L Landrieu, Support: [ ], Oppose: [X]
Office Sought: [ ] House, [X] Senate, District: 00, State: LA
Calendar Year-To-Date Per Election for Office Sought: 554635.78
Disbursement For: [ ] Primary, [ ] General, [X] Other (specify) Runoff

(a) SUBTOTAL of Itemized Independent Expenditures: 27.10
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL Independent Expenditures

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.
Ms. Emily Buchanan [Electronically Filed] Date 05/18/2015
Signature



SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In 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: 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: 11/25/2014
Amount: 90.00
Transaction ID: cf049b04-d41b-498e-b
Date of Disbursement or Obligation: 11/25/2014
Name of Federal Candidate: Ms. Mary L Landrieu, Support: [ ], Oppose: [X]
Office Sought: [ ] House, [X] Senate, District: 00, State: LA
Calendar Year-To-Date Per Election for Office Sought: 554635.78
Disbursement For: [ ] Primary, [ ] General, [X] Other (specify) Runoff

Full Name of Payee: Julia Perry
Mailing Address: 2046 Perrin St Apt C
City: Shreveport, State: LA, Zip Code: 71101
Purpose of Expenditure: Mileage, Category/Type: 002
Date of Public Distribution/Dissemination: 11/25/2014
Amount: 9.60
Transaction ID: 90e42982-ac53-4187-b
Date of Disbursement or Obligation: 11/25/2014
Name of Federal Candidate: Ms. Mary L Landrieu, Support: [ ], Oppose: [X]
Office Sought: [ ] House, [X] Senate, District: 00, State: LA
Calendar Year-To-Date Per Election for Office Sought: 554635.78
Disbursement For: [ ] Primary, [ ] General, [X] Other (specify) Runoff

(a) SUBTOTAL of Itemized Independent Expenditures..... 99.60
(b) SUBTOTAL of Unitemized Independent Expenditures .....
(c) TOTAL Independent Expenditures.....

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

Ms. Emily Buchanan [Electronically Filed] Date 05/18/2015
Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In 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: Sheri J Peace
Mailing Address: 9685 Paula St
City: Keithville, State: LA, Zip Code: 71047
Purpose of Expenditure: Salary, Category/Type: 001
Date of Public Distribution/Dissemination: 11/25/2014
Amount: 105.00
Transaction ID: d61212a4-61f9-4617-a
Date of Disbursement or Obligation: 11/25/2014
Name of Federal Candidate: Ms. Mary L Landrieu, Support: [ ], Oppose: [X]
Office Sought: [ ] House, [X] Senate, District: 00, State: LA
Calendar Year-To-Date Per Election for Office Sought: 554635.78
Disbursement For: [ ] Primary, [ ] General, [X] Other (specify) Runoff

Full Name of Payee: Sheri J Peace
Mailing Address: 9685 Paula St
City: Keithville, State: LA, Zip Code: 71047
Purpose of Expenditure: Mileage, Category/Type: 002
Date of Public Distribution/Dissemination: 11/25/2014
Amount: 55.80
Transaction ID: aab8c05e-4789-4348-9
Date of Disbursement or Obligation: 11/25/2014
Name of Federal Candidate: Ms. Mary L Landrieu, Support: [ ], Oppose: [X]
Office Sought: [ ] House, [X] Senate, District: 00, State: LA
Calendar Year-To-Date Per Election for Office Sought: 554635.78
Disbursement For: [ ] Primary, [ ] General, [X] Other (specify) Runoff

(a) SUBTOTAL of Itemized Independent Expenditures..... 160.80
(b) SUBTOTAL of Unitemized Independent Expenditures .....
(c) TOTAL Independent Expenditures.....

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.
Ms. Emily Buchanan [Electronically Filed] Date 05/18/2015
Signature

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>	<b>FEC IDENTIFICATION NUMBER</b> ▼ <b>C</b> C00530766
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span>	

Full Name of Payee <b>Francis Richardson</b>	Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 11 / 25 / 2014
Mailing Address 220 Doucet Rd	Amount <span style="border: 1px solid black; padding: 2px;">35.00</span>
City Lafayette State LA Zip Code 70503	<b>Transaction ID : 7d1cfa42-7036-493d-b</b> Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 11 / 25 / 2014
Purpose of Expenditure Salary Category/Type 001	Name of Federal Candidate Ms. Mary L Landrieu <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: LA
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">554635.78</span>	Disbursement For: 2014 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▶ Runoff

Full Name of Payee <b>Francis Richardson</b>	Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 11 / 25 / 2014
Mailing Address 220 Doucet Rd	Amount <span style="border: 1px solid black; padding: 2px;">3.63</span>
City Lafayette State LA Zip Code 70503	<b>Transaction ID : 18d89efd-bb42-45c4-8</b> Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 11 / 25 / 2014
Purpose of Expenditure Mileage Category/Type 002	Name of Federal Candidate Ms. Mary L Landrieu <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: LA
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">554635.78</span>	Disbursement For: 2014 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▶ Runoff

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶	<span style="border: 1px solid black; padding: 2px;">38.63</span>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	<span style="border: 1px solid black; padding: 2px;"> </span>
(c) <b>TOTAL</b> Independent Expenditures..... ▶	<span style="border: 1px solid black; padding: 2px;"> </span>

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

*Ms. Emily Buchanan* [Electronically Filed] Date M M / D D / Y Y Y Y Y Y  
05 / 18 / 2015

Signature \_\_\_\_\_

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>	<b>FEC IDENTIFICATION NUMBER</b> ▼ <b>C</b> C00530766
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span>	

Full Name of Payee <b>Felicia A Jones</b>	Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> <b>11 / 25 / 2014</b>
Mailing Address <b>4106 Martha St</b>	Amount <span style="border: 1px solid black; padding: 2px;">80.00</span>
City <b>Shreveport</b> State <b>LA</b> Zip Code <b>71109</b>	<b>Transaction ID : 1c109a12-294e-4675-8</b> Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> <b>11 / 25 / 2014</b>
Purpose of Expenditure <b>Salary</b>	Category/Type <span style="border: 1px solid black; padding: 2px;">001</span>
Name of Federal Candidate <b>Ms. Mary L Landrieu</b>	Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>LA</u>
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">554635.78</span>	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input checked="" type="checkbox"/> Other (specify) ▶ <u>Runoff</u>

Full Name of Payee <b>Felicia A Jones</b>	Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> <b>11 / 25 / 2014</b>
Mailing Address <b>4106 Martha St</b>	Amount <span style="border: 1px solid black; padding: 2px;">10.80</span>
City <b>Shreveport</b> State <b>LA</b> Zip Code <b>71109</b>	<b>Transaction ID : f4c39fca-2047-4b17-b</b> Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> <b>11 / 25 / 2014</b>
Purpose of Expenditure <b>Mileage</b>	Category/Type <span style="border: 1px solid black; padding: 2px;">002</span>
Name of Federal Candidate <b>Ms. Mary L Landrieu</b>	Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>LA</u>
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">554635.78</span>	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input checked="" type="checkbox"/> Other (specify) ▶ <u>Runoff</u>

<b>(a) SUBTOTAL</b> of Itemized Independent Expenditures..... ▶	<span style="border: 1px solid black; padding: 2px;">90.80</span>
<b>(b) SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	<span style="border: 1px solid black; padding: 2px;"> </span>
<b>(c) TOTAL</b> Independent Expenditures..... ▶	<span style="border: 1px solid black; padding: 2px;"> </span>

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

*Ms. Emily Buchanan*      **[Electronically Filed]**      Date M M / D D / Y Y Y Y Y Y  
**05 / 18 / 2015**

Signature \_\_\_\_\_

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

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

Full Name of Payee ERIC TABARY
Mailing Address 6101 NORA ST
City METAIRIE State LA Zip Code 70003
Purpose of Expenditure Salary Category/Type 001
Date of Public Distribution/Dissemination 11/25/2014
Amount 70.00
Transaction ID : 4263be2c-d100-4696-8
Date of Disbursement or Obligation 11/25/2014
Name of Federal Candidate Ms. Mary L Landrieu Support Oppose
Office Sought: House Senate State: LA
Calendar Year-To-Date Per Election for Office Sought 554635.78
Disbursement For: Primary General Other (specify) Runoff

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
Date of Public Distribution/Dissemination 11/25/2014
Amount 2.70
Transaction ID : 686afc75-01a4-400b-9
Date of Disbursement or Obligation 11/25/2014
Name of Federal Candidate Ms. Mary L Landrieu Support Oppose
Office Sought: House Senate State: LA
Calendar Year-To-Date Per Election for Office Sought 554635.78
Disbursement For: Primary General Other (specify) Runoff

(a) SUBTOTAL of Itemized Independent Expenditures 72.70
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL Independent Expenditures

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.
Ms. Emily Buchanan [Electronically Filed] Date 05/18/2015
Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

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

Full Name of Payee: Christopher L Gilbert
Mailing Address: 55 Lovell Johnson Rd
City: Picayune, State: MS, Zip Code: 39466
Purpose of Expenditure: Salary, Category/Type: 001
Date of Public Distribution/Dissemination: 11/25/2014
Amount: 80.00
Transaction ID: 6ff64318-1bec-485f-9
Name of Federal Candidate: Ms. Mary L Landrieu, Office Sought: Senate, State: LA
Calendar Year-To-Date Per Election for Office Sought: 554635.78
Disbursement For: Other (specify) Runoff

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
Date of Public Distribution/Dissemination: 11/25/2014
Amount: 46.80
Transaction ID: b97e3eba-c3bb-4e56-9
Name of Federal Candidate: Ms. Mary L Landrieu, Office Sought: Senate, State: LA
Calendar Year-To-Date Per Election for Office Sought: 554635.78
Disbursement For: Other (specify) Runoff

(a) SUBTOTAL of Itemized Independent Expenditures: 126.80
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL Independent Expenditures

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.
Ms. Emily Buchanan [Electronically Filed] Date 05/18/2015
Signature

**SCHEDULE E (FEC Form 3X)  
ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>		FEC IDENTIFICATION NUMBER <b>C</b> C00530766
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		MM / DD / YYYY

Full Name of Payee <b>Jennifer F Gilbert</b>		Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 25 / 2014
Mailing Address 180 McNeil Steep Hollow Rd		Amount 65.00
City Carriere	State MS	Zip Code 39426
Purpose of Expenditure Salary		Category/Type 001
Name of Federal Candidate Ms. Mary L Landrieu		Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> Senate State: LA
Calendar Year-To-Date Per Election for Office Sought 554635.78		Disbursement For: 2014 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▶ Runoff

Full Name of Payee <b>Jennifer F Gilbert</b>		Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 25 / 2014
Mailing Address 180 McNeil Steep Hollow Rd		Amount 38.40
City Carriere	State MS	Zip Code 39426
Purpose of Expenditure Mileage		Category/Type 002
Name of Federal Candidate Ms. Mary L Landrieu		Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> Senate State: LA
Calendar Year-To-Date Per Election for Office Sought 554635.78		Disbursement For: 2014 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▶ Runoff

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures.....▶	103.40
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures.....▶	
(c) <b>TOTAL</b> Independent Expenditures.....▶	

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

*Ms. Emily Buchanan*  
Signature

[Electronically Filed]

Date MM / DD / YYYY  
05 / 18 / 2015

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>	<b>FEC IDENTIFICATION NUMBER</b> ▼ <b>C</b> C00530766
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span>	

Full Name of Payee <b>Maegan E McDaniel</b>	Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 11 / 25 / 2014
Mailing Address 3009 Skelly St	Amount <span style="border: 1px solid black; padding: 2px;">40.00</span>
City Shreveport State LA Zip Code 71107	<b>Transaction ID : 2f9aa25d-b7a9-44b0-a</b> Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 11 / 25 / 2014
Purpose of Expenditure Salary Category/Type 001	Name of Federal Candidate Ms. Mary L Landrieu <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: LA
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">554635.78</span>	Disbursement For: 2014 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▶ Runoff

Full Name of Payee <b>Maegan E McDaniel</b>	Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 11 / 25 / 2014
Mailing Address 3009 Skelly St	Amount <span style="border: 1px solid black; padding: 2px;">9.00</span>
City Shreveport State LA Zip Code 71107	<b>Transaction ID : 4d1086ff-5d5a-41d6-a</b> Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 11 / 25 / 2014
Purpose of Expenditure Mileage Category/Type 002	Name of Federal Candidate Ms. Mary L Landrieu <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: LA
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">554635.78</span>	Disbursement For: 2014 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▶ Runoff

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶	<span style="border: 1px solid black; padding: 2px;">49.00</span>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	<span style="border: 1px solid black; padding: 2px;"> </span>
(c) <b>TOTAL</b> Independent Expenditures..... ▶	<span style="border: 1px solid black; padding: 2px;"> </span>

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

*Ms. Emily Buchanan*      **[Electronically Filed]**      Date M M / D D / Y Y Y Y Y Y  
05 / 18 / 2015

Signature \_\_\_\_\_



**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>		FEC IDENTIFICATION NUMBER <b>C C00530766</b>
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		

Full Name of Payee <b>Bobbie M Steinsholt</b>		Date of Public Distribution/Dissemination 11 / 25 / 2014
Mailing Address 3009 Skelly St		Amount 40.00
City Shreveport	State LA	Zip Code 71107
Purpose of Expenditure Salary	Category/Type 001	Transaction ID : 50c4c498-2d60-4357-8 Date of Disbursement or Obligation 11 / 25 / 2014
Name of Federal Candidate Ms. Mary L Landrieu	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: LA
Calendar Year-To-Date Per Election for Office Sought	554635.78	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input checked="" type="checkbox"/> Other (specify) ▶ Runoff

Full Name of Payee <b>Alice K Salazar</b>		Date of Public Distribution/Dissemination 11 / 25 / 2014
Mailing Address 605 W Houston St		Amount 100.00
City Marshall	State TX	Zip Code 75633
Purpose of Expenditure Salary	Category/Type 001	Transaction ID : ce808524-2a09-4341-8 Date of Disbursement or Obligation 11 / 25 / 2014
Name of Federal Candidate Ms. Mary L Landrieu	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: LA
Calendar Year-To-Date Per Election for Office Sought	554635.78	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input checked="" type="checkbox"/> Other (specify) ▶ Runoff

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures.....▶	140.00
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures.....▶	
(c) <b>TOTAL</b> Independent Expenditures.....▶	

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

*Ms. Emily Buchanan*  
Signature

[Electronically Filed] Date 05 / 18 / 2015

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

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

Full Name of Payee Alice K Salazar
Mailing Address 605 W Houston St
City Marshall State TX Zip Code 75633
Purpose of Expenditure Mileage Category/Type 002
Date of Public Distribution/Dissemination 11/25/2014
Amount 57.90
Transaction ID : f8f05185-441c-4c36-b
Date of Disbursement or Obligation 11/25/2014
Name of Federal Candidate Ms. Mary L Landrieu
Office Sought: Senate State: LA
Disbursement For: Other (specify) Runoff

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
Date of Public Distribution/Dissemination 11/25/2014
Amount 80.00
Transaction ID : 98455a24-05c3-4d97-b
Date of Disbursement or Obligation 11/25/2014
Name of Federal Candidate Ms. Mary L Landrieu
Office Sought: Senate State: LA
Disbursement For: Other (specify) Runoff

(a) SUBTOTAL of Itemized Independent Expenditures 137.90
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL Independent Expenditures

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

Ms. Emily Buchanan [Electronically Filed] Date 05/18/2015
Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

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

Full Name of Payee: Hannah J Landry
Mailing Address: 1110 N Coolidge
City: Gonzales, State: LA, Zip Code: 70737
Purpose of Expenditure: Mileage, Category/Type: 002
Date of Public Distribution/Dissemination: 11/25/2014
Amount: 21.54
Transaction ID: 4a2b98ae-caed-45ad-9
Name of Federal Candidate: Ms. Mary L Landrieu, Support: [ ], Oppose: [X]
Office Sought: [ ] House, [X] Senate, District: 00, State: LA
Calendar Year-To-Date Per Election for Office Sought: 554635.78
Disbursement For: [ ] Primary, [ ] General, [X] Other (specify) Runoff

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
Date of Public Distribution/Dissemination: 11/25/2014
Amount: 70.00
Transaction ID: 755b9f6c-6cb4-4352-b
Name of Federal Candidate: Ms. Mary L Landrieu, Support: [ ], Oppose: [X]
Office Sought: [ ] House, [X] Senate, District: 00, State: LA
Calendar Year-To-Date Per Election for Office Sought: 554635.78
Disbursement For: [ ] Primary, [ ] General, [X] Other (specify) Runoff

(a) SUBTOTAL of Itemized Independent Expenditures: 91.54
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL Independent Expenditures

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

Signature: Ms. Emily Buchanan [Electronically Filed] Date: 05/18/2015

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

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

Full Name of Payee: Joshua J Huffman
Mailing Address: 211 Dixie Ave
City: Harrisonburg, State: VA, Zip Code: 22801
Purpose of Expenditure: Salary, Category/Type: 001
Date of Public Distribution/Dissemination: 11/25/2014
Amount: 70.00
Transaction ID: 4b60a0de-4dea-44bd-b
Date of Disbursement or Obligation: 11/25/2014
Name of Federal Candidate: Ms. Mary L Landrieu
Office Sought: Senate, State: LA
Disbursement For: Other (specify) Runoff

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
Date of Public Distribution/Dissemination: 11/25/2014
Amount: 65.00
Transaction ID: 657fad80-4d85-4be8-b
Date of Disbursement or Obligation: 11/25/2014
Name of Federal Candidate: Ms. Mary L Landrieu
Office Sought: Senate, State: LA
Disbursement For: Other (specify) Runoff

(a) SUBTOTAL of Itemized Independent Expenditures: 135.00
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL Independent Expenditures

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.
Ms. Emily Buchanan [Electronically Filed] Date 05/18/2015

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In 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
Zachary Vidrine
Mailing Address
202 Rue Des Cajun
City
Ville Platte State
LA Zip Code
70586
Date of Public Distribution/Dissemination
11 / 25 / 2014
Amount
21.00
Transaction ID : e1acadc-f8ce7-43ca-9
Date of Disbursement or Obligation
11 / 25 / 2014
Purpose of Expenditure
Mileage Category/Type
002
Name of Federal Candidate
Ms. Mary L Landriau Support Oppose
Office Sought: House Senate State: LA
Calendar Year-To-Date
Per Election for Office Sought
554635.78
Disbursement For: Primary General Other (specify)
Runoff

Full Name of Payee
Hilary Townsend
Mailing Address
4506 US Hwy 79 North
City
Deberry State
TX Zip Code
75639
Date of Public Distribution/Dissemination
11 / 25 / 2014
Amount
100.00
Transaction ID : f9140ea8-008c-407a-8
Date of Disbursement or Obligation
11 / 25 / 2014
Purpose of Expenditure
Salary Category/Type
001
Name of Federal Candidate
Ms. Mary L Landriau Support Oppose
Office Sought: House Senate State: LA
Calendar Year-To-Date
Per Election for Office Sought
554635.78
Disbursement For: Primary General Other (specify)
Runoff

(a) SUBTOTAL of Itemized Independent Expenditures 121.00
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL Independent Expenditures

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

Ms. Emily Buchanan [Electronically Filed] Date 05 / 18 / 2015
Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In 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
Hilary Townsend
Mailing Address
4506 US Hwy 79 North
City
Deberry State
TX Zip Code
75639
Purpose of Expenditure
Mileage Category/
Type 002
Name of Federal Candidate
Ms. Mary L Landrieu
Support Oppose
Calendar Year-To-Date
Per Election for Office Sought
554635.78

Date of Public Distribution/Dissemination
11 / 25 / 2014
Amount
79.50
Transaction ID : 1e06d38b-f42f-4b55-b
Date of Disbursement or Obligation
11 / 25 / 2014
Office Sought: House District: 00
President Senate State: LA
Disbursement For: Primary General
2014 Other (specify) Runoff

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 Oppose
Calendar Year-To-Date
Per Election for Office Sought
554635.78

Date of Public Distribution/Dissemination
11 / 25 / 2014
Amount
80.00
Transaction ID : 479097ba-5fd0-4a21-a
Date of Disbursement or Obligation
11 / 25 / 2014
Office Sought: House District: 00
President Senate State: LA
Disbursement For: Primary General
2014 Other (specify) Runoff

(a) SUBTOTAL of Itemized Independent Expenditures 159.50
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL Independent Expenditures

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

Ms. Emily Buchanan
[Electronically Filed]
Date 05 / 18 / 2015
Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

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

Full Name of Payee: Mary C Lee
Mailing Address: 1030 N Coolidge Ave
City: Gonzales, State: LA, Zip Code: 70737
Purpose of Expenditure: Mileage, Category/Type: 002
Date of Public Distribution/Dissemination: 11/25/2014
Amount: 21.54
Transaction ID: 37ee3a32-609a-4576-a
Name of Federal Candidate: Ms. Mary L Landrieu
Office Sought: Senate, State: LA
Disbursement For: Other (specify) Runoff

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
Date of Public Distribution/Dissemination: 11/25/2014
Amount: 30.00
Transaction ID: efde60d5-34a4-42ca-a
Name of Federal Candidate: Ms. Mary L Landrieu
Office Sought: Senate, State: LA
Disbursement For: Other (specify) Runoff

(a) SUBTOTAL of Itemized Independent Expenditures: 51.54
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL Independent Expenditures

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.
Signature: Ms. Emily Buchanan
Date: 05/18/2015

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

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

Full Name of Payee: Jeanne Tribou
Mailing Address: 22369 Ponderosa Dr.
City: Mandeville, State: LA, Zip Code: 70471
Purpose of Expenditure: Mileage, Category/Type: 002
Amount: 12.60
Transaction ID: f2a64476-47be-4d75-9
Date of Disbursement or Obligation: 11/25/2014
Name of Federal Candidate: Ms. Mary L Landriau
Office Sought: Senate, State: LA
Disbursement For: Other (specify) Runoff

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
Amount: 20.00
Transaction ID: edd421d2-ced4-4de2-b
Date of Disbursement or Obligation: 11/25/2014
Name of Federal Candidate: Ms. Mary L Landriau
Office Sought: Senate, State: LA
Disbursement For: Other (specify) Runoff

(a) SUBTOTAL of Itemized Independent Expenditures: 32.60
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL Independent Expenditures

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.
Ms. Emily Buchanan
[Electronically Filed]
Date: 05/18/2015



SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In 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: Ana L Esquivel
Mailing Address: 284 Cr 1401
City: Carthage, State: TX, Zip Code: 75633
Purpose of Expenditure: Salary, Category/Type: 001
Date of Public Distribution/Dissemination: 11/25/2014
Amount: 100.00
Transaction ID: 4a68f710-dda6-426c-8
Date of Disbursement or Obligation: 11/25/2014
Name of Federal Candidate: Ms. Mary L Landrieu, Support: [ ], Oppose: [X]
Office Sought: [ ] House, [X] Senate, District: 00, State: LA
Calendar Year-To-Date Per Election for Office Sought: 554635.78
Disbursement For: [ ] Primary, [ ] General, [X] Other (specify) Runoff

Full Name of Payee: Ana L Esquivel
Mailing Address: 284 Cr 1401
City: Carthage, State: TX, Zip Code: 75633
Purpose of Expenditure: Mileage, Category/Type: 002
Date of Public Distribution/Dissemination: 11/25/2014
Amount: 72.00
Transaction ID: ad1b5993-f010-4251-b
Date of Disbursement or Obligation: 11/25/2014
Name of Federal Candidate: Ms. Mary L Landrieu, Support: [ ], Oppose: [X]
Office Sought: [ ] House, [X] Senate, District: 00, State: LA
Calendar Year-To-Date Per Election for Office Sought: 554635.78
Disbursement For: [ ] Primary, [ ] General, [X] Other (specify) Runoff

(a) SUBTOTAL of Itemized Independent Expenditures: 172.00
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL Independent Expenditures

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.
Ms. Emily Buchanan [Electronically Filed] Date 05/18/2015
Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In 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: Cynthia N Schmit
Mailing Address: 2226 Taft Circle Apt 1
City: Winchester, State: VA, Zip Code: 22601
Purpose of Expenditure: Salary, Category/Type: 001
Date of Public Distribution/Dissemination: 11/25/2014
Amount: 27.50
Transaction ID: 70710f75-a7b9-4aa7-b
Date of Disbursement or Obligation: 11/25/2014
Name of Federal Candidate: Ms. Mary L Landrieu
Office Sought: Senate, State: LA
Disbursement For: Other (specify) Runoff
Calendar Year-To-Date Per Election for Office Sought: 554635.78

Full Name of Payee: Joneisha Stewart
Mailing Address: 2329 Runnymede Dr
City: Marrero, State: LA, Zip Code: 70072
Purpose of Expenditure: Salary, Category/Type: 001
Date of Public Distribution/Dissemination: 11/25/2014
Amount: 60.00
Transaction ID: addf6e46-06ca-4728-8
Date of Disbursement or Obligation: 11/25/2014
Name of Federal Candidate: Ms. Mary L Landrieu
Office Sought: Senate, State: LA
Disbursement For: Other (specify) Runoff
Calendar Year-To-Date Per Election for Office Sought: 554635.78

(a) SUBTOTAL of Itemized Independent Expenditures: 87.50
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL Independent Expenditures

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

Signature: Ms. Emily Buchanan [Electronically Filed] Date: 05/18/2015

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>	<b>FEC IDENTIFICATION NUMBER</b> ▼ <b>C</b> C00530766
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee <b>Joneisha Stewart</b>	Date of Public Distribution/Dissemination MM / DD / YYYY <b>11 / 25 / 2014</b>
Mailing Address 2329 Runnymede Dr	Amount <b>8.40</b>
City Marrero	State LA
Zip Code 70072	<b>Transaction ID : 5a563b1b-7594-4120-a</b>
Purpose of Expenditure Mileage	Date of Disbursement or Obligation MM / DD / YYYY <b>11 / 25 / 2014</b>
Category/Type <b>002</b>	
Name of Federal Candidate Ms. Mary L Landrieu	Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>LA</u>
Support <input type="checkbox"/> Oppose <input checked="" type="checkbox"/>	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input checked="" type="checkbox"/> Other (specify) ▶ <u>Runoff</u>
Calendar Year-To-Date Per Election for Office Sought	<b>554635.78</b>

Full Name of Payee <b>Cathy Longtin</b>	Date of Public Distribution/Dissemination MM / DD / YYYY <b>11 / 25 / 2014</b>
Mailing Address 827 Navavre Ave	Amount <b>80.00</b>
City New Orleans	State LA
Zip Code 70124	<b>Transaction ID : 5ed63750-3bc8-43a4-b</b>
Purpose of Expenditure Salary	Date of Disbursement or Obligation MM / DD / YYYY <b>11 / 25 / 2014</b>
Category/Type <b>001</b>	
Name of Federal Candidate Ms. Mary L Landrieu	Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>LA</u>
Support <input type="checkbox"/> Oppose <input checked="" type="checkbox"/>	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input checked="" type="checkbox"/> Other (specify) ▶ <u>Runoff</u>
Calendar Year-To-Date Per Election for Office Sought	<b>554635.78</b>

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶	<b>88.40</b>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	
(c) <b>TOTAL</b> Independent Expenditures..... ▶	

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

*Ms. Emily Buchanan*

Signature \_\_\_\_\_ [Electronically Filed] Date **05 / 18 / 2015**

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In 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: Cathy Longtin
Mailing Address: 827 Navavre Ave
City: New Orleans, State: LA, Zip Code: 70124
Purpose of Expenditure: Mileage, Category/Type: 002
Date of Public Distribution/Dissemination: 11/25/2014
Amount: 8.70
Transaction ID: aee1b4dc-ae1d-462f-9
Date of Disbursement or Obligation: 11/25/2014
Name of Federal Candidate: Ms. Mary L Landrieu
Office Sought: Senate, State: LA
Disbursement For: Other (specify) Runoff

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
Date of Public Distribution/Dissemination: 11/25/2014
Amount: 80.00
Transaction ID: 0d71f3ed-c9ef-4733-b
Date of Disbursement or Obligation: 11/25/2014
Name of Federal Candidate: Ms. Mary L Landrieu
Office Sought: Senate, State: LA
Disbursement For: Other (specify) Runoff

(a) SUBTOTAL of Itemized Independent Expenditures 88.70
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL Independent Expenditures

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.
Ms. Emily Buchanan
[Electronically Filed]
Date 05/18/2015

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>	<b>FEC IDENTIFICATION NUMBER</b> ▼ <b>C</b> C00530766
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span>	

Full Name of Payee <b>Lilly Green</b>	Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 11 / 25 / 2014
Mailing Address 205 Medallion Circle	Amount <span style="border: 1px solid black; padding: 2px;">999.99</span> 32.40
City State Zip Code Shreveport LA 71119	<b>Transaction ID : 4bf195a1-50bd-44fc-9</b> Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 11 / 25 / 2014
Purpose of Expenditure Mileage	Category/Type <span style="border: 1px solid black; padding: 2px;">002</span>
Name of Federal Candidate Ms. Mary L Landrieu	Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>LA</u>
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">999.99</span> 554635.78	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input checked="" type="checkbox"/> Other (specify) ▶ <u>Runoff</u>

Full Name of Payee <b>Gregory Green</b>	Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 11 / 25 / 2014
Mailing Address 2506 Bolch Street	Amount <span style="border: 1px solid black; padding: 2px;">999.99</span> 60.00
City State Zip Code Shreveport LA 71104	<b>Transaction ID : 98f76497-ccb9-4194-b</b> Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 11 / 25 / 2014
Purpose of Expenditure Salary	Category/Type <span style="border: 1px solid black; padding: 2px;">001</span>
Name of Federal Candidate Ms. Mary L Landrieu	Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>LA</u>
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">999.99</span> 554635.78	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input checked="" type="checkbox"/> Other (specify) ▶ <u>Runoff</u>

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶	<span style="border: 1px solid black; padding: 2px;">999.99</span> 92.40
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	<span style="border: 1px solid black; padding: 2px;">999.99</span>
(c) <b>TOTAL</b> Independent Expenditures..... ▶	<span style="border: 1px solid black; padding: 2px;">999.99</span>

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

*Ms. Emily Buchanan* [Electronically Filed] Date M M / D D / Y Y Y Y Y Y  
05 / 18 / 2015

Signature

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>	<b>FEC IDENTIFICATION NUMBER</b> ▼ <b>C</b> C00530766
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee <b>Gregory Green</b>	Date of Public Distribution/Dissemination MM / DD / YYYY <b>11 / 25 / 2014</b>
Mailing Address 2506 Bolch Street	Amount <b>53.40</b>
City Shreveport	State LA
Zip Code 71104	Transaction ID : <b>b657e938-7846-4522-b</b>
Purpose of Expenditure Mileage	Date of Disbursement or Obligation MM / DD / YYYY <b>11 / 25 / 2014</b>
Category/Type <b>002</b>	
Name of Federal Candidate Ms. Mary L Landrieu	Office Sought: <input type="checkbox"/> House    District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate    State: <u>LA</u>
Support <input type="checkbox"/> Oppose <input checked="" type="checkbox"/>	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input checked="" type="checkbox"/> Other (specify) ▶ <u>Runoff</u>
Calendar Year-To-Date Per Election for Office Sought	<b>554635.78</b>

Full Name of Payee <b>Christopher Marquess</b>	Date of Public Distribution/Dissemination MM / DD / YYYY <b>11 / 25 / 2014</b>
Mailing Address 110 W Pecan St	Amount <b>50.00</b>
City Ville Platte	State LA
Zip Code 70586	Transaction ID : <b>96a271b2-15e9-4baf-9</b>
Purpose of Expenditure Salary	Date of Disbursement or Obligation MM / DD / YYYY <b>11 / 25 / 2014</b>
Category/Type <b>001</b>	
Name of Federal Candidate Ms. Mary L Landrieu	Office Sought: <input type="checkbox"/> House    District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate    State: <u>LA</u>
Support <input type="checkbox"/> Oppose <input checked="" type="checkbox"/>	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input checked="" type="checkbox"/> Other (specify) ▶ <u>Runoff</u>
Calendar Year-To-Date Per Election for Office Sought	<b>554635.78</b>

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶	<b>103.40</b>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	
(c) <b>TOTAL</b> Independent Expenditures..... ▶	

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

*Ms. Emily Buchanan*

Signature \_\_\_\_\_ [Electronically Filed] Date MM / DD / YYYY  
**05 / 18 / 2015**

# SCHEDULE E (FEC Form 3X) ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>		FEC IDENTIFICATION NUMBER ▼ <b>C C00530766</b>
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		

Full Name of Payee <b>Christopher Marquess</b>		Date of Public Distribution/Dissemination <b>11 / 25 / 2014</b>	
Mailing Address 110 W Pecan St		Amount <b>35.40</b>	
City Ville Platte	State LA	Zip Code 70586	Transaction ID : <b>5bd96760-c32e-42ed-b</b>
Purpose of Expenditure Mileage	Category/ Type	<b>002</b>	Date of Disbursement or Obligation <b>11 / 25 / 2014</b>
Name of Federal Candidate Ms. Mary L Landrieu		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House    District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate    State: <u>LA</u>
Calendar Year-To-Date Per Election for Office Sought		<b>554635.78</b>	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input checked="" type="checkbox"/> Other (specify) ▶    Runoff

Full Name of Payee <b>Heather Ainsworth</b>		Date of Public Distribution/Dissemination <b>11 / 25 / 2014</b>	
Mailing Address 9685 Paula St		Amount <b>100.00</b>	
City Keithville	State LA	Zip Code 71047	Transaction ID : <b>7b775bc7-ec7b-4cbc-9</b>
Purpose of Expenditure Salary	Category/ Type	<b>001</b>	Date of Disbursement or Obligation <b>11 / 25 / 2014</b>
Name of Federal Candidate Ms. Mary L Landrieu		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House    District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate    State: <u>LA</u>
Calendar Year-To-Date Per Election for Office Sought		<b>554635.78</b>	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input checked="" type="checkbox"/> Other (specify) ▶    Runoff

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures.....▶	<b>135.40</b>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures.....▶	
(c) <b>TOTAL</b> Independent Expenditures.....▶	

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

*Ms. Emily Buchanan*

Signature \_\_\_\_\_ [Electronically Filed] Date **05 / 18 / 2015**

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

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

Full Name of Payee
Heather Ainsworth
Mailing Address
9685 Paula St
City
Keithville State
LA Zip Code
71047
Purpose of Expenditure
Mileage Category/
Type 002

Date of Public Distribution/Dissemination
11 / 25 / 2014
Amount
27.00
Transaction ID : 0cc540ba-fd87-42c8-b
Date of Disbursement or Obligation
11 / 25 / 2014

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

Disbursement For:
Primary
General
Other (specify)
Runoff

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
11 / 25 / 2014
Amount
110.00
Transaction ID : 3de429a9-9189-41fd-8
Date of Disbursement or Obligation
11 / 25 / 2014

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

Disbursement For:
Primary
General
Other (specify)
Runoff

(a) SUBTOTAL of Itemized Independent Expenditures 137.00
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL Independent Expenditures

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

Ms. Emily Buchanan
[Electronically Filed]
Date 05 / 18 / 2015
Signature



**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>	<b>FEC IDENTIFICATION NUMBER ▼</b> <b>C</b> C00530766
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span>	

Full Name of Payee <b>Theresa a Youngblood</b>	Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 11 / 25 / 2014
Mailing Address 102 S Main Street Apt A2	Amount <span style="border: 1px solid black; padding: 2px;">100.00</span>
City State Zip Code Berryville VA 22611	<b>Transaction ID : 1504069a-f81a-4ad3-b</b> Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 11 / 25 / 2014
Purpose of Expenditure Salary	Category/Type <span style="border: 1px solid black; padding: 2px;">001</span>
Name of Federal Candidate Ms. Mary L Landrieu	Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>LA</u>
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">554635.78</span>	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input checked="" type="checkbox"/> Other (specify) ▶ <u>Runoff</u>

Full Name of Payee <b>Evelyn Lesaicherre</b>	Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 11 / 25 / 2014
Mailing Address 629 Radiance Ave	Amount <span style="border: 1px solid black; padding: 2px;">80.00</span>
City State Zip Code Metairie LA 70001	<b>Transaction ID : b80968f5-975d-4751-b</b> Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 11 / 25 / 2014
Purpose of Expenditure Salary	Category/Type <span style="border: 1px solid black; padding: 2px;">001</span>
Name of Federal Candidate Ms. Mary L Landrieu	Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>LA</u>
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">554635.78</span>	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input checked="" type="checkbox"/> Other (specify) ▶ <u>Runoff</u>

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶	<span style="border: 1px solid black; padding: 2px;">180.00</span>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	<span style="border: 1px solid black; padding: 2px;"> </span>
(c) <b>TOTAL</b> Independent Expenditures..... ▶	<span style="border: 1px solid black; padding: 2px;"> </span>

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

*Ms. Emily Buchanan* [Electronically Filed] Date M M / D D / Y Y Y Y Y Y  
05 / 18 / 2015

Signature \_\_\_\_\_

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

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

Full Name of Payee
Evelyn Lesaicherre
Mailing Address
629 Radiance Ave
City
Metairie State
LA Zip Code
70001
Date of Public Distribution/Dissemination
11 / 25 / 2014
Amount
3.60
Transaction ID : dd7202e9-298f-4845-b
Date of Disbursement or Obligation
11 / 25 / 2014
Purpose of Expenditure
Mileage Category/Type
002
Name of Federal Candidate
Ms. Mary L Landrieu Support Oppose
Office Sought: House Senate State: LA
Calendar Year-To-Date Per Election for Office Sought
554635.78
Disbursement For: Primary General Other (specify)
Runoff

Full Name of Payee
Antoinette Franklin
Mailing Address
8822 Apple St
City
New Orleans State
LA Zip Code
70188
Date of Public Distribution/Dissemination
11 / 25 / 2014
Amount
40.00
Transaction ID : 3b49ce14-531c-4066-9
Date of Disbursement or Obligation
11 / 25 / 2014
Purpose of Expenditure
Salary Category/Type
001
Name of Federal Candidate
Ms. Mary L Landrieu Support Oppose
Office Sought: House Senate State: LA
Calendar Year-To-Date Per Election for Office Sought
554635.78
Disbursement For: Primary General Other (specify)
Runoff

(a) SUBTOTAL of Itemized Independent Expenditures..... 43.60
(b) SUBTOTAL of Unitemized Independent Expenditures .....
(c) TOTAL Independent Expenditures.....

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

Ms. Emily Buchanan [Electronically Filed] Date 05 / 18 / 2015
Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In 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
Antoinette Franklin
Mailing Address
8822 Apple St
City
New Orleans State
LA Zip Code
70188
Purpose of Expenditure
Mileage Category/
Type
002

Date of Public Distribution/Dissemination
11 / 25 / 2014
Amount
9.00
Transaction ID : 902cd5bf-30fa-4771-a
Date of Disbursement or Obligation
11 / 25 / 2014

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

Disbursement For:
Primary
General
Other (specify)
Runoff

Calendar Year-To-Date
Per Election for Office Sought
554635.78

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

Date of Public Distribution/Dissemination
11 / 25 / 2014
Amount
80.00
Transaction ID : 70b52aeb-14a5-49f4-a
Date of Disbursement or Obligation
11 / 25 / 2014

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

Disbursement For:
Primary
General
Other (specify)
Runoff

Calendar Year-To-Date
Per Election for Office Sought
554635.78

(a) SUBTOTAL of Itemized Independent Expenditures..... 89.00
(b) SUBTOTAL of Unitemized Independent Expenditures .....
(c) TOTAL Independent Expenditures.....

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

Ms. Emily Buchanan
[Electronically Filed]
Date
05 / 18 / 2015
Signature

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>	<b>FEC IDENTIFICATION NUMBER ▼</b> <b>C</b> C00530766
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <span style="margin-left: 20px;">M M M / D D D / Y Y Y Y Y Y</span>	

Full Name of Payee <b>Tammy Williams</b>		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y <b>11 / 25 / 2014</b>	
Mailing Address 924 N. Prieur St		Amount <b>15.00</b>	
City New Orleans	State LA	Zip Code 70116	<b>Transaction ID : 1d8834fd-357f-4683-8</b>
Purpose of Expenditure Mileage	Category/ Type <b>002</b>	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y <b>11 / 25 / 2014</b>	
Name of Federal Candidate Ms. Mary L Landrieu		Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>LA</u>	
Calendar Year-To-Date Per Election for Office Sought <b>554635.78</b>		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input checked="" type="checkbox"/> Other (specify) ▶ <u>Runoff</u>	

Full Name of Payee <b>Michael Vidrine</b>		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y <b>11 / 25 / 2014</b>	
Mailing Address 1103 West Wilson Street		Amount <b>60.00</b>	
City Ville Platte	State LA	Zip Code 70586	<b>Transaction ID : 312b894e-2f3d-4dbb-9</b>
Purpose of Expenditure Salary	Category/ Type <b>001</b>	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y <b>11 / 25 / 2014</b>	
Name of Federal Candidate Ms. Mary L Landrieu		Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>LA</u>	
Calendar Year-To-Date Per Election for Office Sought <b>554635.78</b>		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input checked="" type="checkbox"/> Other (specify) ▶ <u>Runoff</u>	

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶	<b>75.00</b>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	
(c) <b>TOTAL</b> Independent Expenditures..... ▶	

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

*Ms. Emily Buchanan*

Signature \_\_\_\_\_ [Electronically Filed] Date M M M / D D D / Y Y Y Y Y Y  
**05 / 18 / 2015**

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

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

Full Name of Payee: Michael Vidrine
Mailing Address: 1103 West Wilson Street
City: Ville Platte, State: LA, Zip Code: 70586
Purpose of Expenditure: Mileage, Category/Type: 002
Date of Public Distribution/Dissemination: 11/25/2014
Amount: 31.20
Transaction ID: aca87cb0-a2fe-45d5-b
Name of Federal Candidate: Ms. Mary L Landrieu, Support: [ ], Oppose: [X]
Office Sought: [ ] House, [X] Senate, District: 00, State: LA
Calendar Year-To-Date Per Election for Office Sought: 554635.78
Disbursement For: [ ] Primary, [ ] General, [X] Other (specify) Runoff

Full Name of Payee: Stephanie L Heun
Mailing Address: 8026 S Wilwood Dr Apt 101
City: Oak Creek, State: WI, Zip Code: 53154
Purpose of Expenditure: Salary, Category/Type: 001
Date of Public Distribution/Dissemination: 11/25/2014
Amount: 21.50
Transaction ID: 8fcb6059-30d3-4b7a-8
Name of Federal Candidate: Ms. Mary L Landrieu, Support: [ ], Oppose: [X]
Office Sought: [ ] House, [X] Senate, District: 00, State: LA
Calendar Year-To-Date Per Election for Office Sought: 554635.78
Disbursement For: [ ] Primary, [ ] General, [X] Other (specify) Runoff

(a) SUBTOTAL of Itemized Independent Expenditures: 52.70
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL Independent Expenditures

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

Ms. Emily Buchanan [Electronically Filed] Date 05/18/2015
Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

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

Full Name of Payee: Carl Brent
Mailing Address: 6718 Lake Willow Dr
City: New Orleans, State: LA, Zip Code: 70126
Purpose of Expenditure: Salary, Category/Type: 001
Date of Public Distribution/Dissemination: 11/25/2014
Amount: 80.00
Transaction ID: fb7b3067-0f4e-4897-9
Date of Disbursement or Obligation: 11/25/2014
Name of Federal Candidate: Ms. Mary L Landrieu, Support: [ ], Oppose: [X]
Office Sought: [ ] House, [X] Senate, District: 00, State: LA
Calendar Year-To-Date Per Election for Office Sought: 554635.78
Disbursement For: [ ] Primary, [ ] General, [X] Other (specify) Runoff

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
Date of Public Distribution/Dissemination: 11/25/2014
Amount: 15.30
Transaction ID: e7b59c55-a9e2-4a98-9
Date of Disbursement or Obligation: 11/25/2014
Name of Federal Candidate: Ms. Mary L Landrieu, Support: [ ], Oppose: [X]
Office Sought: [ ] House, [X] Senate, District: 00, State: LA
Calendar Year-To-Date Per Election for Office Sought: 554635.78
Disbursement For: [ ] Primary, [ ] General, [X] Other (specify) Runoff

(a) SUBTOTAL of Itemized Independent Expenditures: 95.30
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL Independent Expenditures

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.
Ms. Emily Buchanan [Electronically Filed] Date 05/18/2015
Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In 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
Jessica R Resendiz
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
Oppose
Calendar Year-To-Date
Per Election for Office Sought
554635.78

Date of Public Distribution/Dissemination
11 / 25 / 2014
Amount
100.00
Transaction ID : 38bd04bc-5044-4bec-b
Date of Disbursement or Obligation
11 / 25 / 2014
Office Sought:
House District: 00
President Senate State: LA
Disbursement For:
Primary General
Other (specify) Runoff

Full Name of Payee
Jessica R Resendiz
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
Oppose
Calendar Year-To-Date
Per Election for Office Sought
554635.78

Date of Public Distribution/Dissemination
11 / 25 / 2014
Amount
44.10
Transaction ID : 51ca06fd-486b-49f8-9
Date of Disbursement or Obligation
11 / 25 / 2014
Office Sought:
House District: 00
President Senate State: LA
Disbursement For:
Primary General
Other (specify) Runoff

(a) SUBTOTAL of Itemized Independent Expenditures 144.10
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL Independent Expenditures

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

Ms. Emily Buchanan
[Electronically Filed]
Date 05 / 18 / 2015
Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In 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
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
Ms. Mary L Landrieu
Support Oppose
Office Sought: House Senate State: LA
Calendar Year-To-Date
Per Election for Office Sought 554635.78

Date of Public Distribution/Dissemination
11 / 25 / 2014
Amount
70.00
Transaction ID : 8bd1ab09-c575-4a70-9
Date of Disbursement or Obligation
11 / 25 / 2014
Disbursement For: Primary General
Other (specify) Runoff

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
Ms. Mary L Landrieu
Support Oppose
Office Sought: House Senate State: LA
Calendar Year-To-Date
Per Election for Office Sought 554635.78

Date of Public Distribution/Dissemination
11 / 25 / 2014
Amount
70.00
Transaction ID : 65552931-c953-4234-8
Date of Disbursement or Obligation
11 / 25 / 2014
Disbursement For: Primary General
Other (specify) Runoff

(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 05 / 18 / 2015
Signature



SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

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

Full Name of Payee: Jon E Conner
Mailing Address: 100 Asbury Ct
City: Winchester, State: VA, Zip Code: 22602
Purpose of Expenditure: Salary, Category/Type: 001
Date of Public Distribution/Dissemination: 11/25/2014
Amount: 70.00
Transaction ID: ff09b754-cb08-496e-8
Name of Federal Candidate: Ms. Mary L Landrieu, Office Sought: Senate, State: LA
Calendar Year-To-Date Per Election for Office Sought: 554635.78
Disbursement For: Other (specify) Runoff

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
Date of Public Distribution/Dissemination: 11/25/2014
Amount: 70.00
Transaction ID: f999ddd8-9c97-4d5c-8
Name of Federal Candidate: Ms. Mary L Landrieu, Office Sought: Senate, State: LA
Calendar Year-To-Date Per Election for Office Sought: 554635.78
Disbursement For: Other (specify) Runoff

(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 05/18/2015
Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

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

Full Name of Payee
Rodney D Culbreth
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
Ms. Mary L Landrieu
Support Oppose
Calendar Year-To-Date
Per Election for Office Sought 554635.78

Date of Public Distribution/Dissemination
11 / 25 / 2014
Amount
70.00
Transaction ID : 4df9f7b7-b5cd-4175-a
Date of Disbursement or Obligation
11 / 25 / 2014
Office Sought: House District: 00
President Senate State: LA
Disbursement For: Primary General
Other (specify) Runoff

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
Ms. Mary L Landrieu
Support Oppose
Calendar Year-To-Date
Per Election for Office Sought 554635.78

Date of Public Distribution/Dissemination
11 / 25 / 2014
Amount
70.00
Transaction ID : 65b09ea0-70ce-4aac-8
Date of Disbursement or Obligation
11 / 25 / 2014
Office Sought: House District: 00
President Senate State: LA
Disbursement For: Primary General
Other (specify) Runoff

(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 05 / 18 / 2015
Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In 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
Taylor De Julian-Hernandez
Mailing Address
284 Cr 1401
City
Carthage State
TX Zip Code
75633
Purpose of Expenditure
Salary Category/
Type
001

Date of Public Distribution/Dissemination
11 / 25 / 2014
Amount
100.00
Transaction ID : ee4f5a52-9a20-41e9-b
Date of Disbursement or Obligation
11 / 25 / 2014

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

Disbursement For:
Primary
General
Other (specify)
Runoff

Full Name of Payee
Taylor De Julian-Hernandez
Mailing Address
284 Cr 1401
City
Carthage State
TX Zip Code
75633
Purpose of Expenditure
Mileage Category/
Type
002

Date of Public Distribution/Dissemination
11 / 25 / 2014
Amount
53.40
Transaction ID : ccd3dbc5-e0e3-48ab-8
Date of Disbursement or Obligation
11 / 25 / 2014

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

Disbursement For:
Primary
General
Other (specify)
Runoff

(a) SUBTOTAL of Itemized Independent Expenditures..... 153.40
(b) SUBTOTAL of Unitemized Independent Expenditures .....
(c) TOTAL Independent Expenditures.....

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

Ms. Emily Buchanan
Signature

[Electronically Filed]

Date
05 / 18 / 2015

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>		FEC IDENTIFICATION NUMBER <b>C C00530766</b>
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		MM / DD / YYYY

Full Name of Payee <b>Eva M Johnston</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>11 / 25 / 2014</b>
Mailing Address <b>2517 N 47th St</b>		Amount <b>10.00</b>
City <b>Milwaukee</b>	State <b>WI</b>	Zip Code <b>53210</b>
Purpose of Expenditure <b>Salary</b>	Category/Type <b>001</b>	Transaction ID : <b>ecf415d5-9b76-4cca-9</b> Date of Disbursement or Obligation MM / DD / YYYY <b>11 / 25 / 2014</b>
Name of Federal Candidate <b>Ms. Mary L Landrieu</b>	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: <b>00</b> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <b>LA</b>
Calendar Year-To-Date Per Election for Office Sought	<b>554635.78</b>	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input checked="" type="checkbox"/> Other (specify) ▶ <b>Runoff</b>

Full Name of Payee <b>Theresa a Youngblood</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>11 / 26 / 2014</b>
Mailing Address <b>102 S Main Street Apt A2</b>		Amount <b>10.00</b>
City <b>Berryville</b>	State <b>VA</b>	Zip Code <b>22611</b>
Purpose of Expenditure <b>Salary</b>	Category/Type <b>001</b>	Transaction ID : <b>4feb6e4d-f8e6-4a8d-b</b> Date of Disbursement or Obligation MM / DD / YYYY <b>11 / 26 / 2014</b>
Name of Federal Candidate <b>Ms. Mary L Landrieu</b>	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: <b>00</b> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <b>LA</b>
Calendar Year-To-Date Per Election for Office Sought	<b>554635.78</b>	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input checked="" type="checkbox"/> Other (specify) ▶ <b>Runoff</b>

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures.....▶	<b>20.00</b>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures.....▶	
(c) <b>TOTAL</b> Independent Expenditures.....▶	

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

*Ms. Emily Buchanan*  
Signature

[Electronically Filed] Date MM / DD / YYYY  
**05 / 18 / 2015**

**SCHEDULE E (FEC Form 3X)  
ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>	<b>FEC IDENTIFICATION NUMBER</b> ▼ <b>C</b> C00530766
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee <b>Heather A Smith</b>	Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 26 / 2014
Mailing Address 995 Clairborne Rd	Amount 37.00
City State Zip Code Calhoun LA 71225	<b>Transaction ID : 565325c1-8fba-4f05-9</b> Date of Disbursement or Obligation MM / DD / YYYY 11 / 26 / 2014
Purpose of Expenditure Salary	Category/Type 001
Name of Federal Candidate Ms. Mary L Landrieu	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House    District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate    State: LA
Calendar Year-To-Date Per Election for Office Sought 554635.78	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input checked="" type="checkbox"/> Other (specify) ▶ Runoff

Full Name of Payee <b>Heather A Smith</b>	Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 26 / 2014
Mailing Address 995 Clairborne Rd	Amount 21.90
City State Zip Code Calhoun LA 71225	<b>Transaction ID : e4fd0b02-6298-406a-9</b> Date of Disbursement or Obligation MM / DD / YYYY 11 / 26 / 2014
Purpose of Expenditure Mileage	Category/Type 002
Name of Federal Candidate Ms. Mary L Landrieu	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House    District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate    State: LA
Calendar Year-To-Date Per Election for Office Sought 554635.78	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input checked="" type="checkbox"/> Other (specify) ▶ Runoff

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶	58.90
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	
(c) <b>TOTAL</b> Independent Expenditures..... ▶	

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

*Ms. Emily Buchanan*  
 \_\_\_\_\_  
 Signature

[Electronically Filed]    Date MM / DD / YYYY  
 05 / 18 / 2015

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In 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: Lesley Lennox
Mailing Address: 2305 Cleary Ave
City: Metairie, State: LA, Zip Code: 70001
Purpose of Expenditure: Salary, Category/Type: 001
Date of Public Distribution/Dissemination: 11/26/2014
Amount: 37.50
Transaction ID: 03d47f49-93d3-4bed-a
Date of Disbursement or Obligation: 11/26/2014
Name of Federal Candidate: Ms. Mary L Landrieu, Support: [ ], Oppose: [X]
Office Sought: [ ] House, [X] Senate, District: 00, State: LA
Calendar Year-To-Date Per Election for Office Sought: 554635.78
Disbursement For: [ ] Primary, [ ] General, [X] Other (specify) Runoff

Full Name of Payee: Lesley Lennox
Mailing Address: 2305 Cleary Ave
City: Metairie, State: LA, Zip Code: 70001
Purpose of Expenditure: Mileage, Category/Type: 002
Date of Public Distribution/Dissemination: 11/26/2014
Amount: 7.50
Transaction ID: fa7b4c0e-188a-4a74-a
Date of Disbursement or Obligation: 11/26/2014
Name of Federal Candidate: Ms. Mary L Landrieu, Support: [ ], Oppose: [X]
Office Sought: [ ] House, [X] Senate, District: 00, State: LA
Calendar Year-To-Date Per Election for Office Sought: 554635.78
Disbursement For: [ ] Primary, [ ] General, [X] Other (specify) Runoff

(a) SUBTOTAL of Itemized Independent Expenditures: 45.00
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL Independent Expenditures

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.
Ms. Emily Buchanan [Electronically Filed] Date 05/18/2015
Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In 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
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 Landrieu Support
Oppose
Office Sought: House
Senate
State: LA
Calendar Year-To-Date
Per Election for Office Sought
554635.78

Date of Public Distribution/Dissemination
11 / 26 / 2014
Amount
50.00
Transaction ID : ada36097-e4f9-40fb-8
Date of Disbursement or Obligation
11 / 26 / 2014
Disbursement For: Primary
General
Other (specify)
Runoff

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 Landrieu Support
Oppose
Office Sought: House
Senate
State: LA
Calendar Year-To-Date
Per Election for Office Sought
554635.78

Date of Public Distribution/Dissemination
11 / 26 / 2014
Amount
12.00
Transaction ID : ada6dade-55b9-4c9b-8
Date of Disbursement or Obligation
11 / 26 / 2014
Disbursement For: Primary
General
Other (specify)
Runoff

(a) SUBTOTAL of Itemized Independent Expenditures 62.00
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL Independent Expenditures

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

Ms. Emily Buchanan
[Electronically Filed]
Date 05 / 18 / 2015
Signature

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>	<b>FEC IDENTIFICATION NUMBER</b> ▼ <b>C</b> C00530766
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee <b>Tammy Williams</b>	Date of Public Distribution/Dissemination MM / DD / YYYY <b>11 / 26 / 2014</b>
Mailing Address 924 N. Prieur St	Amount <b>70.00</b>
City New Orleans	State LA
Zip Code 70116	Transaction ID : <b>12003287-bbba-4962-b</b>
Purpose of Expenditure Salary	Date of Disbursement or Obligation MM / DD / YYYY <b>11 / 26 / 2014</b>
Category/Type <b>001</b>	Name of Federal Candidate Ms. Mary L Landrieu
Name of Federal Candidate Ms. Mary L Landrieu	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate	District: <u>00</u> State: <u>LA</u>
Calendar Year-To-Date Per Election for Office Sought <b>554635.78</b>	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▶ <u>Runoff</u>

Full Name of Payee <b>Tammy Williams</b>	Date of Public Distribution/Dissemination MM / DD / YYYY <b>11 / 26 / 2014</b>
Mailing Address 924 N. Prieur St	Amount <b>16.50</b>
City New Orleans	State LA
Zip Code 70116	Transaction ID : <b>261bbc27-59b8-4baa-b</b>
Purpose of Expenditure Mileage	Date of Disbursement or Obligation MM / DD / YYYY <b>11 / 26 / 2014</b>
Category/Type <b>002</b>	Name of Federal Candidate Ms. Mary L Landrieu
Name of Federal Candidate Ms. Mary L Landrieu	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate	District: <u>00</u> State: <u>LA</u>
Calendar Year-To-Date Per Election for Office Sought <b>554635.78</b>	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▶ <u>Runoff</u>

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶	<b>86.50</b>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	
(c) <b>TOTAL</b> Independent Expenditures..... ▶	

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

*Ms. Emily Buchanan*

Signature \_\_\_\_\_ [Electronically Filed] Date MM / DD / YYYY  
**05 / 18 / 2015**



SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

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

Full Name of Payee: Corey S McKnight
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: 11/26/2014
Amount: 40.00
Transaction ID: 4ac585bc-6652-42fa-b
Name of Federal Candidate: Ms. Mary L Landrieu, Office Sought: Senate, State: LA
Calendar Year-To-Date Per Election for Office Sought: 554635.78
Disbursement For: Other (specify) Runoff

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
Date of Public Distribution/Dissemination: 11/26/2014
Amount: 30.00
Transaction ID: 4f85d73c-e250-4843-a
Name of Federal Candidate: Ms. Mary L Landrieu, Office Sought: Senate, State: LA
Calendar Year-To-Date Per Election for Office Sought: 554635.78
Disbursement For: Other (specify) Runoff

(a) SUBTOTAL of Itemized Independent Expenditures: 70.00
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL Independent Expenditures

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.
Ms. Emily Buchanan [Electronically Filed] Date 05/18/2015
Signature







SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In 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 Taylor De Julian-Hernandez
Mailing Address 284 Cr 1401
City Carthage State TX Zip Code 75633
Purpose of Expenditure Salary Category/Type 001
Name of Federal Candidate Ms. Mary L Landrieu Support Oppose
Office Sought: House Senate State: LA
Calendar Year-To-Date Per Election for Office Sought 554635.78
Disbursement For: Primary General Other (specify) Runoff

Full Name of Payee Taylor De Julian-Hernandez
Mailing Address 284 Cr 1401
City Carthage State TX Zip Code 75633
Purpose of Expenditure Mileage Category/Type 002
Name of Federal Candidate Ms. Mary L Landrieu Support Oppose
Office Sought: House Senate State: LA
Calendar Year-To-Date Per Election for Office Sought 554635.78
Disbursement For: Primary General Other (specify) Runoff

(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 05/18/2015
Signature

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>	<b>FEC IDENTIFICATION NUMBER</b> ▼ <b>C</b> C00530766
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee <b>Hilary Townsend</b>	Date of Public Distribution/Dissemination MM / DD / YYYY <b>11 / 26 / 2014</b>
Mailing Address 4506 US Hwy 79 North	Amount <b>100.00</b>
City Deberry	State TX
Zip Code 75639	<b>Transaction ID : 5aa30f01-1505-446d-b</b>
Purpose of Expenditure Salary	Date of Disbursement or Obligation MM / DD / YYYY <b>11 / 26 / 2014</b>
Category/Type <b>001</b>	Name of Federal Candidate Ms. Mary L Landrieu
Name of Federal Candidate Ms. Mary L Landrieu	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate	District: <u>00</u> State: <u>LA</u>
Calendar Year-To-Date Per Election for Office Sought	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▶ <u>Runoff</u>
<b>554635.78</b>	2014

Full Name of Payee <b>Hilary Townsend</b>	Date of Public Distribution/Dissemination MM / DD / YYYY <b>11 / 26 / 2014</b>
Mailing Address 4506 US Hwy 79 North	Amount <b>83.40</b>
City Deberry	State TX
Zip Code 75639	<b>Transaction ID : abffc2a1-7299-4ba1-a</b>
Purpose of Expenditure Mileage	Date of Disbursement or Obligation MM / DD / YYYY <b>11 / 26 / 2014</b>
Category/Type <b>002</b>	Name of Federal Candidate Ms. Mary L Landrieu
Name of Federal Candidate Ms. Mary L Landrieu	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate	District: <u>00</u> State: <u>LA</u>
Calendar Year-To-Date Per Election for Office Sought	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▶ <u>Runoff</u>
<b>554635.78</b>	2014

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶	<b>183.40</b>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	
(c) <b>TOTAL</b> Independent Expenditures..... ▶	

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

*Ms. Emily Buchanan*

Signature \_\_\_\_\_ [Electronically Filed] Date MM / DD / YYYY  
**05 / 18 / 2015**

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>	<b>FEC IDENTIFICATION NUMBER</b> ▼ <b>C</b> C00530766
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span>	

Full Name of Payee <b>Alice K Salazar</b>	Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 11 / 26 / 2014
Mailing Address 605 W Houston St	Amount <span style="border: 1px solid black; padding: 2px;">100.00</span>
City State Zip Code Marshall TX 75633	<b>Transaction ID : 392fcc72-157a-4c7a-a</b> Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 11 / 26 / 2014
Purpose of Expenditure Salary	Category/Type <span style="border: 1px solid black; padding: 2px;">001</span>
Name of Federal Candidate Ms. Mary L Landrieu	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate District: <u>00</u> <input type="checkbox"/> President State: <u>LA</u>
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">554635.78</span>	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input checked="" type="checkbox"/> Other (specify) ▶ <u>Runoff</u>

Full Name of Payee <b>Alice K Salazar</b>	Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 11 / 26 / 2014
Mailing Address 605 W Houston St	Amount <span style="border: 1px solid black; padding: 2px;">56.40</span>
City State Zip Code Marshall TX 75633	<b>Transaction ID : 38d96fdb-01d5-4c2d-b</b> Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 11 / 26 / 2014
Purpose of Expenditure Mileage	Category/Type <span style="border: 1px solid black; padding: 2px;">002</span>
Name of Federal Candidate Ms. Mary L Landrieu	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate District: <u>00</u> <input type="checkbox"/> President State: <u>LA</u>
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">554635.78</span>	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input checked="" type="checkbox"/> Other (specify) ▶ <u>Runoff</u>

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶	<span style="border: 1px solid black; padding: 2px;">156.40</span>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	<span style="border: 1px solid black; padding: 2px;"> </span>
(c) <b>TOTAL</b> Independent Expenditures..... ▶	<span style="border: 1px solid black; padding: 2px;"> </span>

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

*Ms. Emily Buchanan* [Electronically Filed] Date M M / D D / Y Y Y Y Y Y  
05 / 18 / 2015

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

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

Full Name of Payee Lilly Green
Mailing Address 205 Medallion Circle
City Shreveport State LA Zip Code 71119
Purpose of Expenditure Salary Category/Type 001
Date of Public Distribution/Dissemination 11/26/2014
Amount 80.00
Transaction ID : fd7cf084-eb6a-4e6f-a
Date of Disbursement or Obligation 11/26/2014
Name of Federal Candidate Ms. Mary L Landrieu
Office Sought: Senate State: LA
Disbursement For: Other (specify) Runoff

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
Date of Public Distribution/Dissemination 11/26/2014
Amount 33.90
Transaction ID : afe65593-c8a1-4a2a-9
Date of Disbursement or Obligation 11/26/2014
Name of Federal Candidate Ms. Mary L Landrieu
Office Sought: Senate State: LA
Disbursement For: Other (specify) Runoff

(a) SUBTOTAL of Itemized Independent Expenditures 113.90
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL Independent Expenditures

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

Ms. Emily Buchanan [Electronically Filed] Date 05/18/2015
Signature



**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>	<b>FEC IDENTIFICATION NUMBER</b> ▼ <b>C</b> C00530766
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span>	

Full Name of Payee <b>Maegan E McDaniel</b>	Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 11 / 26 / 2014
Mailing Address 3009 Skelly St	Amount <span style="border: 1px solid black; padding: 2px;">60.00</span>
City Shreveport State LA Zip Code 71107	<b>Transaction ID : 8cb6b000-fecb-4e27-9</b> Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 11 / 26 / 2014
Purpose of Expenditure Salary Category/Type 001	Name of Federal Candidate Ms. Mary L Landrieu <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: LA
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">554635.78</span>	Disbursement For: 2014 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▶ Runoff

Full Name of Payee <b>Maegan E McDaniel</b>	Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 11 / 26 / 2014
Mailing Address 3009 Skelly St	Amount <span style="border: 1px solid black; padding: 2px;">10.80</span>
City Shreveport State LA Zip Code 71107	<b>Transaction ID : 6a2cfd46-33bc-4703-a</b> Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 11 / 26 / 2014
Purpose of Expenditure Mileage Category/Type 002	Name of Federal Candidate Ms. Mary L Landrieu <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: LA
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">554635.78</span>	Disbursement For: 2014 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▶ Runoff

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶	<span style="border: 1px solid black; padding: 2px;">70.80</span>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	<span style="border: 1px solid black; padding: 2px;"> </span>
(c) <b>TOTAL</b> Independent Expenditures..... ▶	<span style="border: 1px solid black; padding: 2px;"> </span>

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

*Ms. Emily Buchanan*      **[Electronically Filed]**      Date M M / D D / Y Y Y Y Y Y  
05 / 18 / 2015

Signature \_\_\_\_\_

**SCHEDULE E (FEC Form 3X)  
ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>	<b>FEC IDENTIFICATION NUMBER ▼</b> <div style="border: 1px solid black; padding: 2px;"> <span style="font-size: 1.2em; font-weight: bold; border: 1px solid black;">C</span> C00530766                 </div>
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee <b>Bobbie M Steinsholt</b>			Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-between;"> <span style="border: 1px solid black; padding: 2px;">MM / DD / YYYY</span> <span style="border: 1px solid black; padding: 2px;">11 / 26 / 2014</span> </div>		
Mailing Address    3009 Skelly St			Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">60.00</div>		
City Shreveport	State LA	Zip Code 71107	<b>Transaction ID : 57e5214d-b0b9-488c-a</b> Date of Disbursement or Obligation <div style="display: flex; justify-content: space-between;"> <span style="border: 1px solid black; padding: 2px;">MM / DD / YYYY</span> <span style="border: 1px solid black; padding: 2px;">11 / 26 / 2014</span> </div>		
Purpose of Expenditure Salary	Category/Type <span style="border: 1px solid black; padding: 2px;">001</span>		Name of Federal Candidate Ms. Mary L Landrieu		
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; text-align: right;">554635.78</div>			Office Sought: <input type="checkbox"/> House    District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate    State: <u>LA</u>		
			Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input checked="" type="checkbox"/> Other (specify) ▶ <u>Runoff</u>		

Full Name of Payee <b>Sheri J Peace</b>			Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-between;"> <span style="border: 1px solid black; padding: 2px;">MM / DD / YYYY</span> <span style="border: 1px solid black; padding: 2px;">11 / 26 / 2014</span> </div>		
Mailing Address    9685 Paula St			Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">105.00</div>		
City Keithville	State LA	Zip Code 71047	<b>Transaction ID : 154b54fc-0994-4b59-9</b> Date of Disbursement or Obligation <div style="display: flex; justify-content: space-between;"> <span style="border: 1px solid black; padding: 2px;">MM / DD / YYYY</span> <span style="border: 1px solid black; padding: 2px;">11 / 26 / 2014</span> </div>		
Purpose of Expenditure Salary	Category/Type <span style="border: 1px solid black; padding: 2px;">001</span>		Name of Federal Candidate Ms. Mary L Landrieu		
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; text-align: right;">554635.78</div>			Office Sought: <input type="checkbox"/> House    District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate    State: <u>LA</u>		
			Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input checked="" type="checkbox"/> Other (specify) ▶ <u>Runoff</u>		

<b>(a) SUBTOTAL</b> of Itemized Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; text-align: right;">165.00</div>
<b>(b) SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	<div style="border: 1px solid black; padding: 2px; text-align: right;"> </div>
<b>(c) TOTAL</b> Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; text-align: right;"> </div>

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

*Ms. Emily Buchanan*  
 \_\_\_\_\_  
 Signature

[Electronically Filed]    Date    MM / DD / YYYY    05 / 18 / 2015

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In 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
Sheri J Peace
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 Oppose
Calendar Year-To-Date
Per Election for Office Sought 554635.78

Date of Public Distribution/Dissemination
11 / 26 / 2014
Amount
55.20
Transaction ID : 347db8df-1c29-4d94-b
Date of Disbursement or Obligation
11 / 26 / 2014
Office Sought: House District: 00
President Senate State: LA
Disbursement For: Primary General
Other (specify) Runoff

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 Oppose
Calendar Year-To-Date
Per Election for Office Sought 554635.78

Date of Public Distribution/Dissemination
11 / 26 / 2014
Amount
65.00
Transaction ID : 594223db-76b7-4b5b-b
Date of Disbursement or Obligation
11 / 26 / 2014
Office Sought: House District: 00
President Senate State: LA
Disbursement For: Primary General
Other (specify) Runoff

(a) SUBTOTAL of Itemized Independent Expenditures 120.20
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL Independent Expenditures

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

Ms. Emily Buchanan
[Electronically Filed]
Date 05 / 18 / 2015
Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

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

Full Name of Payee
ERIC TABARY
Mailing Address
6101 NORA ST
City
METAIRIE State
LA Zip Code
70003
Date of Public Distribution/Dissemination
11 / 26 / 2014
Amount
2.70
Transaction ID : 3baf6172-e799-481b-a
Date of Disbursement or Obligation
11 / 26 / 2014
Purpose of Expenditure
Mileage Category/
Type 002
Name of Federal Candidate
Ms. Mary L Landrieu Support Oppose
Office Sought: House Senate State: LA
Calendar Year-To-Date
Per Election for Office Sought
554635.78
Disbursement For: Primary General
Other (specify) Runoff

Full Name of Payee
Jessica R Resendiz
Mailing Address
9685 Paula St
City
Keithville State
LA Zip Code
71047
Date of Public Distribution/Dissemination
11 / 26 / 2014
Amount
100.00
Transaction ID : 32d51720-6f92-4fc9-9
Date of Disbursement or Obligation
11 / 26 / 2014
Purpose of Expenditure
Salary Category/
Type 001
Name of Federal Candidate
Ms. Mary L Landrieu Support Oppose
Office Sought: House Senate State: LA
Calendar Year-To-Date
Per Election for Office Sought
554635.78
Disbursement For: Primary General
Other (specify) Runoff

(a) SUBTOTAL of Itemized Independent Expenditures 102.70
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL Independent Expenditures

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

Ms. Emily Buchanan [Electronically Filed] Date 05 / 18 / 2015
Signature

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>	<b>FEC IDENTIFICATION NUMBER ▼</b> <div style="border: 1px solid black; padding: 2px; display: inline-block;"> <span style="font-size: 1.2em; font-weight: bold; border: 1px solid black;">C</span> C00530766       </div>
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee <b>Jessica R Resendiz</b>	Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px; display: inline-block;"> <span style="font-size: 0.8em;">M M / D D / Y Y Y Y Y Y</span>          11 / 26 / 2014       </div>						
Mailing Address    9685 Paula St	Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;"> <span style="font-size: 0.8em;">M M / D D / Y Y Y Y Y Y</span>          91.50       </div>						
<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:30%;">City</td> <td style="width:30%;">State</td> <td style="width:40%;">Zip Code</td> </tr> <tr> <td>Keithville</td> <td>LA</td> <td>71047</td> </tr> </table>	City	State	Zip Code	Keithville	LA	71047	<b>Transaction ID : e44aab9c-24aa-4592-9</b> Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px; display: inline-block;"> <span style="font-size: 0.8em;">M M / D D / Y Y Y Y Y Y</span>          11 / 26 / 2014       </div>
City	State	Zip Code					
Keithville	LA	71047					
Purpose of Expenditure Mileage	Category/Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">002</div>						
Name of Federal Candidate Ms. Mary L Landrieu	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House    District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate    State: <u>LA</u>						
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block;">554635.78</div>	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input checked="" type="checkbox"/> Other (specify) ▶    Runoff						

Full Name of Payee <b>Heather Ainsworth</b>	Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px; display: inline-block;"> <span style="font-size: 0.8em;">M M / D D / Y Y Y Y Y Y</span>          11 / 26 / 2014       </div>						
Mailing Address    9685 Paula St	Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;"> <span style="font-size: 0.8em;">M M / D D / Y Y Y Y Y Y</span>          120.00       </div>						
<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:30%;">City</td> <td style="width:30%;">State</td> <td style="width:40%;">Zip Code</td> </tr> <tr> <td>Keithville</td> <td>LA</td> <td>71047</td> </tr> </table>	City	State	Zip Code	Keithville	LA	71047	<b>Transaction ID : 7c8ef0b1-ac68-44c2-a</b> Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px; display: inline-block;"> <span style="font-size: 0.8em;">M M / D D / Y Y Y Y Y Y</span>          11 / 26 / 2014       </div>
City	State	Zip Code					
Keithville	LA	71047					
Purpose of Expenditure Salary	Category/Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">001</div>						
Name of Federal Candidate Ms. Mary L Landrieu	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House    District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate    State: <u>LA</u>						
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block;">554635.78</div>	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input checked="" type="checkbox"/> Other (specify) ▶    Runoff						

<b>(a) SUBTOTAL</b> of Itemized Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;"> <span style="font-size: 0.8em;">M M / D D / Y Y Y Y Y Y</span>          211.50       </div>
<b>(b) SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;"> <span style="font-size: 0.8em;">M M / D D / Y Y Y Y Y Y</span>          0.00       </div>
<b>(c) TOTAL</b> Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;"> <span style="font-size: 0.8em;">M M / D D / Y Y Y Y Y Y</span>          211.50       </div>

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

*Ms. Emily Buchanan*  
 Signature

[Electronically Filed]    Date    

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

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

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

Full Name of Payee: Heather Ainsworth
Mailing Address: 9685 Paula St
City: Keithville, State: LA, Zip Code: 71047
Purpose of Expenditure: Mileage, Category/Type: 002
Amount: 52.20
Transaction ID: dfb7463f-1eea-4c9e-8
Date of Disbursement or Obligation: 11/26/2014
Name of Federal Candidate: Ms. Mary L Landrieu, Support: [ ], Oppose: [X]
Office Sought: [ ] House, [X] Senate, District: 00, State: LA
Calendar Year-To-Date Per Election for Office Sought: 554635.78
Disbursement For: [ ] Primary, [ ] General, [X] Other (specify) Runoff

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
Amount: 50.00
Transaction ID: 8b44f62f-6ff8-45ba-8
Date of Disbursement or Obligation: 11/26/2014
Name of Federal Candidate: Ms. Mary L Landrieu, Support: [ ], Oppose: [X]
Office Sought: [ ] House, [X] Senate, District: 00, State: LA
Calendar Year-To-Date Per Election for Office Sought: 554635.78
Disbursement For: [ ] Primary, [ ] General, [X] Other (specify) Runoff

(a) SUBTOTAL of Itemized Independent Expenditures: 102.20
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL Independent Expenditures

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.
Ms. Emily Buchanan [Electronically Filed] Date 05/18/2015
Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

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

Full Name of Payee: Christopher Marquess
Mailing Address: 110 W Pecan St
City: Ville Platte, State: LA, Zip Code: 70586
Purpose of Expenditure: Mileage, Category/Type: 002
Amount: 36.30
Transaction ID: 07120ffa-928e-483e-a
Date of Disbursement or Obligation: 11/26/2014
Name of Federal Candidate: Ms. Mary L Landrieu
Office Sought: Senate, State: LA
Disbursement For: Other (specify) Runoff

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
Amount: 80.00
Transaction ID: 486a97fe-acbc-4d9f-8
Date of Disbursement or Obligation: 11/26/2014
Name of Federal Candidate: Ms. Mary L Landrieu
Office Sought: Senate, State: LA
Disbursement For: Other (specify) Runoff

(a) SUBTOTAL of Itemized Independent Expenditures: 116.30
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL Independent Expenditures

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

Ms. Emily Buchanan
[Electronically Filed]
Date: 05/18/2015
Signature

**SCHEDULE E (FEC Form 3X)  
ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>		FEC IDENTIFICATION NUMBER <b>C C00530766</b>
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		MM / DD / YYYY

Full Name of Payee <b>Christopher L Gilbert</b>	
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	
<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 554635.78	

Date of Public Distribution/Dissemination 11 / 26 / 2014
Amount 47.40
Transaction ID : 57686eef-75fb-4f21-b
Date of Disbursement or Obligation 11 / 26 / 2014
Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: LA
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input checked="" type="checkbox"/> Other (specify) ▶ Runoff

Full Name of Payee <b>Jennifer F Gilbert</b>	
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	
<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 554635.78	

Date of Public Distribution/Dissemination 11 / 26 / 2014
Amount 50.00
Transaction ID : c96882f9-23e9-4ace-b
Date of Disbursement or Obligation 11 / 26 / 2014
Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: LA
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input checked="" type="checkbox"/> Other (specify) ▶ Runoff

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures.....▶	97.40
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures.....▶	
(c) <b>TOTAL</b> Independent Expenditures.....▶	

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

*Ms. Emily Buchanan*  
Signature

[Electronically Filed]

Date 05 / 18 / 2015



SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

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

Full Name of Payee: Jennifer F Gilbert
Mailing Address: 180 McNeil Steep Hollow Rd
City: Carriere, State: MS, Zip Code: 39426
Purpose of Expenditure: Mileage, Category/Type: 002
Amount: 39.60
Transaction ID: 073aeb0a-a66f-4885-b
Date of Disbursement or Obligation: 11/26/2014
Name of Federal Candidate: Ms. Mary L Landriau
Office Sought: Senate, State: LA
Disbursement For: Other (specify) Runoff

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
Amount: 80.00
Transaction ID: 4806346b-9108-4c03-a
Date of Disbursement or Obligation: 11/26/2014
Name of Federal Candidate: Ms. Mary L Landriau
Office Sought: Senate, State: LA
Disbursement For: Other (specify) Runoff

(a) SUBTOTAL of Itemized Independent Expenditures: 119.60
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL Independent Expenditures

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

Signature: Ms. Emily Buchanan [Electronically Filed] Date: 05/18/2015



SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In 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
Julia Perry
Mailing Address
2046 Perrin St Apt C
City
Shreveport State
LA Zip Code
71101
Purpose of Expenditure
Mileage Category/
Type 002
Name of Federal Candidate
Ms. Mary L Landrieu
Support
Oppose
Calendar Year-To-Date
Per Election for Office Sought
554635.78

Date of Public Distribution/Dissemination
11 / 26 / 2014
Amount
7.50
Transaction ID : d24ad6cd-40b4-4753-b
Date of Disbursement or Obligation
11 / 26 / 2014
Office Sought:
House District: 00
Senate State: LA
Disbursement For:
Primary General
Other (specify) Runoff

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
Oppose
Calendar Year-To-Date
Per Election for Office Sought
554635.78

Date of Public Distribution/Dissemination
11 / 26 / 2014
Amount
55.00
Transaction ID : 822681c0-5a60-47fe-9
Date of Disbursement or Obligation
11 / 26 / 2014
Office Sought:
House District: 00
Senate State: LA
Disbursement For:
Primary General
Other (specify) Runoff

(a) SUBTOTAL of Itemized Independent Expenditures 62.50
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL Independent Expenditures

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

Ms. Emily Buchanan
[Electronically Filed]
Date 05 / 18 / 2015
Signature













SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In 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
Cathy Longtin
Mailing Address
827 Navavre Ave
City
New Orleans State
LA Zip Code
70124
Purpose of Expenditure
Mileage Category/
Type 002
Name of Federal Candidate
Ms. Mary L Landrieu
Support Oppose
Calendar Year-To-Date
Per Election for Office Sought 554635.78

Date of Public Distribution/Dissemination
11 / 26 / 2014
Amount
9.00
Transaction ID : 68c4d7ba-3a3b-456e-9
Date of Disbursement or Obligation
11 / 26 / 2014
Office Sought: House District: 00
Senate State: LA
Disbursement For: Primary General
Other (specify) Runoff

Full Name of Payee
Windy Hageman
Mailing Address
5521 Randolph St.
City
Marrero State
LA Zip Code
70072
Purpose of Expenditure
Salary Category/
Type 001
Name of Federal Candidate
Ms. Mary L Landrieu
Support Oppose
Calendar Year-To-Date
Per Election for Office Sought 554635.78

Date of Public Distribution/Dissemination
11 / 26 / 2014
Amount
12.50
Transaction ID : a4f16418-e425-4acb-9
Date of Disbursement or Obligation
11 / 26 / 2014
Office Sought: House District: 00
Senate State: LA
Disbursement For: Primary General
Other (specify) Runoff

(a) SUBTOTAL of Itemized Independent Expenditures 21.50
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL Independent Expenditures

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

Ms. Emily Buchanan
[Electronically Filed]
Date 05 / 18 / 2015
Signature

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>	<b>FEC IDENTIFICATION NUMBER</b> ▼ <b>C</b> C00530766
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span>	

Full Name of Payee <b>Windy Hageman</b>	Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 11 / 26 / 2014
Mailing Address 5521 Randolph St.	Amount <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 1.50
City State Zip Code Marrero LA 70072	<b>Transaction ID : 4fee72c4-0144-48e6-9</b> Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 11 / 26 / 2014
Purpose of Expenditure Mileage	Category/Type <span style="border: 1px solid black; padding: 2px;">002</span>
Name of Federal Candidate Ms. Mary L Landrieu	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>LA</u>
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 554635.78	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input checked="" type="checkbox"/> Other (specify) ▶ <u>Runoff</u>

Full Name of Payee <b>Carl Brent</b>	Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 11 / 26 / 2014
Mailing Address 6718 Lake Willow Dr	Amount <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 80.00
City State Zip Code New Orleans LA 70126	<b>Transaction ID : 3a46806c-fa11-4312-9</b> Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 11 / 26 / 2014
Purpose of Expenditure Salary	Category/Type <span style="border: 1px solid black; padding: 2px;">001</span>
Name of Federal Candidate Ms. Mary L Landrieu	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>LA</u>
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 554635.78	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input checked="" type="checkbox"/> Other (specify) ▶ <u>Runoff</u>

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶	<span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 81.50
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	<span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span>
(c) <b>TOTAL</b> Independent Expenditures..... ▶	<span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span>

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

*Ms. Emily Buchanan*

Signature \_\_\_\_\_ [Electronically Filed] Date M M / D D / Y Y Y Y Y Y  
05 / 18 / 2015

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>		FEC IDENTIFICATION NUMBER <b>C C00530766</b>
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		MM / DD / YYYY

Full Name of Payee <b>Carl Brent</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>11 / 26 / 2014</b>
Mailing Address 6718 Lake Willow Dr		Amount <b>16.50</b>
City New Orleans	State LA	Zip Code 70126
Purpose of Expenditure Mileage		Category/Type <b>002</b>
Name of Federal Candidate Ms. Mary L Landrieu		Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>LA</u>
Calendar Year-To-Date Per Election for Office Sought <b>554635.78</b>		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input checked="" type="checkbox"/> Other (specify) <u>Runoff</u>

**Transaction ID : 2cfef651-b75e-42b2-b**  
 Date of Disbursement or Obligation  
 MM / DD / YYYY  
**11 / 26 / 2014**

Full Name of Payee <b>Hannah J Landry</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>11 / 26 / 2014</b>
Mailing Address 1110 N Coolidge		Amount <b>70.00</b>
City Gonzales	State LA	Zip Code 70737
Purpose of Expenditure Salary		Category/Type <b>001</b>
Name of Federal Candidate Ms. Mary L Landrieu		Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>LA</u>
Calendar Year-To-Date Per Election for Office Sought <b>554635.78</b>		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input checked="" type="checkbox"/> Other (specify) <u>Runoff</u>

**Transaction ID : 700ab2c6-b30b-4877-8**  
 Date of Disbursement or Obligation  
 MM / DD / YYYY  
**11 / 26 / 2014**

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures.....	<b>86.50</b>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures .....	
(c) <b>TOTAL</b> Independent Expenditures.....	

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

Signature Ms. Emily Buchanan [Electronically Filed] Date **05 / 18 / 2015**

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

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

Full Name of Payee
Hannah J Landry
Mailing Address
1110 N Coolidge
City
Gonzales State
LA Zip Code
70737
Date of Public Distribution/Dissemination
11 / 26 / 2014
Amount
48.00
Transaction ID : df778464-dec3-4036-9
Date of Disbursement or Obligation
11 / 26 / 2014
Purpose of Expenditure
Mileage Category/Type
002
Name of Federal Candidate
Ms. Mary L Landrieu Support Oppose
Office Sought: House Senate State: LA
Calendar Year-To-Date
Per Election for Office Sought
554635.78
Disbursement For: Primary General Other (specify)
Runoff

Full Name of Payee
Mary C Lee
Mailing Address
1030 N Coolidge Ave
City
Gonzales State
LA Zip Code
70737
Date of Public Distribution/Dissemination
11 / 26 / 2014
Amount
75.00
Transaction ID : 9f7b2833-f4fe-43f3-9
Date of Disbursement or Obligation
11 / 26 / 2014
Purpose of Expenditure
Salary Category/Type
001
Name of Federal Candidate
Ms. Mary L Landrieu Support Oppose
Office Sought: House Senate State: LA
Calendar Year-To-Date
Per Election for Office Sought
554635.78
Disbursement For: Primary General Other (specify)
Runoff

(a) SUBTOTAL of Itemized Independent Expenditures 123.00
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL Independent Expenditures

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.
Ms. Emily Buchanan [Electronically Filed] Date 05 / 18 / 2015
Signature

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>	<b>FEC IDENTIFICATION NUMBER ▼</b> <div style="border: 1px solid black; padding: 2px;"> <span style="font-size: 1.2em; font-weight: bold; border: 1px solid black;">C</span> C00530766                 </div>
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee <b>Mary C Lee</b>	Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px;">                     MM / DD / YYYY                      11 / 26 / 2014                 </div>
Mailing Address    1030 N Coolidge Ave	Amount <div style="border: 1px solid black; padding: 2px;">                     6.00                 </div>
City                                  State                                  Zip Code Gonzales                              LA                                      70737	<b>Transaction ID : bc4b8b04-1665-4c5c-b</b> Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px;">                     MM / DD / YYYY                      11 / 26 / 2014                 </div>
Purpose of Expenditure Mileage	Category/Type <div style="border: 1px solid black; padding: 2px;">002</div>
Name of Federal Candidate Ms. Mary L Landrieu	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House    District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate    State: <u>LA</u>
Calendar Year-To-Date Per Election for Office Sought	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input checked="" type="checkbox"/> Other (specify) ▶ <u>Runoff</u>

Full Name of Payee <b>Laura U Logie</b>	Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px;">                     MM / DD / YYYY                      11 / 26 / 2014                 </div>
Mailing Address    2565 Shire Circle	Amount <div style="border: 1px solid black; padding: 2px;">                     50.00                 </div>
City                                  State                                  Zip Code Harrisonburg                              VA                                      22801	<b>Transaction ID : 24111a5e-137b-4fd3-8</b> Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px;">                     MM / DD / YYYY                      11 / 26 / 2014                 </div>
Purpose of Expenditure Salary	Category/Type <div style="border: 1px solid black; padding: 2px;">001</div>
Name of Federal Candidate Ms. Mary L Landrieu	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House    District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate    State: <u>LA</u>
Calendar Year-To-Date Per Election for Office Sought	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input checked="" type="checkbox"/> Other (specify) ▶ <u>Runoff</u>

<b>(a) SUBTOTAL</b> of Itemized Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; width: 100%;">56.00</div>
<b>(b) SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	<div style="border: 1px solid black; padding: 2px; width: 100%; height: 20px;"> </div>
<b>(c) TOTAL</b> Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; width: 100%; height: 20px;"> </div>

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

*Ms. Emily Buchanan*  
 \_\_\_\_\_  
 Signature

[Electronically Filed]    Date    

MM / DD / YYYY  
 05 / 18 / 2015

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>		<b>FEC IDENTIFICATION NUMBER</b> ▼ <b>C</b> C00530766
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		

Full Name of Payee <b>Christine Stevens</b>	
Mailing Address 100 Asbury Ct	
City Winchester	State VA
Zip Code 22602	
Purpose of Expenditure Salary	Category/Type 001
Name of Federal Candidate Ms. Mary L Landrieu	
<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 554635.78	

Date of Public Distribution/Dissemination 11 / 26 / 2014	
Amount 70.00	
Transaction ID : 5dbf7ecd-c58e-4fd1-8	
Date of Disbursement or Obligation 11 / 26 / 2014	
Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: LA	
Disbursement For: 2014 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▶ Runoff	

Full Name of Payee <b>Jazmine d Conner</b>	
Mailing Address 100 ASBURY CT	
City WINCHESTER	State VA
Zip Code 22602	
Purpose of Expenditure Salary	Category/Type 001
Name of Federal Candidate Ms. Mary L Landrieu	
<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 554635.78	

Date of Public Distribution/Dissemination 11 / 26 / 2014	
Amount 70.00	
Transaction ID : 3212b2fb-bb78-47a5-a	
Date of Disbursement or Obligation 11 / 26 / 2014	
Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: LA	
Disbursement For: 2014 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▶ Runoff	

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶	140.00
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	
(c) <b>TOTAL</b> Independent Expenditures..... ▶	

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

*Ms. Emily Buchanan*

Signature \_\_\_\_\_ [Electronically Filed] Date 05 / 18 / 2015

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

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

Full Name of Payee
Jon E Conner
Mailing Address
100 Asbury Ct
City
Winchester State
VA Zip Code
22602
Date of Public Distribution/Dissemination
11 / 26 / 2014
Amount
70.00
Transaction ID : 967e3482-bdc8-405e-b
Date of Disbursement or Obligation
11 / 26 / 2014
Purpose of Expenditure
Salary Category/Type
001
Name of Federal Candidate
Ms. Mary L Landrieu
Support Oppose
Office Sought: House Senate
District: 00 State: LA
Calendar Year-To-Date
Per Election for Office Sought
554635.78
Disbursement For: Primary General
2014 Other (specify)
Runoff

Full Name of Payee
Rodney O Culbreath
Mailing Address
100 Asbury Ct
City
Winchester State
VA Zip Code
22602
Date of Public Distribution/Dissemination
11 / 26 / 2014
Amount
70.00
Transaction ID : 0786048b-ebcd-4c5d-9
Date of Disbursement or Obligation
11 / 26 / 2014
Purpose of Expenditure
Salary Category/Type
001
Name of Federal Candidate
Ms. Mary L Landrieu
Support Oppose
Office Sought: House Senate
District: 00 State: LA
Calendar Year-To-Date
Per Election for Office Sought
554635.78
Disbursement For: Primary General
2014 Other (specify)
Runoff

(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 05 / 18 / 2015
Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full)
Women Speak Out PAC
FEC IDENTIFICATION NUMBER
C C00530766

Check if 24-hour report 48-hour report New report Amends report filed on

Full Name of Payee: Rodney D Culbreth
Mailing Address: 100 Asbury CT, 3200 Dam Neck Rd
City: Winchester, State: VA, Zip Code: 22602
Purpose of Expenditure: Salary, Category/Type: 001
Date of Public Distribution/Dissemination: 11/26/2014
Amount: 70.00
Transaction ID: 50975554-ef7d-440b-a
Name of Federal Candidate: Ms. Mary L Landrieu, Office Sought: Senate, State: LA
Calendar Year-To-Date Per Election for Office Sought: 554635.78
Disbursement For: Other (specify) Runoff

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
Date of Public Distribution/Dissemination: 11/26/2014
Amount: 70.00
Transaction ID: f15b5d2b-dc44-4890-a
Name of Federal Candidate: Ms. Mary L Landrieu, Office Sought: Senate, State: LA
Calendar Year-To-Date Per Election for Office Sought: 554635.78
Disbursement For: Other (specify) Runoff

(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: 05/18/2015



SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In 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
Briehauna M Stevens
Mailing Address
1703 Torrey Pines Ct
City
Reston State
VA Zip Code
20190
Date of Public Distribution/Dissemination
11 / 26 / 2014
Amount
60.00
Transaction ID : 87f4fda4-45a2-4932-8
Purpose of Expenditure
Salary Category/Type
001
Date of Disbursement or Obligation
11 / 26 / 2014
Name of Federal Candidate
Ms. Mary L Landrieu
Office Sought:
Senate State:
LA
Disbursement For:
Other (specify)
Runoff

Full Name of Payee
Mary C Lee
Mailing Address
1030 N Coolidge Ave
City
Gonzales State
LA Zip Code
70737
Date of Public Distribution/Dissemination
11 / 27 / 2014
Amount
15.00
Transaction ID : c9244917-ce3f-44d8-b
Purpose of Expenditure
Salary Category/Type
001
Date of Disbursement or Obligation
11 / 27 / 2014
Name of Federal Candidate
Ms. Mary L Landrieu
Office Sought:
Senate State:
LA
Disbursement For:
Other (specify)
Runoff

(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
05 / 18 / 2015
Signature

**SCHEDULE E (FEC Form 3X)  
ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>	<b>FEC IDENTIFICATION NUMBER ▼</b> <div style="border: 1px solid black; padding: 2px;"> <span style="font-size: 1.2em; font-weight: bold; border: 1px solid black; display: inline-block; width: 15px; height: 15px; text-align: center; vertical-align: middle;">C</span> <span style="margin-left: 5px;">C00530766</span> </div>
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee <b>Mary C Lee</b>	Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px;"> <span style="font-size: 0.8em;">M M / D D / Y Y Y Y Y Y</span>  <span style="font-size: 1.2em; font-weight: bold;">11 / 27 / 2014</span> </div>
Mailing Address    1030 N Coolidge Ave	Amount <div style="border: 1px solid black; padding: 2px;"> <span style="font-size: 1.2em; font-weight: bold;">5.10</span> </div>
City                                  State                                  Zip Code Gonzales                                  LA                                  70737	<b>Transaction ID : a3beaf3-e0cf-442c-9</b> Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px;"> <span style="font-size: 0.8em;">M M / D D / Y Y Y Y Y Y</span>  <span style="font-size: 1.2em; font-weight: bold;">11 / 27 / 2014</span> </div>
Purpose of Expenditure Mileage                                  Category/Type <span style="border: 1px solid black; padding: 2px;">002</span>	Name of Federal Candidate <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Ms. Mary L Landrieu <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate    State: <u>LA</u>
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px;"> <span style="font-size: 1.2em; font-weight: bold;">554635.78</span> </div>	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input checked="" type="checkbox"/> Other (specify) ▶ <u>Runoff</u>

Full Name of Payee <b>Scott Smith</b>	Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px;"> <span style="font-size: 0.8em;">M M / D D / Y Y Y Y Y Y</span>  <span style="font-size: 1.2em; font-weight: bold;">11 / 28 / 2014</span> </div>
Mailing Address    405 Pennsylvania St	Amount <div style="border: 1px solid black; padding: 2px;"> <span style="font-size: 1.2em; font-weight: bold;">15.00</span> </div>
City                                  State                                  Zip Code New Roads                                  LA                                  70760	<b>Transaction ID : 57af82e3-3a3c-451f-b</b> Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px;"> <span style="font-size: 0.8em;">M M / D D / Y Y Y Y Y Y</span>  <span style="font-size: 1.2em; font-weight: bold;">11 / 28 / 2014</span> </div>
Purpose of Expenditure Salary                                  Category/Type <span style="border: 1px solid black; padding: 2px;">001</span>	Name of Federal Candidate <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Ms. Mary L Landrieu <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate    State: <u>LA</u>
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px;"> <span style="font-size: 1.2em; font-weight: bold;">554635.78</span> </div>	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input checked="" type="checkbox"/> Other (specify) ▶ <u>Runoff</u>

<b>(a) SUBTOTAL</b> of Itemized Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px;"> <span style="font-size: 1.2em; font-weight: bold;">20.10</span> </div>
<b>(b) SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	<div style="border: 1px solid black; padding: 2px;"> <span style="font-size: 1.2em; font-weight: bold;">0.00</span> </div>
<b>(c) TOTAL</b> Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px;"> <span style="font-size: 1.2em; font-weight: bold;">20.10</span> </div>

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

*Ms. Emily Buchanan*                                                                    **[Electronically Filed]**                                  Date    
M M / D D / Y Y Y Y Y Y  
05 / 18 / 2015

Signature

**SCHEDULE E (FEC Form 3X)  
ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>		FEC IDENTIFICATION NUMBER ▼ C00530766	
Check if <input type="checkbox"/> 24-hour report	<input type="checkbox"/> 48-hour report	<input type="checkbox"/> New report	<input type="checkbox"/> Amends report filed on <input type="text" value="MM/DD/YYYY"/>

Full Name of Payee <b>Scott Smith</b>		Date of Public Distribution/Dissemination MM/DD/YYYY 11/28/2014	
Mailing Address 405 Pennsylvania St		Amount 1.50	
City New Roads	State LA	Zip Code 70760	<b>Transaction ID : e14fe6ed-31c4-40eb-9</b>
Purpose of Expenditure Mileage		Category/Type 002	Date of Disbursement or Obligation MM/DD/YYYY 11/28/2014
Name of Federal Candidate Ms. Mary L Landrieu		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: LA
Calendar Year-To-Date Per Election for Office Sought		554635.78	Disbursement For: 2014 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ► Runoff

Full Name of Payee <b>Joshua J Huffman</b>		Date of Public Distribution/Dissemination MM/DD/YYYY 11/28/2014	
Mailing Address 211 Dixie Ave		Amount 32.50	
City Harrisonburg	State VA	Zip Code 22801	<b>Transaction ID : 89eb9b49-f509-421b-b</b>
Purpose of Expenditure Salary		Category/Type 001	Date of Disbursement or Obligation MM/DD/YYYY 11/28/2014
Name of Federal Candidate Ms. Mary L Landrieu		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: LA
Calendar Year-To-Date Per Election for Office Sought		554635.78	Disbursement For: 2014 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ► Runoff

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures.....	▶	34.00
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures .....	▶	
(c) <b>TOTAL</b> Independent Expenditures.....	▶	

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

*Ms. Emily Buchanan* [Electronically Filed] Date 05/18/2015  
Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In 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
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
Ms. Mary L Landrieu
Support
Oppose
Office Sought:
House
Senate
State:
LA
Calendar Year-To-Date
Per Election for Office Sought
554635.78

Date of Public Distribution/Dissemination
11 / 28 / 2014
Amount
30.00
Transaction ID : ab7f470f-9e4b-43c3-8
Date of Disbursement or Obligation
11 / 28 / 2014
Disbursement For:
Primary
General
Other (specify)
Runoff

Full Name of Payee
Cynthia N Schmit
Mailing Address
2226 Taft Circle Apt 1
City
Winchester State
VA Zip Code
22601
Purpose of Expenditure
Salary Category/
Type
001
Name of Federal Candidate
Ms. Mary L Landrieu
Support
Oppose
Office Sought:
House
Senate
State:
LA
Calendar Year-To-Date
Per Election for Office Sought
554635.78

Date of Public Distribution/Dissemination
11 / 28 / 2014
Amount
27.50
Transaction ID : ce65b375-9979-4186-9
Date of Disbursement or Obligation
11 / 28 / 2014
Disbursement For:
Primary
General
Other (specify)
Runoff

(a) SUBTOTAL of Itemized Independent Expenditures..... 57.50
(b) SUBTOTAL of Unitemized Independent Expenditures .....
(c) TOTAL Independent Expenditures.....

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

Ms. Emily Buchanan
[Electronically Filed]
Date
05 / 18 / 2015
Signature

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>	<b>FEC IDENTIFICATION NUMBER ▼</b> <b>C</b> C00530766
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y</span>	

Full Name of Payee <b>Amanda Boley</b>	Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y</span> 11 / 28 / 2014
Mailing Address Split Oak Drive	Amount <span style="border: 1px solid black; padding: 2px;">91.50</span>
City charlotte State NC Zip Code 28227	<b>Transaction ID : 2125a6ff-cd57-4f03-a</b> Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y</span> 11 / 28 / 2014
Purpose of Expenditure Salary Category/Type 001	Name of Federal Candidate Ms. Mary L Landrieu <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: LA
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">554635.78</span>	Disbursement For: 2014 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▶ Runoff

Full Name of Payee <b>Amanda Boley</b>	Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y</span> 11 / 28 / 2014
Mailing Address Split Oak Drive	Amount <span style="border: 1px solid black; padding: 2px;">26.49</span>
City charlotte State NC Zip Code 28227	<b>Transaction ID : a88bffbe-138c-484c-a</b> Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y</span> 11 / 28 / 2014
Purpose of Expenditure Mileage Category/Type 002	Name of Federal Candidate Ms. Mary L Landrieu <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: LA
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">554635.78</span>	Disbursement For: 2014 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▶ Runoff

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶	<span style="border: 1px solid black; padding: 2px;">117.99</span>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	<span style="border: 1px solid black; padding: 2px;"> </span>
(c) <b>TOTAL</b> Independent Expenditures..... ▶	<span style="border: 1px solid black; padding: 2px;"> </span>

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

*Ms. Emily Buchanan* [Electronically Filed] Date M M / D D / Y Y Y Y  
05 / 18 / 2015

Signature \_\_\_\_\_

SCHEDULE E (FEC Form 3X)  
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In 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  
**Strategic Media Services**

Date of Public Distribution/Dissemination  
 /  /   
**11 / 27 / 2014**

Mailing Address  
**1911 N Ft. Meyer Drive  
Suite 400**

Amount  
  
**141603.50**

City State Zip Code  
**Arlington VA 22209**

Transaction ID : **ee962114-ce1c-4d42-a**  
Date of Disbursement or Obligation

Purpose of Expenditure  
**Media Buy**

Category/Type  
  
**004**

/  /   
**11 / 27 / 2014**

Name of Federal Candidate  
**Ms. Mary L Landrieu**

Support  Oppose

Office Sought:  House District: 00  
 President  Senate State: LA

Calendar Year-To-Date  
Per Election for Office Sought  
  
**554635.78**

Disbursement For:  Primary  General  
2014  Other (specify) ▶ Runoff

Full Name of Payee  
**FP 1**

Date of Public Distribution/Dissemination  
 /  /   
**11 / 27 / 2014**

Mailing Address  
**1826 Jefferson Place, NW**

Amount  
  
**35000.00**

City State Zip Code  
**Washington DC 20036**

Transaction ID : **101aaa44-27a4-460f-8**  
Date of Disbursement or Obligation

Purpose of Expenditure  
**Digital Ad Buy**

Category/Type  
  
**004**

/  /   
**11 / 27 / 2014**

Name of Federal Candidate  
**Ms. Mary L Landrieu**

Support  Oppose

Office Sought:  House District: 00  
 President  Senate State: LA

Calendar Year-To-Date  
Per Election for Office Sought  
  
**554635.78**

Disbursement For:  Primary  General  
2014  Other (specify) ▶ Runoff

(a) **SUBTOTAL** of Itemized Independent Expenditures..... ▶   
**176603.50**

(b) **SUBTOTAL** of Unitemized Independent Expenditures ..... ▶

(c) **TOTAL** Independent Expenditures..... ▶

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

Ms. Emily Buchanan  
Signature

[Electronically Filed]

Date  /  /   
**05 / 18 / 2015**

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>		FEC IDENTIFICATION NUMBER <b>C</b> C00530766
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		

Full Name of Payee <b>Noah J Smith</b>		Date of Public Distribution/Dissemination 11 / 28 / 2014
Mailing Address 41174 Bertville Rd		Amount 30.00
City Gonzales	State LA	Zip Code 70737
Purpose of Expenditure Salary	Category/Type 001	Transaction ID : <b>5aa7bb7e-6e7e-4c8a-8</b> Date of Disbursement or Obligation 11 / 28 / 2014
Name of Federal Candidate Ms. Mary L Landrieu	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: LA
Calendar Year-To-Date Per Election for Office Sought	554635.78	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input checked="" type="checkbox"/> Other (specify) ▶ Runoff

Full Name of Payee <b>Gary W Fuhrmann</b>		Date of Public Distribution/Dissemination 11 / 28 / 2014
Mailing Address 9425 Jessica Drive		Amount 62.50
City Shreveport	State LA	Zip Code 71106
Purpose of Expenditure Salary	Category/Type 001	Transaction ID : <b>22967fc3-0abe-4948-9</b> Date of Disbursement or Obligation 11 / 28 / 2014
Name of Federal Candidate Ms. Mary L Landrieu	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: LA
Calendar Year-To-Date Per Election for Office Sought	554635.78	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input checked="" type="checkbox"/> Other (specify) ▶ Runoff

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures.....▶	92.50
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures.....▶	
(c) <b>TOTAL</b> Independent Expenditures.....▶	

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

*Ms. Emily Buchanan*

[Electronically Filed]

Date 05 / 18 / 2015

Signature

# SCHEDULE E (FEC Form 3X) ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>		FEC IDENTIFICATION NUMBER <b>C</b> C00530766
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		MM / DD / YYYY

Full Name of Payee <b>Gary W Fuhrmann</b>	
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	
<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 554635.78	

Date of Public Distribution/Dissemination 11 / 28 / 2014
Amount 8.70
Transaction ID : 1b3400d1-3e53-4fa1-9
Date of Disbursement or Obligation 11 / 28 / 2014
Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: LA
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▶ Runoff

Full Name of Payee <b>Alice K Salazar</b>	
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	
<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 554635.78	

Date of Public Distribution/Dissemination 11 / 28 / 2014
Amount 100.00
Transaction ID : 94487882-116e-44bf-b
Date of Disbursement or Obligation 11 / 28 / 2014
Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: LA
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▶ Runoff

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶	108.70
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	
(c) <b>TOTAL</b> Independent Expenditures..... ▶	

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

*Ms. Emily Buchanan*

Signature \_\_\_\_\_ [Electronically Filed] Date 05 / 18 / 2015





SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In 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: Hilary Townsend
Mailing Address: 4506 US Hwy 79 North
City: Deberry, State: TX, Zip Code: 75639
Purpose of Expenditure: Mileage, Category/Type: 002
Date of Public Distribution/Dissemination: 11/28/2014
Amount: 76.50
Transaction ID: e4616d10-daa0-4854-b
Name of Federal Candidate: Ms. Mary L Landriau, Support: [ ], Oppose: [X]
Office Sought: [ ] House, [X] Senate, District: 00, State: LA
Calendar Year-To-Date Per Election for Office Sought: 554635.78
Disbursement For: [ ] Primary, [ ] General, [X] Other (specify) Runoff

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
Date of Public Distribution/Dissemination: 11/28/2014
Amount: 55.00
Transaction ID: 3d214546-438b-44ac-b
Name of Federal Candidate: Ms. Mary L Landriau, Support: [ ], Oppose: [X]
Office Sought: [ ] House, [X] Senate, District: 00, State: LA
Calendar Year-To-Date Per Election for Office Sought: 554635.78
Disbursement For: [ ] Primary, [ ] General, [X] Other (specify) Runoff

(a) SUBTOTAL of Itemized Independent Expenditures: 131.50
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL Independent Expenditures

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.
Ms. Emily Buchanan
[Electronically Filed]
Date: 05/18/2015
Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

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

Full Name of Payee
Jennifer F Gilbert
Mailing Address
180 McNeil Steep Hollow Rd
City
Carriere State
MS Zip Code
39426
Date of Public Distribution/Dissemination
11 / 28 / 2014
Amount
41.10
Transaction ID : 7b0e29f7-003f-4c3f-9
Date of Disbursement or Obligation
11 / 28 / 2014
Purpose of Expenditure
Mileage Category/Type
002
Name of Federal Candidate
Ms. Mary L Landrieu Support Oppose
Office Sought: House Senate State: LA
Calendar Year-To-Date
Per Election for Office Sought
554635.78
Disbursement For: Primary General Other (specify)
Runoff

Full Name of Payee
Francis Richardson
Mailing Address
220 Doucet Rd
City
Lafayette State
LA Zip Code
70503
Date of Public Distribution/Dissemination
11 / 28 / 2014
Amount
35.00
Transaction ID : e25a90bb-4994-46ea-9
Date of Disbursement or Obligation
11 / 28 / 2014
Purpose of Expenditure
Salary Category/Type
001
Name of Federal Candidate
Ms. Mary L Landrieu Support Oppose
Office Sought: House Senate State: LA
Calendar Year-To-Date
Per Election for Office Sought
554635.78
Disbursement For: Primary General Other (specify)
Runoff

(a) SUBTOTAL of Itemized Independent Expenditures..... 76.10
(b) SUBTOTAL of Unitemized Independent Expenditures .....
(c) TOTAL Independent Expenditures.....

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.
Ms. Emily Buchanan [Electronically Filed] Date 05 / 18 / 2015
Signature



**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>	<b>FEC IDENTIFICATION NUMBER</b> ▼ <b>C</b> C00530766
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span>	

Full Name of Payee <b>Christopher L Gilbert</b>	Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 11 / 28 / 2014
Mailing Address 55 Lovell Johnson Rd	Amount <span style="border: 1px solid black; padding: 2px;">47.70</span>
City State Zip Code Picayune MS 39466	<b>Transaction ID : 9fb222f0-5da1-49eb-8</b> Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 11 / 28 / 2014
Purpose of Expenditure Mileage	Category/Type <span style="border: 1px solid black; padding: 2px;">002</span>
Name of Federal Candidate Ms. Mary L Landrieu	Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>LA</u>
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">554635.78</span>	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input checked="" type="checkbox"/> Other (specify) ▶ <u>Runoff</u>

Full Name of Payee <b>Taylor De Julian-Hernandez</b>	Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 11 / 28 / 2014
Mailing Address 284 Cr 1401	Amount <span style="border: 1px solid black; padding: 2px;">100.00</span>
City State Zip Code Carthage TX 75633	<b>Transaction ID : d7f60cfb-fb78-4447-8</b> Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 11 / 28 / 2014
Purpose of Expenditure Salary	Category/Type <span style="border: 1px solid black; padding: 2px;">001</span>
Name of Federal Candidate Ms. Mary L Landrieu	Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>LA</u>
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">554635.78</span>	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input checked="" type="checkbox"/> Other (specify) ▶ <u>Runoff</u>

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶	<span style="border: 1px solid black; padding: 2px;">147.70</span>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	<span style="border: 1px solid black; padding: 2px;"> </span>
(c) <b>TOTAL</b> Independent Expenditures..... ▶	<span style="border: 1px solid black; padding: 2px;"> </span>

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

*Ms. Emily Buchanan* [Electronically Filed] Date M M / D D / Y Y Y Y Y Y  
05 / 18 / 2015

Signature





SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

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

Full Name of Payee Lilly Green
Mailing Address 205 Medallion Circle
City Shreveport State LA Zip Code 71119
Purpose of Expenditure Salary Category/Type 001
Date of Public Distribution/Dissemination 11/28/2014
Amount 80.00
Transaction ID : d7a08f16-89be-4adc-a
Date of Disbursement or Obligation 11/28/2014
Name of Federal Candidate Ms. Mary L Landrieu Support Oppose
Office Sought: House Senate State: LA
Calendar Year-To-Date Per Election for Office Sought 554635.78
Disbursement For: Primary General Other (specify) Runoff

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
Date of Public Distribution/Dissemination 11/28/2014
Amount 60.60
Transaction ID : 5734411b-b68d-4ace-8
Date of Disbursement or Obligation 11/28/2014
Name of Federal Candidate Ms. Mary L Landrieu Support Oppose
Office Sought: House Senate State: LA
Calendar Year-To-Date Per Election for Office Sought 554635.78
Disbursement For: Primary General Other (specify) Runoff

(a) SUBTOTAL of Itemized Independent Expenditures 140.60
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL Independent Expenditures

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.
Ms. Emily Buchanan [Electronically Filed] Date 05/18/2015
Signature







SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

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

Full Name of Payee
Christopher L Gilbert
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
Oppose
Office Sought:
House
Senate
State: LA
Calendar Year-To-Date
Per Election for Office Sought
554635.78

Date of Public Distribution/Dissemination
11 / 28 / 2014
Amount
47.40
Transaction ID : 7dc9befe-b475-4a54-b
Date of Disbursement or Obligation
11 / 28 / 2014
Disbursement For:
Primary
General
Other (specify)
Runoff

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
Oppose
Office Sought:
House
Senate
State: LA
Calendar Year-To-Date
Per Election for Office Sought
554635.78

Date of Public Distribution/Dissemination
11 / 28 / 2014
Amount
11.00
Transaction ID : 4e002470-d744-4a95-9
Date of Disbursement or Obligation
11 / 28 / 2014
Disbursement For:
Primary
General
Other (specify)
Runoff

(a) SUBTOTAL of Itemized Independent Expenditures..... 58.40
(b) SUBTOTAL of Unitemized Independent Expenditures .....
(c) TOTAL Independent Expenditures.....

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

Ms. Emily Buchanan
[Electronically Filed]
Date 05 / 18 / 2015
Signature



SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In 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: Jessica R Resendiz
Mailing Address: 9685 Paula St
City: Keithville, State: LA, Zip Code: 71047
Purpose of Expenditure: Salary, Category/Type: 001
Date of Public Distribution/Dissemination: 11/28/2014
Amount: 50.00
Transaction ID: ca2bd9ad-9d76-417c-8
Date of Disbursement or Obligation: 11/28/2014
Name of Federal Candidate: Ms. Mary L Landrieu, Support: [ ], Oppose: [X]
Office Sought: [ ] House, [X] Senate, District: 00, State: LA
Calendar Year-To-Date Per Election for Office Sought: 554635.78
Disbursement For: [ ] Primary, [ ] General, [X] Other (specify) Runoff

Full Name of Payee: Jessica R Resendiz
Mailing Address: 9685 Paula St
City: Keithville, State: LA, Zip Code: 71047
Purpose of Expenditure: Mileage, Category/Type: 002
Date of Public Distribution/Dissemination: 11/28/2014
Amount: 19.50
Transaction ID: 4a55604d-3d01-4041-a
Date of Disbursement or Obligation: 11/28/2014
Name of Federal Candidate: Ms. Mary L Landrieu, Support: [ ], Oppose: [X]
Office Sought: [ ] House, [X] Senate, District: 00, State: LA
Calendar Year-To-Date Per Election for Office Sought: 554635.78
Disbursement For: [ ] Primary, [ ] General, [X] Other (specify) Runoff

(a) SUBTOTAL of Itemized Independent Expenditures: 69.50
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL Independent Expenditures

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

Signature: Ms. Emily Buchanan [Electronically Filed] Date: 05/18/2015

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

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

Full Name of Payee Heather Ainsworth
Mailing Address 9685 Paula St
City Keithville State LA Zip Code 71047
Purpose of Expenditure Salary Category/Type 001
Date of Public Distribution/Dissemination 11/28/2014
Amount 100.00
Transaction ID : 21665a55-f75b-4c18-8
Date of Disbursement or Obligation 11/28/2014
Name of Federal Candidate Ms. Mary L Landrieu Support Oppose
Office Sought: House Senate State: LA
Calendar Year-To-Date Per Election for Office Sought 554635.78
Disbursement For: Primary General Other (specify) Runoff

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
Date of Public Distribution/Dissemination 11/28/2014
Amount 90.00
Transaction ID : 003296b1-d26f-49bb-8
Date of Disbursement or Obligation 11/28/2014
Name of Federal Candidate Ms. Mary L Landrieu Support Oppose
Office Sought: House Senate State: LA
Calendar Year-To-Date Per Election for Office Sought 554635.78
Disbursement For: Primary General Other (specify) Runoff

(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 05/18/2015
Signature







SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

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

Full Name of Payee
ERIC TABARY
Mailing Address
6101 NORA ST
City
METAIRIE State
LA Zip Code
70003
Date of Public Distribution/Dissemination
11 / 28 / 2014
Amount
70.00
Transaction ID : ff547409-885e-4f67-9
Date of Disbursement or Obligation
11 / 28 / 2014
Purpose of Expenditure
Salary Category/Type
001
Name of Federal Candidate
Ms. Mary L Landrieu Support Oppose
Office Sought: House Senate State: LA
Calendar Year-To-Date Per Election for Office Sought
554635.78
Disbursement For: Primary General Other (specify)
Runoff

Full Name of Payee
ERIC TABARY
Mailing Address
6101 NORA ST
City
METAIRIE State
LA Zip Code
70003
Date of Public Distribution/Dissemination
11 / 28 / 2014
Amount
3.00
Transaction ID : 1fdff69f-15a8-455e-b
Date of Disbursement or Obligation
11 / 28 / 2014
Purpose of Expenditure
Mileage Category/Type
002
Name of Federal Candidate
Ms. Mary L Landrieu Support Oppose
Office Sought: House Senate State: LA
Calendar Year-To-Date Per Election for Office Sought
554635.78
Disbursement For: Primary General Other (specify)
Runoff

(a) SUBTOTAL of Itemized Independent Expenditures..... 73.00
(b) SUBTOTAL of Unitemized Independent Expenditures .....
(c) TOTAL Independent Expenditures.....

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.
Ms. Emily Buchanan [Electronically Filed] Date 05 / 18 / 2015
Signature

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>		FEC IDENTIFICATION NUMBER <b>C</b> C00530766
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		

Full Name of Payee <b>Julia Perry</b>		Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 28 / 2014
Mailing Address 2046 Perrin St Apt C		Amount 100.00
City Shreveport	State LA	Zip Code 71101
Purpose of Expenditure Salary	Category/Type 001	Transaction ID : 18c29ece-0d18-4431-b Date of Disbursement or Obligation MM / DD / YYYY 11 / 28 / 2014
Name of Federal Candidate Ms. Mary L Landrieu	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: LA
Calendar Year-To-Date Per Election for Office Sought	554635.78	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input checked="" type="checkbox"/> Other (specify) ▶ Runoff

Full Name of Payee <b>Julia Perry</b>		Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 28 / 2014
Mailing Address 2046 Perrin St Apt C		Amount 7.50
City Shreveport	State LA	Zip Code 71101
Purpose of Expenditure Mileage	Category/Type 002	Transaction ID : 8ab27206-9f25-44b4-a Date of Disbursement or Obligation MM / DD / YYYY 11 / 28 / 2014
Name of Federal Candidate Ms. Mary L Landrieu	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: LA
Calendar Year-To-Date Per Election for Office Sought	554635.78	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input checked="" type="checkbox"/> Other (specify) ▶ Runoff

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures.....▶	107.50
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures.....▶	
(c) <b>TOTAL</b> Independent Expenditures.....▶	

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

*Ms. Emily Buchanan*  
Signature

[Electronically Filed]

Date MM / DD / YYYY  
05 / 18 / 2015

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

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

Full Name of Payee: Carl Brent
Mailing Address: 6718 Lake Willow Dr
City: New Orleans, State: LA, Zip Code: 70126
Purpose of Expenditure: Salary, Category/Type: 001
Date of Public Distribution/Dissemination: 11/28/2014
Amount: 80.00
Transaction ID: e3738b3c-e127-452d-a
Name of Federal Candidate: Ms. Mary L Landrieu, Support: [ ], Oppose: [X]
Office Sought: [ ] House, [X] Senate, District: 00, State: LA
Calendar Year-To-Date Per Election for Office Sought: 554635.78
Disbursement For: [ ] Primary, [ ] General, [X] Other (specify) Runoff

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
Date of Public Distribution/Dissemination: 11/28/2014
Amount: 17.10
Transaction ID: 63e6da6c-7b21-4488-9
Name of Federal Candidate: Ms. Mary L Landrieu, Support: [ ], Oppose: [X]
Office Sought: [ ] House, [X] Senate, District: 00, State: LA
Calendar Year-To-Date Per Election for Office Sought: 554635.78
Disbursement For: [ ] Primary, [ ] General, [X] Other (specify) Runoff

(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 05/18/2015
Signature

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>		FEC IDENTIFICATION NUMBER <b>C C00530766</b>
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		

Full Name of Payee <b>Christine Stevens</b>	Date of Public Distribution/Dissemination <b>11 / 28 / 2014</b>
Mailing Address 100 Asbury Ct	Amount <b>100.00</b>
City Winchester	State VA
Zip Code 22602	Transaction ID : <b>1eaaa318-c1ac-4722-b</b>
Purpose of Expenditure Salary	Date of Disbursement or Obligation <b>11 / 28 / 2014</b>
Category/Type <b>001</b>	
Name of Federal Candidate Ms. Mary L Landrieu	Office Sought: <input type="checkbox"/> House District: <u>00</u> <input checked="" type="checkbox"/> Senate State: <u>LA</u>
Support <input type="checkbox"/> Oppose <input checked="" type="checkbox"/>	
Calendar Year-To-Date Per Election for Office Sought <b>554635.78</b>	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input checked="" type="checkbox"/> Other (specify) <u>Runoff</u>

Full Name of Payee <b>Jazmine d Conner</b>	Date of Public Distribution/Dissemination <b>11 / 28 / 2014</b>
Mailing Address 100 ASBURY CT	Amount <b>100.00</b>
City WINCHESTER	State VA
Zip Code 22602	Transaction ID : <b>7b163b51-7bde-4fb5-a</b>
Purpose of Expenditure Salary	Date of Disbursement or Obligation <b>11 / 28 / 2014</b>
Category/Type <b>001</b>	
Name of Federal Candidate Ms. Mary L Landrieu	Office Sought: <input type="checkbox"/> House District: <u>00</u> <input checked="" type="checkbox"/> Senate State: <u>LA</u>
Support <input type="checkbox"/> Oppose <input checked="" type="checkbox"/>	
Calendar Year-To-Date Per Election for Office Sought <b>554635.78</b>	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input checked="" type="checkbox"/> Other (specify) <u>Runoff</u>

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures.....	<b>200.00</b>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures .....	
(c) <b>TOTAL</b> Independent Expenditures.....	

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

*Ms. Emily Buchanan*  
Signature \_\_\_\_\_

[Electronically Filed] Date **05 / 18 / 2015**

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>	<b>FEC IDENTIFICATION NUMBER ▼</b> <b>C</b> C00530766
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee <b>Jon E Conner</b>	Date of Public Distribution/Dissemination MM / DD / YYYY <b>11 / 28 / 2014</b>
Mailing Address 100 Asbury Ct	Amount <b>100.00</b>
City State Zip Code Winchester VA 22602	<b>Transaction ID : c46ff40f-89ec-4438-8</b> Date of Disbursement or Obligation MM / DD / YYYY <b>11 / 28 / 2014</b>
Purpose of Expenditure Salary      Category/Type <b>001</b>	Name of Federal Candidate Ms. Mary L Landrieu <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought <b>554635.78</b>	Office Sought: <input type="checkbox"/> House    District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate    State: <u>LA</u> Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input checked="" type="checkbox"/> Other (specify) ▶      Runoff

Full Name of Payee <b>Rodney O Culbreath</b>	Date of Public Distribution/Dissemination MM / DD / YYYY <b>11 / 28 / 2014</b>
Mailing Address 100 Asbury Ct	Amount <b>110.00</b>
City State Zip Code Winchester VA 22602	<b>Transaction ID : d229ff2e-8949-4273-8</b> Date of Disbursement or Obligation MM / DD / YYYY <b>11 / 28 / 2014</b>
Purpose of Expenditure Salary      Category/Type <b>001</b>	Name of Federal Candidate Ms. Mary L Landrieu <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought <b>554635.78</b>	Office Sought: <input type="checkbox"/> House    District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate    State: <u>LA</u> Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input checked="" type="checkbox"/> Other (specify) ▶      Runoff

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶	<b>210.00</b>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	
(c) <b>TOTAL</b> Independent Expenditures..... ▶	

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

*Ms. Emily Buchanan*  
\_\_\_\_\_  
Signature

[Electronically Filed]

Date MM / DD / YYYY  
**05 / 18 / 2015**

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

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

Full Name of Payee: Rodney D Culbreth
Mailing Address: 100 Asbury CT, 3200 Dam Neck Rd, Winchester VA 22602
Date of Public Distribution/Dissemination: 11/28/2014
Amount: 100.00
Transaction ID: 0aec738e-f0ac-406d-9
Purpose of Expenditure: Salary, Category/Type: 001
Name of Federal Candidate: Ms. Mary L Landriau, Support: [ ], Oppose: [X]
Office Sought: [ ] House, [X] Senate, District: 00, State: LA
Calendar Year-To-Date Per Election for Office Sought: 554635.78
Disbursement For: [ ] Primary, [ ] General, [X] Other (specify) Runoff

Full Name of Payee: Rze Culbreath
Mailing Address: 100 Asbury Ct
Date of Public Distribution/Dissemination: 11/28/2014
Amount: 100.00
Transaction ID: 8aac36dc-ae9e-4c71-b
Purpose of Expenditure: Salary, Category/Type: 001
Name of Federal Candidate: Ms. Mary L Landriau, Support: [ ], Oppose: [X]
Office Sought: [ ] House, [X] Senate, District: 00, State: LA
Calendar Year-To-Date Per Election for Office Sought: 554635.78
Disbursement For: [ ] Primary, [ ] General, [X] Other (specify) Runoff

(a) SUBTOTAL of Itemized Independent Expenditures: 200.00
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL Independent Expenditures

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

Signature: Ms. Emily Buchanan [Electronically Filed] Date: 05/18/2015

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>	<b>FEC IDENTIFICATION NUMBER</b> ▼ <b>C</b> C00530766
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <span style="border: 1px solid black; padding: 2px;">M M M / D D D / Y Y Y Y Y Y</span>	

Full Name of Payee <b>Briehauna M Stevens</b>	Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">M M M / D D D / Y Y Y Y Y Y</span> 11 / 28 / 2014
Mailing Address 1703 Torrey Pines Ct	Amount <span style="border: 1px solid black; padding: 2px;">50.00</span>
City Reston State VA Zip Code 20190	<b>Transaction ID : 4a7b7841-78f9-483b-a</b> Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">M M M / D D D / Y Y Y Y Y Y</span> 11 / 28 / 2014
Purpose of Expenditure Salary Category/Type 001	Name of Federal Candidate Ms. Mary L Landrieu <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: LA
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">554635.78</span>	Disbursement For: 2014 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▶ Runoff

Full Name of Payee <b>Christopher Marquess</b>	Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">M M M / D D D / Y Y Y Y Y Y</span> 11 / 28 / 2014
Mailing Address 110 W Pecan St	Amount <span style="border: 1px solid black; padding: 2px;">50.00</span>
City Ville Platte State LA Zip Code 70586	<b>Transaction ID : f8d659ff-1b64-4109-9</b> Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">M M M / D D D / Y Y Y Y Y Y</span> 11 / 28 / 2014
Purpose of Expenditure Salary Category/Type 001	Name of Federal Candidate Ms. Mary L Landrieu <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: LA
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">554635.78</span>	Disbursement For: 2014 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▶ Runoff

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶	<span style="border: 1px solid black; padding: 2px;">100.00</span>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	<span style="border: 1px solid black; padding: 2px;"> </span>
(c) <b>TOTAL</b> Independent Expenditures..... ▶	<span style="border: 1px solid black; padding: 2px;"> </span>

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

*Ms. Emily Buchanan* [Electronically Filed] Date M M M / D D D / Y Y Y Y Y Y  
05 / 18 / 2015

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

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

Full Name of Payee: Christopher Marquess
Mailing Address: 110 W Pecan St
City: Ville Platte, State: LA, Zip Code: 70586
Purpose of Expenditure: Mileage, Category/Type: 002
Amount: 35.10
Transaction ID: f5ffc559-96eb-4478-8
Date of Disbursement or Obligation: 11/28/2014
Name of Federal Candidate: Ms. Mary L Landrieu
Office Sought: Senate, State: LA
Disbursement For: Other (specify) Runoff

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
Amount: 95.00
Transaction ID: 592a7fe4-3c87-4a6a-b
Date of Disbursement or Obligation: 11/28/2014
Name of Federal Candidate: Ms. Mary L Landrieu
Office Sought: Senate, State: LA
Disbursement For: Other (specify) Runoff

(a) SUBTOTAL of Itemized Independent Expenditures: 130.10
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL Independent Expenditures

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

Signature: Ms. Emily Buchanan [Electronically Filed] Date: 05/18/2015



SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

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

Full Name of Payee
Hannah J Landry
Mailing Address
1110 N Coolidge
City
Gonzales State
LA Zip Code
70737
Date of Public Distribution/Dissemination
11 / 28 / 2014
Amount
48.69
Transaction ID : c2b3994a-52bf-412d-8
Date of Disbursement or Obligation
11 / 28 / 2014
Purpose of Expenditure
Mileage Category/
Type 002
Name of Federal Candidate
Ms. Mary L Landrieu Support Oppose
Office Sought: House Senate State: LA
Calendar Year-To-Date
Per Election for Office Sought
554635.78
Disbursement For: Primary General
Other (specify) Runoff

Full Name of Payee
Mary C Lee
Mailing Address
1030 N Coolidge Ave
City
Gonzales State
LA Zip Code
70737
Date of Public Distribution/Dissemination
11 / 28 / 2014
Amount
85.00
Transaction ID : 24a69624-2d56-4ed2-8
Date of Disbursement or Obligation
11 / 28 / 2014
Purpose of Expenditure
Salary Category/
Type 001
Name of Federal Candidate
Ms. Mary L Landrieu Support Oppose
Office Sought: House Senate State: LA
Calendar Year-To-Date
Per Election for Office Sought
554635.78
Disbursement For: Primary General
Other (specify) Runoff

(a) SUBTOTAL of Itemized Independent Expenditures 133.69
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL Independent Expenditures

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

Ms. Emily Buchanan [Electronically Filed] Date 05 / 18 / 2015
Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

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

Full Name of Payee: Mary C Lee
Mailing Address: 1030 N Coolidge Ave
City: Gonzales, State: LA, Zip Code: 70737
Purpose of Expenditure: Mileage, Category/Type: 002
Date of Public Distribution/Dissemination: 11/28/2014
Amount: 6.60
Transaction ID: 09b444b0-628c-4b2e-b
Date of Disbursement or Obligation: 11/28/2014
Name of Federal Candidate: Ms. Mary L Landrieu
Office Sought: Senate, State: LA
Disbursement For: Other (specify) Runoff

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
Date of Public Distribution/Dissemination: 11/28/2014
Amount: 5.00
Transaction ID: eb3fdea3-fadc-4e8b-8
Date of Disbursement or Obligation: 11/28/2014
Name of Federal Candidate: Ms. Mary L Landrieu
Office Sought: Senate, State: LA
Disbursement For: Other (specify) Runoff

(a) SUBTOTAL of Itemized Independent Expenditures: 11.60
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL Independent Expenditures

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.
Ms. Emily Buchanan
[Electronically Filed]
Date: 05/18/2015

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>	<b>FEC IDENTIFICATION NUMBER</b> ▼ <b>C</b> C00530766
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee <b>Helen Celestine</b>	Date of Public Distribution/Dissemination MM / DD / YYYY <b>11 / 29 / 2014</b>
Mailing Address 38346 Quinn Rd	Amount <b>40.00</b>
City Pearl River State LA Zip Code 70452	<b>Transaction ID : 76d92404-97b4-4195-b</b> Date of Disbursement or Obligation MM / DD / YYYY <b>11 / 29 / 2014</b>
Purpose of Expenditure Salary Category/Type <b>001</b>	Name of Federal Candidate Ms. Mary L Landrieu <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>LA</u>
Calendar Year-To-Date Per Election for Office Sought <b>554635.78</b>	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input checked="" type="checkbox"/> Other (specify) ▶ <u>Runoff</u>

Full Name of Payee <b>Helen Celestine</b>	Date of Public Distribution/Dissemination MM / DD / YYYY <b>11 / 29 / 2014</b>
Mailing Address 38346 Quinn Rd	Amount <b>13.50</b>
City Pearl River State LA Zip Code 70452	<b>Transaction ID : 8c2be4d2-c21b-4b45-9</b> Date of Disbursement or Obligation MM / DD / YYYY <b>11 / 29 / 2014</b>
Purpose of Expenditure Mileage Category/Type <b>002</b>	Name of Federal Candidate Ms. Mary L Landrieu <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>LA</u>
Calendar Year-To-Date Per Election for Office Sought <b>554635.78</b>	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input checked="" type="checkbox"/> Other (specify) ▶ <u>Runoff</u>

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶	<b>53.50</b>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	
(c) <b>TOTAL</b> Independent Expenditures..... ▶	

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

*Ms. Emily Buchanan* [Electronically Filed] Date **05 / 18 / 2015**

Signature \_\_\_\_\_

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

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

Full Name of Payee: Carla K Pilgreen
Mailing Address: 212 Stonecliff Dr
City: West Monro, State: LA, Zip Code: 71291
Purpose of Expenditure: Salary, Category/Type: 001
Date of Public Distribution/Dissemination: 11/29/2014
Amount: 35.00
Transaction ID: 285fde78-aa23-4653-a
Name of Federal Candidate: Ms. Mary L Landrieu, Support: [ ], Oppose: [X]
Office Sought: [ ] House, [X] Senate, District: 00, State: LA
Calendar Year-To-Date Per Election for Office Sought: 554635.78
Disbursement For: [ ] Primary, [ ] General, [X] Other (specify) Runoff

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
Date of Public Distribution/Dissemination: 11/29/2014
Amount: 7.80
Transaction ID: b4df43bc-2592-4a1e-8
Name of Federal Candidate: Ms. Mary L Landrieu, Support: [ ], Oppose: [X]
Office Sought: [ ] House, [X] Senate, District: 00, State: LA
Calendar Year-To-Date Per Election for Office Sought: 554635.78
Disbursement For: [ ] Primary, [ ] General, [X] Other (specify) Runoff

(a) SUBTOTAL of Itemized Independent Expenditures..... 42.80
(b) SUBTOTAL of Unitemized Independent Expenditures .....
(c) TOTAL Independent Expenditures.....

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.
Ms. Emily Buchanan [Electronically Filed] Date 05/18/2015
Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

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

Full Name of Payee
Amanda Boley
Mailing Address
Split Oak Drive
City
charlotte State
NC Zip Code
28227
Date of Public Distribution/Dissemination
11 / 29 / 2014
Amount
55.00
Transaction ID : cf2eec8e-06b9-44d9-a
Date of Disbursement or Obligation
11 / 29 / 2014
Purpose of Expenditure
Salary Category/Type
001
Name of Federal Candidate
Ms. Mary L Landrieu
Support
Oppose
Office Sought:
House
Senate
District:
00 State:
LA
Calendar Year-To-Date
Per Election for Office Sought
554635.78
Disbursement For:
Primary
General
Other (specify)
Runoff

Full Name of Payee
Amanda Boley
Mailing Address
Split Oak Drive
City
charlotte State
NC Zip Code
28227
Date of Public Distribution/Dissemination
11 / 29 / 2014
Amount
22.86
Transaction ID : eae82ead-f2ff-44a6-8
Date of Disbursement or Obligation
11 / 29 / 2014
Purpose of Expenditure
Mileage Category/Type
002
Name of Federal Candidate
Ms. Mary L Landrieu
Support
Oppose
Office Sought:
House
Senate
District:
00 State:
LA
Calendar Year-To-Date
Per Election for Office Sought
554635.78
Disbursement For:
Primary
General
Other (specify)
Runoff

(a) SUBTOTAL of Itemized Independent Expenditures..... 77.86
(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
05 / 18 / 2015
Signature

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>		FEC IDENTIFICATION NUMBER <b>C</b> C00530766
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		

Full Name of Payee <b>Gary W Fuhrmann</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>11 / 29 / 2014</b>	
Mailing Address 9425 Jessica Drive		Amount <b>65.00</b>	
City Shreveport	State LA	Zip Code 71106	Transaction ID : <b>071bb1ce-f8c1-4de5-9</b>
Purpose of Expenditure Salary	Category/Type 001	Date of Disbursement or Obligation MM / DD / YYYY <b>11 / 29 / 2014</b>	
Name of Federal Candidate Ms. Mary L Landrieu		Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>LA</u>	
Calendar Year-To-Date Per Election for Office Sought <b>554635.78</b>		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input checked="" type="checkbox"/> Other (specify) ▶ <u>Runoff</u>	

Full Name of Payee <b>Gary W Fuhrmann</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>11 / 29 / 2014</b>	
Mailing Address 9425 Jessica Drive		Amount <b>12.00</b>	
City Shreveport	State LA	Zip Code 71106	Transaction ID : <b>78f25e1d-faed-4c62-9</b>
Purpose of Expenditure Mileage	Category/Type 002	Date of Disbursement or Obligation MM / DD / YYYY <b>11 / 29 / 2014</b>	
Name of Federal Candidate Ms. Mary L Landrieu		Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>LA</u>	
Calendar Year-To-Date Per Election for Office Sought <b>554635.78</b>		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input checked="" type="checkbox"/> Other (specify) ▶ <u>Runoff</u>	

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures.....▶	<b>77.00</b>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures.....▶	
(c) <b>TOTAL</b> Independent Expenditures.....▶	

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

Ms. Emily Buchanan [Electronically Filed] Date **05 / 18 / 2015**

Signature

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>	<b>FEC IDENTIFICATION NUMBER</b> ▼ <b>C</b> C00530766
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <table style="display: inline-table; border: 1px solid black; text-align: center; width: 40px; height: 20px;">M M M</table> / <table style="display: inline-table; border: 1px solid black; text-align: center; width: 40px; height: 20px;">D D D</table> / <table style="display: inline-table; border: 1px solid black; text-align: center; width: 60px; height: 20px;">Y Y Y Y Y Y</table>	

Full Name of Payee <b>Francesca Blom</b>	Date of Public Distribution/Dissemination <table style="display: inline-table; border: 1px solid black; text-align: center; width: 40px; height: 20px;">M M M</table> / <table style="display: inline-table; border: 1px solid black; text-align: center; width: 40px; height: 20px;">D D D</table> / <table style="display: inline-table; border: 1px solid black; text-align: center; width: 60px; height: 20px;">Y Y Y Y Y Y</table> <b>11 / 29 / 2014</b>
Mailing Address 101 Asbury Ct	Amount <table style="display: inline-table; border: 1px solid black; text-align: center; width: 150px; height: 20px;">90.00</table>
City State Zip Code Winchester VA 22602	
Purpose of Expenditure Salary	Category/Type <table style="display: inline-table; border: 1px solid black; text-align: center; width: 40px; height: 20px;">001</table>
Name of Federal Candidate Ms. Mary L Landrieu	Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>LA</u>
Calendar Year-To-Date Per Election for Office Sought <table style="display: inline-table; border: 1px solid black; text-align: center; width: 150px; height: 20px;">554635.78</table>	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input checked="" type="checkbox"/> Other (specify) ▶ <u>Runoff</u>

**Transaction ID : f4ce9ae3-e64e-4a02-8**

Full Name of Payee <b>Maegan E McDaniel</b>	Date of Public Distribution/Dissemination <table style="display: inline-table; border: 1px solid black; text-align: center; width: 40px; height: 20px;">M M M</table> / <table style="display: inline-table; border: 1px solid black; text-align: center; width: 40px; height: 20px;">D D D</table> / <table style="display: inline-table; border: 1px solid black; text-align: center; width: 60px; height: 20px;">Y Y Y Y Y Y</table> <b>11 / 29 / 2014</b>
Mailing Address 3009 Skelly St	Amount <table style="display: inline-table; border: 1px solid black; text-align: center; width: 150px; height: 20px;">60.00</table>
City State Zip Code Shreveport LA 71107	
Purpose of Expenditure Salary	Category/Type <table style="display: inline-table; border: 1px solid black; text-align: center; width: 40px; height: 20px;">001</table>
Name of Federal Candidate Ms. Mary L Landrieu	Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>LA</u>
Calendar Year-To-Date Per Election for Office Sought <table style="display: inline-table; border: 1px solid black; text-align: center; width: 150px; height: 20px;">554635.78</table>	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input checked="" type="checkbox"/> Other (specify) ▶ <u>Runoff</u>

**Transaction ID : 7a4fc72d-3d80-43b6-9**

<b>(a) SUBTOTAL</b> of Itemized Independent Expenditures..... ▶	<table style="display: inline-table; border: 1px solid black; text-align: center; width: 150px; height: 20px;">150.00</table>
<b>(b) SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	<table style="display: inline-table; border: 1px solid black; text-align: center; width: 150px; height: 20px;"></table>
<b>(c) TOTAL</b> Independent Expenditures..... ▶	<table style="display: inline-table; border: 1px solid black; text-align: center; width: 150px; height: 20px;"></table>

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

*Ms. Emily Buchanan*

Signature \_\_\_\_\_ [Electronically Filed] Date



 / 



 / 



  
**05 / 18 / 2015**

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In 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: Maegan E McDaniel
Mailing Address: 3009 Skelly St
City: Shreveport, State: LA, Zip Code: 71107
Purpose of Expenditure: Mileage, Category/Type: 002
Date of Public Distribution/Dissemination: 11/29/2014
Amount: 11.40
Transaction ID: 352e910c-953a-4f74-9
Name of Federal Candidate: Ms. Mary L Landrieu, Support/Oppose, Office Sought: Senate, State: LA
Calendar Year-To-Date Per Election for Office Sought: 554635.78
Disbursement For: Other (specify) Runoff

Full Name of Payee: Bobbie M Steinsolt
Mailing Address: 3009 Skelly St
City: Shreveport, State: LA, Zip Code: 71107
Purpose of Expenditure: Salary, Category/Type: 001
Date of Public Distribution/Dissemination: 11/29/2014
Amount: 60.00
Transaction ID: 98c03951-da24-406e-b
Name of Federal Candidate: Ms. Mary L Landrieu, Support/Oppose, Office Sought: Senate, State: LA
Calendar Year-To-Date Per Election for Office Sought: 554635.78
Disbursement For: Other (specify) Runoff

(a) SUBTOTAL of Itemized Independent Expenditures: 71.40
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL Independent Expenditures

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.
Ms. Emily Buchanan [Electronically Filed] Date 05/18/2015
Signature



SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In 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
Lesley Lennox
Mailing Address
2305 Cleary Ave
City
Metairie State
LA Zip Code
70001
Purpose of Expenditure
Salary Category/
Type
001
Name of Federal Candidate
Ms. Mary L Landrieu
Calendar Year-To-Date
Per Election for Office Sought
554635.78

Date of Public Distribution/Dissemination
11 / 29 / 2014
Amount
57.50
Transaction ID : 7cd7c810-a527-42d4-9
Date of Disbursement or Obligation
11 / 29 / 2014
Office Sought:
House District: 00
Senate State: LA
Disbursement For:
Primary General
Other (specify)
Runoff

Full Name of Payee
Lesley Lennox
Mailing Address
2305 Cleary Ave
City
Metairie State
LA Zip Code
70001
Purpose of Expenditure
Mileage Category/
Type
002
Name of Federal Candidate
Ms. Mary L Landrieu
Calendar Year-To-Date
Per Election for Office Sought
554635.78

Date of Public Distribution/Dissemination
11 / 29 / 2014
Amount
8.40
Transaction ID : 08c20206-a7d9-4660-8
Date of Disbursement or Obligation
11 / 29 / 2014
Office Sought:
House District: 00
Senate State: LA
Disbursement For:
Primary General
Other (specify)
Runoff

(a) SUBTOTAL of Itemized Independent Expenditures..... 65.90
(b) SUBTOTAL of Unitemized Independent Expenditures .....
(c) TOTAL Independent Expenditures.....

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.
Ms. Emily Buchanan
[Electronically Filed]
Date 05 / 18 / 2015
Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

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

Full Name of Payee
Francis Richardson
Mailing Address
220 Doucet Rd
City
Lafayette State
LA Zip Code
70503
Purpose of Expenditure
Salary Category/
Type 001
Name of Federal Candidate
Ms. Mary L Landrieu
Support
Oppose
Calendar Year-To-Date
Per Election for Office Sought
554635.78

Date of Public Distribution/Dissemination
11 / 29 / 2014
Amount
20.00
Transaction ID : 5d4c53f5-54da-4067-9
Date of Disbursement or Obligation
11 / 29 / 2014
Office Sought:
House District: 00
President Senate State: LA
Disbursement For:
Primary General
Other (specify) Runoff

Full Name of Payee
Francis Richardson
Mailing Address
220 Doucet Rd
City
Lafayette State
LA Zip Code
70503
Purpose of Expenditure
Mileage Category/
Type 002
Name of Federal Candidate
Ms. Mary L Landrieu
Support
Oppose
Calendar Year-To-Date
Per Election for Office Sought
554635.78

Date of Public Distribution/Dissemination
11 / 29 / 2014
Amount
1.32
Transaction ID : e8edf277-065f-446e-8
Date of Disbursement or Obligation
11 / 29 / 2014
Office Sought:
House District: 00
President Senate State: LA
Disbursement For:
Primary General
Other (specify) Runoff

(a) SUBTOTAL of Itemized Independent Expenditures..... 21.32
(b) SUBTOTAL of Unitemized Independent Expenditures .....
(c) TOTAL Independent Expenditures.....

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.
Ms. Emily Buchanan
[Electronically Filed]
Date 05 / 18 / 2015
Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

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

Full Name of Payee
Evelyn Lesaicherre
Mailing Address
629 Radiane Ave
City
Metairie State
LA Zip Code
70001
Purpose of Expenditure
Salary Category/
Type 001
Date of Public Distribution/Dissemination
11 / 29 / 2014
Amount
80.00
Transaction ID : f4c3b8fd-2ffe-4937-b
Date of Disbursement or Obligation
11 / 29 / 2014
Name of Federal Candidate
Ms. Mary L Landrieu Support
Oppose
Office Sought: House District: 00
President Senate State: LA
Calendar Year-To-Date
Per Election for Office Sought
554635.78
Disbursement For: Primary General
Other (specify) Runoff

Full Name of Payee
Evelyn Lesaicherre
Mailing Address
629 Radiane Ave
City
Metairie State
LA Zip Code
70001
Purpose of Expenditure
Mileage Category/
Type 002
Date of Public Distribution/Dissemination
11 / 29 / 2014
Amount
3.60
Transaction ID : 8fd49f1c-5327-44e7-9
Date of Disbursement or Obligation
11 / 29 / 2014
Name of Federal Candidate
Ms. Mary L Landrieu Support
Oppose
Office Sought: House District: 00
President Senate State: LA
Calendar Year-To-Date
Per Election for Office Sought
554635.78
Disbursement For: Primary General
Other (specify) Runoff

(a) SUBTOTAL of Itemized Independent Expenditures 83.60
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL Independent Expenditures

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

Ms. Emily Buchanan
[Electronically Filed]
Date 05 / 18 / 2015
Signature

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>	<b>FEC IDENTIFICATION NUMBER ▼</b> <b>C</b> C00530766
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span>	

Full Name of Payee <b>Patricia F Arnold</b>	Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 11 / 29 / 2014
Mailing Address 1117 Clipper Dr	Amount <span style="border: 1px solid black; padding: 2px;">13.00</span>
City Slidell State LA Zip Code 70458	<b>Transaction ID : 42a08e6f-05eb-499b-b</b> Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 11 / 29 / 2014
Purpose of Expenditure Salary Category/Type 001	Name of Federal Candidate Ms. Mary L Landrieu <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: LA
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">554635.78</span>	Disbursement For: 2014 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▶ Runoff

Full Name of Payee <b>Patricia F Arnold</b>	Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 11 / 29 / 2014
Mailing Address 1117 Clipper Dr	Amount <span style="border: 1px solid black; padding: 2px;">5.58</span>
City Slidell State LA Zip Code 70458	<b>Transaction ID : 155f417c-fe67-4a98-8</b> Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 11 / 29 / 2014
Purpose of Expenditure Mileage Category/Type 002	Name of Federal Candidate Ms. Mary L Landrieu <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: LA
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">554635.78</span>	Disbursement For: 2014 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▶ Runoff

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶	<span style="border: 1px solid black; padding: 2px;">18.58</span>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	<span style="border: 1px solid black; padding: 2px;"> </span>
(c) <b>TOTAL</b> Independent Expenditures..... ▶	<span style="border: 1px solid black; padding: 2px;"> </span>

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

*Ms. Emily Buchanan* [Electronically Filed] Date M M / D D / Y Y Y Y Y Y  
05 / 18 / 2015

Signature \_\_\_\_\_

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In 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: Taylor De Julian-Hernandez
Mailing Address: 284 Cr 1401
City: Carthage, State: TX, Zip Code: 75633
Purpose of Expenditure: Salary, Category/Type: 001
Date of Public Distribution/Dissemination: 11/29/2014
Amount: 80.00
Transaction ID: 05aa8bfc-f029-428d-9
Date of Disbursement or Obligation: 11/29/2014
Name of Federal Candidate: Ms. Mary L Landrieu
Office Sought: Senate, State: LA
Disbursement For: Other (specify) Runoff

Full Name of Payee: Taylor De Julian-Hernandez
Mailing Address: 284 Cr 1401
City: Carthage, State: TX, Zip Code: 75633
Purpose of Expenditure: Mileage, Category/Type: 002
Date of Public Distribution/Dissemination: 11/29/2014
Amount: 51.00
Transaction ID: 9dbba939-02eb-444e-b
Date of Disbursement or Obligation: 11/29/2014
Name of Federal Candidate: Ms. Mary L Landrieu
Office Sought: Senate, State: LA
Disbursement For: Other (specify) Runoff

(a) SUBTOTAL of Itemized Independent Expenditures: 131.00
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL Independent Expenditures

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

Signature: Ms. Emily Buchanan [Electronically Filed] Date: 05/18/2015

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>	<b>FEC IDENTIFICATION NUMBER</b> ▼ <b>C</b> C00530766
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee <b>Tammy Williams</b>	Date of Public Distribution/Dissemination MM / DD / YYYY <b>11 / 29 / 2014</b>
Mailing Address 924 N. Prieur St	Amount <b>90.00</b>
City New Orleans	State LA
Zip Code 70116	<b>Transaction ID : a8e7f2ec-38f3-4742-8</b>
Purpose of Expenditure Salary	Date of Disbursement or Obligation MM / DD / YYYY <b>11 / 29 / 2014</b>
Category/Type <b>001</b>	Name of Federal Candidate Ms. Mary L Landrieu
Name of Federal Candidate Ms. Mary L Landrieu	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate	District: <u>00</u> State: <u>LA</u>
Calendar Year-To-Date Per Election for Office Sought <b>554635.78</b>	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▶ <u>Runoff</u>

Full Name of Payee <b>Tammy Williams</b>	Date of Public Distribution/Dissemination MM / DD / YYYY <b>11 / 29 / 2014</b>
Mailing Address 924 N. Prieur St	Amount <b>12.00</b>
City New Orleans	State LA
Zip Code 70116	<b>Transaction ID : 91cf376b-7623-4544-a</b>
Purpose of Expenditure Mileage	Date of Disbursement or Obligation MM / DD / YYYY <b>11 / 29 / 2014</b>
Category/Type <b>002</b>	Name of Federal Candidate Ms. Mary L Landrieu
Name of Federal Candidate Ms. Mary L Landrieu	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate	District: <u>00</u> State: <u>LA</u>
Calendar Year-To-Date Per Election for Office Sought <b>554635.78</b>	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▶ <u>Runoff</u>

<b>(a) SUBTOTAL</b> of Itemized Independent Expenditures..... ▶	<b>102.00</b>
<b>(b) SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	
<b>(c) TOTAL</b> Independent Expenditures..... ▶	

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

*Ms. Emily Buchanan*

Signature \_\_\_\_\_ [Electronically Filed] Date MM / DD / YYYY **05 / 18 / 2015**

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In 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
Ana L Esquivel
Mailing Address 284 Cr 1401
City Carthage State TX Zip Code 75633
Purpose of Expenditure Salary Category/Type 001
Date of Public Distribution/Dissemination 11/27/2014
Amount 100.00
Transaction ID : b22f0ed5-07d6-4c23-a
Date of Disbursement or Obligation 11/27/2014
Name of Federal Candidate Ms. Mary L Landrieu Support Oppose
Office Sought: House Senate State: LA
Calendar Year-To-Date Per Election for Office Sought 554635.78
Disbursement For: Primary General Other (specify) Runoff

Full Name of Payee
Ana L Esquivel
Mailing Address 284 Cr 1401
City Carthage State TX Zip Code 75633
Purpose of Expenditure Mileage Category/Type 002
Date of Public Distribution/Dissemination 11/27/2014
Amount 80.40
Transaction ID : 99496bed-05ad-478b-8
Date of Disbursement or Obligation 11/27/2014
Name of Federal Candidate Ms. Mary L Landrieu Support Oppose
Office Sought: House Senate State: LA
Calendar Year-To-Date Per Election for Office Sought 554635.78
Disbursement For: Primary General Other (specify) Runoff

(a) SUBTOTAL of Itemized Independent Expenditures 180.40
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL Independent Expenditures

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.
Ms. Emily Buchanan [Electronically Filed] Date 05/18/2015
Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

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

Full Name of Payee Jeanne Tribou

Date of Public Distribution/Dissemination 11 / 29 / 2014

Mailing Address 22369 Ponderosa Dr.

Amount 40.00
Transaction ID : 76dd55c2-2b77-44eb-8

City Mandeville State LA Zip Code 70471

Date of Disbursement or Obligation 11 / 29 / 2014

Purpose of Expenditure Salary Category/Type 001

Name of Federal Candidate Ms. Mary L Landrieu Support Oppose

Office Sought: House Senate District: 00 State: LA

Calendar Year-To-Date Per Election for Office Sought 554635.78

Disbursement For: Primary General Other (specify) Runoff

Full Name of Payee Jeanne Tribou

Date of Public Distribution/Dissemination 11 / 29 / 2014

Mailing Address 22369 Ponderosa Dr.

Amount 8.10
Transaction ID : dc241ced-f2cd-4f92-b

City Mandeville State LA Zip Code 70471

Date of Disbursement or Obligation 11 / 29 / 2014

Purpose of Expenditure Mileage Category/Type 002

Name of Federal Candidate Ms. Mary L Landrieu Support Oppose

Office Sought: House Senate District: 00 State: LA

Calendar Year-To-Date Per Election for Office Sought 554635.78

Disbursement For: Primary General Other (specify) Runoff

(a) SUBTOTAL of Itemized Independent Expenditures 48.10

(b) SUBTOTAL of Unitemized Independent Expenditures

(c) TOTAL Independent Expenditures

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

Ms. Emily Buchanan

[Electronically Filed]

Date 05 / 18 / 2015

Signature



SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In 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
Cynthia N Schmit

Mailing Address
2226 Taft Circle Apt 1

City State Zip Code
Winchester VA 22601

Purpose of Expenditure
Salary
Category/Type
001

Date of Public Distribution/Dissemination
11 / 29 / 2014

Amount
25.00
Transaction ID : 3f93f216-1a4f-4c5c-8

Date of Disbursement or Obligation
11 / 29 / 2014

Name of Federal Candidate
Ms. Mary L Landrieu
Support Oppose

Office Sought:
House Senate
District: 00
State: LA

Calendar Year-To-Date
Per Election for Office Sought
554635.78

Disbursement For:
Primary General
Other (specify) Runoff

Full Name of Payee
Jennifer F Gilbert

Mailing Address
180 McNeil Steep Hollow Rd

City State Zip Code
Carriere MS 39426

Purpose of Expenditure
Salary
Category/Type
001

Date of Public Distribution/Dissemination
11 / 29 / 2014

Amount
80.00
Transaction ID : b0eefcb7-05ed-4628-8

Date of Disbursement or Obligation
11 / 29 / 2014

Name of Federal Candidate
Ms. Mary L Landrieu
Support Oppose

Office Sought:
House Senate
District: 00
State: LA

Calendar Year-To-Date
Per Election for Office Sought
554635.78

Disbursement For:
Primary General
Other (specify) Runoff

(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 05 / 18 / 2015

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>	<b>FEC IDENTIFICATION NUMBER</b> ▼ <b>C</b> C00530766
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee <b>Jennifer F Gilbert</b>	Date of Public Distribution/Dissemination MM / DD / YYYY <b>11 / 29 / 2014</b>
Mailing Address 180 McNeil Steep Hollow Rd	Amount <b>39.30</b>
City Carriere	State MS
Zip Code 39426	Transaction ID : <b>8adfc5c9-da2e-444b-9</b>
Purpose of Expenditure Mileage	Date of Disbursement or Obligation MM / DD / YYYY <b>11 / 29 / 2014</b>
Category/Type <b>002</b>	
Name of Federal Candidate Ms. Mary L Landrieu	Office Sought: <input type="checkbox"/> House    District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate    State: <u>LA</u>
Support <input type="checkbox"/> Oppose <input checked="" type="checkbox"/>	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input checked="" type="checkbox"/> Other (specify) ▶    Runoff
Calendar Year-To-Date Per Election for Office Sought	<b>554635.78</b>

Full Name of Payee <b>Hannah J Landry</b>	Date of Public Distribution/Dissemination MM / DD / YYYY <b>11 / 29 / 2014</b>
Mailing Address 1110 N Coolidge	Amount <b>40.00</b>
City Gonzales	State LA
Zip Code 70737	Transaction ID : <b>18f17afb-21ed-4236-a</b>
Purpose of Expenditure Salary	Date of Disbursement or Obligation MM / DD / YYYY <b>11 / 29 / 2014</b>
Category/Type <b>001</b>	
Name of Federal Candidate Ms. Mary L Landrieu	Office Sought: <input type="checkbox"/> House    District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate    State: <u>LA</u>
Support <input type="checkbox"/> Oppose <input checked="" type="checkbox"/>	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input checked="" type="checkbox"/> Other (specify) ▶    Runoff
Calendar Year-To-Date Per Election for Office Sought	<b>554635.78</b>

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶	<b>79.30</b>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	
(c) <b>TOTAL</b> Independent Expenditures..... ▶	

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

*Ms. Emily Buchanan*

Signature \_\_\_\_\_ [Electronically Filed] Date MM / DD / YYYY  
**05 / 18 / 2015**

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

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

Full Name of Payee
Hannah J Landry
Mailing Address
1110 N Coolidge
City
Gonzales State
LA Zip Code
70737
Date of Public Distribution/Dissemination
11 / 29 / 2014
Amount
35.40
Transaction ID : 4f79e0d0-f713-421f-a
Date of Disbursement or Obligation
11 / 29 / 2014
Purpose of Expenditure
Mileage Category/Type
002
Name of Federal Candidate
Ms. Mary L Landrieu
Support Oppose
Office Sought:
House Senate State:
LA
Calendar Year-To-Date
Per Election for Office Sought
554635.78
Disbursement For:
Primary General
Other (specify)
Runoff

Full Name of Payee
Windy Hageman
Mailing Address
5521 Randolph St.
City
Marrero State
LA Zip Code
70072
Date of Public Distribution/Dissemination
11 / 29 / 2014
Amount
55.00
Transaction ID : 757be6c9-0a63-4391-b
Date of Disbursement or Obligation
11 / 29 / 2014
Purpose of Expenditure
Salary Category/Type
001
Name of Federal Candidate
Ms. Mary L Landrieu
Support Oppose
Office Sought:
House Senate State:
LA
Calendar Year-To-Date
Per Election for Office Sought
554635.78
Disbursement For:
Primary General
Other (specify)
Runoff

(a) SUBTOTAL of Itemized Independent Expenditures..... 90.40
(b) SUBTOTAL of Unitemized Independent Expenditures .....
(c) TOTAL Independent Expenditures.....

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.
Ms. Emily Buchanan
[Electronically Filed]
Date
05 / 18 / 2015
Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

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

Full Name of Payee Windy Hageman
Mailing Address 5521 Randolph St.
City Marrero State LA Zip Code 70072
Purpose of Expenditure Mileage Category/Type 002
Date of Public Distribution/Dissemination 11/29/2014
Amount 13.80
Transaction ID : 32cffd34-8d51-45c8-b
Date of Disbursement or Obligation 11/29/2014
Name of Federal Candidate Ms. Mary L Landrieu Support Oppose
Office Sought: House Senate State: LA
Disbursement For: Primary General Other (specify) Runoff

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
Date of Public Distribution/Dissemination 11/29/2014
Amount 100.00
Transaction ID : 1baadc5d-4e55-4567-a
Date of Disbursement or Obligation 11/29/2014
Name of Federal Candidate Ms. Mary L Landrieu Support Oppose
Office Sought: House Senate State: LA
Disbursement For: Primary General Other (specify) Runoff

(a) SUBTOTAL of Itemized Independent Expenditures 113.80
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL Independent Expenditures

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.
Ms. Emily Buchanan [Electronically Filed] Date 05/18/2015
Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

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

Full Name of Payee
Alice K Salazar
Mailing Address
605 W Houston St
City
Marshall State
TX Zip Code
75633
Date of Public Distribution/Dissemination
11 / 29 / 2014
Amount
80.40
Transaction ID : 0c3e81e2-7137-4134-9
Date of Disbursement or Obligation
11 / 29 / 2014
Purpose of Expenditure
Mileage Category/Type
002
Name of Federal Candidate
Ms. Mary L Landrieu Support Oppose
Office Sought: House Senate State: LA
Calendar Year-To-Date
Per Election for Office Sought
554635.78
Disbursement For: Primary General Other (specify)
Runoff

Full Name of Payee
Ana L Esquivel
Mailing Address
284 Cr 1401
City
Carthage State
TX Zip Code
75633
Date of Public Distribution/Dissemination
11 / 29 / 2014
Amount
90.00
Transaction ID : c013c36f-de61-4b19-a
Date of Disbursement or Obligation
11 / 29 / 2014
Purpose of Expenditure
Salary Category/Type
001
Name of Federal Candidate
Ms. Mary L Landrieu Support Oppose
Office Sought: House Senate State: LA
Calendar Year-To-Date
Per Election for Office Sought
554635.78
Disbursement For: Primary General Other (specify)
Runoff

(a) SUBTOTAL of Itemized Independent Expenditures 170.40
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL Independent Expenditures

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

Ms. Emily Buchanan

[Electronically Filed]

Date 05 / 18 / 2015

Signature

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>		<b>FEC IDENTIFICATION NUMBER</b> ▼ <b>C</b> C00530766
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y</span>		

Full Name of Payee <b>Ana L Esquivel</b>		Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y</span> 11 / 29 / 2014	
Mailing Address 284 Cr 1401		Amount <span style="border: 1px solid black; padding: 2px;">50.10</span>	
City Carthage	State TX	Zip Code 75633	<b>Transaction ID : 4a78d5e2-5ba3-40b9-b</b> Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y</span> 11 / 29 / 2014
Purpose of Expenditure Mileage	Category/Type <span style="border: 1px solid black; padding: 2px;">002</span>		
Name of Federal Candidate Ms. Mary L Landrieu		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>LA</u>
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">554635.78</span>		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input checked="" type="checkbox"/> Other (specify) ▶ <u>Runoff</u>	

Full Name of Payee <b>Hilary Townsend</b>		Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y</span> 11 / 29 / 2014	
Mailing Address 4506 US Hwy 79 North		Amount <span style="border: 1px solid black; padding: 2px;">80.00</span>	
City Deberry	State TX	Zip Code 75639	<b>Transaction ID : 38457c8e-e089-4325-b</b> Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y</span> 11 / 29 / 2014
Purpose of Expenditure Salary	Category/Type <span style="border: 1px solid black; padding: 2px;">001</span>		
Name of Federal Candidate Ms. Mary L Landrieu		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>LA</u>
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">554635.78</span>		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input checked="" type="checkbox"/> Other (specify) ▶ <u>Runoff</u>	

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶	130.10
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	
(c) <b>TOTAL</b> Independent Expenditures..... ▶	

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

*Ms. Emily Buchanan*

Signature \_\_\_\_\_ [Electronically Filed] Date M M / D D / Y Y Y Y  
05 / 18 / 2015

**SCHEDULE E (FEC Form 3X)  
ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>	<b>FEC IDENTIFICATION NUMBER</b> ▼ <b>C</b> C00530766
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee <b>Hilary Townsend</b>		Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 29 / 2014	
Mailing Address 4506 US Hwy 79 North		Amount 69.00	
City Deberry	State TX	Zip Code 75639	<b>Transaction ID : 5ce521d5-dc64-4f5f-8</b>
Purpose of Expenditure Mileage	Category/ Type	002	Date of Disbursement or Obligation MM / DD / YYYY 11 / 29 / 2014
Name of Federal Candidate Ms. Mary L Landrieu		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House    District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate    State: LA
Calendar Year-To-Date Per Election for Office Sought		554635.78	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input checked="" type="checkbox"/> Other (specify) ▶    Runoff

Full Name of Payee <b>Cathy Longtin</b>		Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 29 / 2014	
Mailing Address 827 Navavre Ave		Amount 40.00	
City New Orleans	State LA	Zip Code 70124	<b>Transaction ID : 5b8da113-f2d7-40f9-a</b>
Purpose of Expenditure Salary	Category/ Type	001	Date of Disbursement or Obligation MM / DD / YYYY 11 / 29 / 2014
Name of Federal Candidate Ms. Mary L Landrieu		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House    District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate    State: LA
Calendar Year-To-Date Per Election for Office Sought		554635.78	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input checked="" type="checkbox"/> Other (specify) ▶    Runoff

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶	109.00
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	
(c) <b>TOTAL</b> Independent Expenditures..... ▶	

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

*Ms. Emily Buchanan*

Signature \_\_\_\_\_ [Electronically Filed]    Date MM / DD / YYYY    05 / 18 / 2015

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>		FEC IDENTIFICATION NUMBER C C00530766
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <input type="text"/> / <input type="text"/> / <input type="text"/>		

Full Name of Payee <b>Cathy Longtin</b>	Date of Public Distribution/Dissemination 11 / 29 / 2014
Mailing Address 827 Navavre Ave	Amount 6.00
City State Zip Code New Orleans LA 70124	Transaction ID : 1c3ec8d5-dd13-4de0-8 Date of Disbursement or Obligation 11 / 29 / 2014
Purpose of Expenditure Mileage	Category/Type 002
Name of Federal Candidate Ms. Mary L Landrieu	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: LA
Calendar Year-To-Date Per Election for Office Sought 554635.78	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input checked="" type="checkbox"/> Other (specify) ▶ Runoff

Full Name of Payee <b>Julia Perry</b>	Date of Public Distribution/Dissemination 11 / 29 / 2014
Mailing Address 2046 Perrin St Apt C	Amount 110.00
City State Zip Code Shreveport LA 71101	Transaction ID : fe804bfe-2ebe-4023-a Date of Disbursement or Obligation 11 / 29 / 2014
Purpose of Expenditure Salary	Category/Type 001
Name of Federal Candidate Ms. Mary L Landrieu	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: LA
Calendar Year-To-Date Per Election for Office Sought 554635.78	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input checked="" type="checkbox"/> Other (specify) ▶ Runoff

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures.....▶	116.00
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures .....▶	
(c) <b>TOTAL</b> Independent Expenditures.....▶	

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

Ms. Emily Buchanan [Electronically Filed] Date 05 / 18 / 2015  
 Signature



SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In 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: Julia Perry
Mailing Address: 2046 Perrin St Apt C
City: Shreveport, State: LA, Zip Code: 71101
Purpose of Expenditure: Mileage, Category/Type: 002
Amount: 10.50
Transaction ID: e9ef4f29-f692-4211-a
Date of Disbursement or Obligation: 11/29/2014
Name of Federal Candidate: Ms. Mary L Landrieu
Office Sought: Senate, State: LA
Disbursement For: Other (specify) Runoff

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
Amount: 40.00
Transaction ID: a03ea4c6-1479-4ff7-b
Date of Disbursement or Obligation: 11/29/2014
Name of Federal Candidate: Ms. Mary L Landrieu
Office Sought: Senate, State: LA
Disbursement For: Other (specify) Runoff

(a) SUBTOTAL of Itemized Independent Expenditures: 50.50
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL Independent Expenditures

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.
Ms. Emily Buchanan
[Electronically Filed]
Date: 05/18/2015

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>		FEC IDENTIFICATION NUMBER <b>C C00530766</b>
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		<input type="text"/> / <input type="text"/> / <input type="text"/>

Full Name of Payee <b>Lilly Green</b>	Date of Public Distribution/Dissemination <input type="text"/> / <input type="text"/> / <input type="text"/> <b>11 / 29 / 2014</b>
Mailing Address 205 Medallion Circle	Amount <input type="text"/> <b>80.00</b>
City Shreveport	State LA
Zip Code 71119	Transaction ID : <b>6ad030d7-6bbc-4a1a-8</b>
Purpose of Expenditure Salary	Date of Disbursement or Obligation <input type="text"/> / <input type="text"/> / <input type="text"/> <b>11 / 29 / 2014</b>
Category/Type 001	Name of Federal Candidate Ms. Mary L Landrieu
<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate
District: <u>00</u>	State: <u>LA</u>
Calendar Year-To-Date Per Election for Office Sought <input type="text"/> <b>554635.78</b>	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) <u>Runoff</u>

Full Name of Payee <b>Lilly Green</b>	Date of Public Distribution/Dissemination <input type="text"/> / <input type="text"/> / <input type="text"/> <b>11 / 29 / 2014</b>
Mailing Address 205 Medallion Circle	Amount <input type="text"/> <b>59.10</b>
City Shreveport	State LA
Zip Code 71119	Transaction ID : <b>63b0ecb9-1561-44bf-b</b>
Purpose of Expenditure Mileage	Date of Disbursement or Obligation <input type="text"/> / <input type="text"/> / <input type="text"/> <b>11 / 29 / 2014</b>
Category/Type 002	Name of Federal Candidate Ms. Mary L Landrieu
<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate
District: <u>00</u>	State: <u>LA</u>
Calendar Year-To-Date Per Election for Office Sought <input type="text"/> <b>554635.78</b>	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) <u>Runoff</u>

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures.....▶	<input type="text"/> <b>139.10</b>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures.....▶	<input type="text"/>
(c) <b>TOTAL</b> Independent Expenditures.....▶	<input type="text"/>

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

*Ms. Emily Buchanan*  
 \_\_\_\_\_  
 Signature

[Electronically Filed] Date  /  /   
**05 / 18 / 2015**

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In 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: Gregory Green
Mailing Address: 2506 Bolch Street
City: Shreveport, State: LA, Zip Code: 71104
Purpose of Expenditure: Salary, Category/Type: 001
Date of Public Distribution/Dissemination: 11/29/2014
Amount: 80.00
Transaction ID: 0745ec4d-cc47-4995-b
Date of Disbursement or Obligation: 11/29/2014
Name of Federal Candidate: Ms. Mary L Landrieu, Support: [ ], Oppose: [X]
Office Sought: [ ] House, [X] Senate, District: 00, State: LA
Calendar Year-To-Date Per Election for Office Sought: 554635.78
Disbursement For: [ ] Primary, [ ] General, [X] Other (specify) Runoff

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
Date of Public Distribution/Dissemination: 11/29/2014
Amount: 57.30
Transaction ID: 040c3936-f8df-448f-8
Date of Disbursement or Obligation: 11/29/2014
Name of Federal Candidate: Ms. Mary L Landrieu, Support: [ ], Oppose: [X]
Office Sought: [ ] House, [X] Senate, District: 00, State: LA
Calendar Year-To-Date Per Election for Office Sought: 554635.78
Disbursement For: [ ] Primary, [ ] General, [X] Other (specify) Runoff

(a) SUBTOTAL of Itemized Independent Expenditures: 137.30
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL Independent Expenditures

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

Ms. Emily Buchanan
[Electronically Filed]
Date: 05/18/2015
Signature

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>	<b>FEC IDENTIFICATION NUMBER</b> ▼ <b>C</b> C00530766
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee <b>Eva M Johnston</b>	Date of Public Distribution/Dissemination MM / DD / YYYY <b>11 / 29 / 2014</b>
Mailing Address 2517 N 47th St	Amount <b>20.00</b>
City Milwaukee	State WI
Zip Code 53210	<b>Transaction ID : 72b8064e-01ec-41ef-8</b>
Purpose of Expenditure Salary	Date of Disbursement or Obligation MM / DD / YYYY <b>11 / 29 / 2014</b>
Category/Type <b>001</b>	
Name of Federal Candidate Ms. Mary L Landrieu	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House    District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate    State: <u>LA</u>
Calendar Year-To-Date Per Election for Office Sought <b>554635.78</b>	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input checked="" type="checkbox"/> Other (specify) ▶ <u>Runoff</u>

Full Name of Payee <b>Theresa a Youngblood</b>	Date of Public Distribution/Dissemination MM / DD / YYYY <b>11 / 29 / 2014</b>
Mailing Address 102 S Main Street Apt A2	Amount <b>120.00</b>
City Berryville	State VA
Zip Code 22611	<b>Transaction ID : 94db0f3d-a551-45b9-b</b>
Purpose of Expenditure Salary	Date of Disbursement or Obligation MM / DD / YYYY <b>11 / 29 / 2014</b>
Category/Type <b>001</b>	
Name of Federal Candidate Ms. Mary L Landrieu	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House    District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate    State: <u>LA</u>
Calendar Year-To-Date Per Election for Office Sought <b>554635.78</b>	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input checked="" type="checkbox"/> Other (specify) ▶ <u>Runoff</u>

<b>(a) SUBTOTAL</b> of Itemized Independent Expenditures..... ▶	<b>140.00</b>
<b>(b) SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	
<b>(c) TOTAL</b> Independent Expenditures..... ▶	

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

*Ms. Emily Buchanan*

Signature \_\_\_\_\_ [Electronically Filed]    Date **05 / 18 / 2015**

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

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

Full Name of Payee
Timothy Foley
Mailing Address 20679 Glenbrook Terrace
City Sterling State VA Zip Code 20165
Purpose of Expenditure Salary Category/Type 001
Date of Public Distribution/Dissemination 11 / 29 / 2014
Amount 30.00
Transaction ID : 3dc4504b-8537-4ec4-8
Date of Disbursement or Obligation 11 / 29 / 2014
Name of Federal Candidate Ms. Mary L Landrieu
Office Sought: Senate State: LA
Disbursement For: Other (specify) Runoff
Calendar Year-To-Date Per Election for Office Sought 554635.78

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
Date of Public Distribution/Dissemination 11 / 29 / 2014
Amount 80.00
Transaction ID : b4ce42d3-699d-491c-8
Date of Disbursement or Obligation 11 / 29 / 2014
Name of Federal Candidate Ms. Mary L Landrieu
Office Sought: Senate State: LA
Disbursement For: Other (specify) Runoff
Calendar Year-To-Date Per Election for Office Sought 554635.78

(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 05 / 18 / 2015
Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

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

Full Name of Payee
Felicia A Jones
Mailing Address
4106 Martha St
City
Shreveport State
LA Zip Code
71109
Purpose of Expenditure
Mileage Category/
Type 002

Date of Public Distribution/Dissemination
11 / 29 / 2014
Amount
11.10
Transaction ID : e539106f-26e3-4b3d-8
Date of Disbursement or Obligation
11 / 29 / 2014

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

Disbursement For:
Primary
General
Other (specify)
Runoff

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

Date of Public Distribution/Dissemination
11 / 29 / 2014
Amount
50.00
Transaction ID : 15703b52-a996-4dfc-b
Date of Disbursement or Obligation
11 / 29 / 2014

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

Disbursement For:
Primary
General
Other (specify)
Runoff

(a) SUBTOTAL of Itemized Independent Expenditures..... 61.10
(b) SUBTOTAL of Unitemized Independent Expenditures .....
(c) TOTAL Independent Expenditures.....

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

Ms. Emily Buchanan
[Electronically Filed]
Date 05 / 18 / 2015
Signature

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>	FEC IDENTIFICATION NUMBER <div style="border: 1px solid black; padding: 2px;"> <span style="font-size: 2em; font-weight: bold; border: 1px solid black;">C</span> C00530766                 </div>
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee <b>Christopher Marquess</b>		
Mailing Address    110 W Pecan St		
City Ville Platte	State LA	Zip Code 70586
Purpose of Expenditure Mileage		Category/Type <div style="border: 1px solid black; padding: 2px;">002</div>
Name of Federal Candidate Ms. Mary L Landrieu		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought		<div style="border: 1px solid black; padding: 2px;">554635.78</div>

Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px;">                     11 / 29 / 2014                 </div>
Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">37.20</div>
Transaction ID : <b>bc36cdb9-8627-470c-a</b> Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px;">                     11 / 29 / 2014                 </div>
Office Sought: <input type="checkbox"/> House    District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate    State: <u>LA</u>
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input checked="" type="checkbox"/> Other (specify) ►    Runoff

Full Name of Payee <b>Christine Stevens</b>		
Mailing Address    100 Asbury Ct		
City Winchester	State VA	Zip Code 22602
Purpose of Expenditure Salary		Category/Type <div style="border: 1px solid black; padding: 2px;">001</div>
Name of Federal Candidate Ms. Mary L Landrieu		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought		<div style="border: 1px solid black; padding: 2px;">554635.78</div>

Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px;">                     11 / 29 / 2014                 </div>
Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">120.00</div>
Transaction ID : <b>bc13f6fa-6db7-42d9-b</b> Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px;">                     11 / 29 / 2014                 </div>
Office Sought: <input type="checkbox"/> House    District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate    State: <u>LA</u>
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input checked="" type="checkbox"/> Other (specify) ►    Runoff

<b>(a) SUBTOTAL</b> of Itemized Independent Expenditures..... ►	<div style="border: 1px solid black; padding: 2px; width: 100%;">157.20</div>
<b>(b) SUBTOTAL</b> of Unitemized Independent Expenditures ..... ►	<div style="border: 1px solid black; padding: 2px; width: 100%; height: 20px;"></div>
<b>(c) TOTAL</b> Independent Expenditures..... ►	<div style="border: 1px solid black; padding: 2px; width: 100%; height: 20px;"></div>

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

*Ms. Emily Buchanan*  
 \_\_\_\_\_  
 Signature

[Electronically Filed]    Date    

05 / 18 / 2015

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In 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
Jazmine d Conner
Mailing Address
100 ASBURY CT
City
WINCHESTER State
VA Zip Code
22602
Date of Public Distribution/Dissemination
11 / 29 / 2014
Amount
120.00
Transaction ID : 8c3c7388-6997-4959-9
Date of Disbursement or Obligation
11 / 29 / 2014
Purpose of Expenditure
Salary Category/
Type 001
Name of Federal Candidate
Ms. Mary L Landrieu Support Oppose
Office Sought: House Senate State: LA
Calendar Year-To-Date
Per Election for Office Sought 554635.78
Disbursement For: Primary General
Other (specify) Runoff

Full Name of Payee
Jon E Conner
Mailing Address
100 Asbury Ct
City
Winchester State
VA Zip Code
22602
Date of Public Distribution/Dissemination
11 / 29 / 2014
Amount
120.00
Transaction ID : b43fbb83-b5ed-4f5b-a
Date of Disbursement or Obligation
11 / 29 / 2014
Purpose of Expenditure
Salary Category/
Type 001
Name of Federal Candidate
Ms. Mary L Landrieu Support Oppose
Office Sought: House Senate State: LA
Calendar Year-To-Date
Per Election for Office Sought 554635.78
Disbursement For: Primary General
Other (specify) Runoff

(a) SUBTOTAL of Itemized Independent Expenditures 240.00
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL Independent Expenditures

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

Ms. Emily Buchanan [Electronically Filed] Date 05 / 18 / 2015
Signature



SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

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

Full Name of Payee
Rodney O Culbreath
Mailing Address
100 Asbury Ct
City Winchester State VA Zip Code 22602
Purpose of Expenditure
Salary Category/Type 001

Date of Public Distribution/Dissemination
11 / 29 / 2014
Amount
120.00
Transaction ID : 8e32a089-b7f2-4854-b
Date of Disbursement or Obligation
11 / 29 / 2014

Name of Federal Candidate
Ms. Mary L Landrieu
Support Oppose
Office Sought: House Senate State: LA

Disbursement For: Primary General 2014
Other (specify) Runoff

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

Date of Public Distribution/Dissemination
11 / 29 / 2014
Amount
120.00
Transaction ID : bc17bb82-5b6b-4a3c-8
Date of Disbursement or Obligation
11 / 29 / 2014

Name of Federal Candidate
Ms. Mary L Landrieu
Support Oppose
Office Sought: House Senate State: LA

Disbursement For: Primary General 2014
Other (specify) Runoff

Table with 2 columns: Description and Amount. (a) SUBTOTAL of Itemized Independent Expenditures 240.00

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

Signature Ms. Emily Buchanan [Electronically Filed] Date 05 / 18 / 2015

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>	<b>FEC IDENTIFICATION NUMBER</b> ▼ <b>C</b> C00530766
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee <b>Rze Culbreath</b>	Date of Public Distribution/Dissemination MM / DD / YYYY <b>11 / 29 / 2014</b>
Mailing Address 100 Asbury Ct	Amount <b>120.00</b>
City Winchester	State VA
Zip Code 22602	<b>Transaction ID : 09c58f96-eef3-4a14-b</b>
Purpose of Expenditure Salary	Date of Disbursement or Obligation MM / DD / YYYY <b>11 / 29 / 2014</b>
Category/Type <b>001</b>	
Name of Federal Candidate Ms. Mary L Landrieu	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House    District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate    State: <u>LA</u>
Calendar Year-To-Date Per Election for Office Sought	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input checked="" type="checkbox"/> Other (specify) ▶ <u>Runoff</u>
<b>554635.78</b>	

Full Name of Payee <b>Brieshauna M Stevens</b>	Date of Public Distribution/Dissemination MM / DD / YYYY <b>11 / 29 / 2014</b>
Mailing Address 1703 Torrey Pines Ct	Amount <b>65.00</b>
City Reston	State VA
Zip Code 20190	<b>Transaction ID : 0ce3d4a5-b272-4ec5-8</b>
Purpose of Expenditure Salary	Date of Disbursement or Obligation MM / DD / YYYY <b>11 / 29 / 2014</b>
Category/Type <b>001</b>	
Name of Federal Candidate Ms. Mary L Landrieu	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House    District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate    State: <u>LA</u>
Calendar Year-To-Date Per Election for Office Sought	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input checked="" type="checkbox"/> Other (specify) ▶ <u>Runoff</u>
<b>554635.78</b>	

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶	<b>185.00</b>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	
(c) <b>TOTAL</b> Independent Expenditures..... ▶	

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

*Ms. Emily Buchanan*

Signature \_\_\_\_\_ [Electronically Filed] Date MM / DD / YYYY  
**05 / 18 / 2015**

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>	<b>FEC IDENTIFICATION NUMBER</b> ▼ <b>C</b> C00530766
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee <b>Zachary Vidrine</b>	Date of Public Distribution/Dissemination MM / DD / YYYY <b>11 / 29 / 2014</b>
Mailing Address <b>202 Rue Des Cajun</b>	Amount <b>80.00</b>
City <b>Ville Platte</b> State <b>LA</b> Zip Code <b>70586</b>	<b>Transaction ID : fcacc14b-65d8-44ed-a</b> Date of Disbursement or Obligation MM / DD / YYYY <b>11 / 29 / 2014</b>
Purpose of Expenditure <b>Salary</b> Category/Type <b>001</b>	Name of Federal Candidate <b>Ms. Mary L Landrieu</b> <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: <b>00</b> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <b>LA</b>
Calendar Year-To-Date Per Election for Office Sought <b>554635.78</b>	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input checked="" type="checkbox"/> Other (specify) ▶ <b>Runoff</b>

Full Name of Payee <b>Zachary Vidrine</b>	Date of Public Distribution/Dissemination MM / DD / YYYY <b>11 / 29 / 2014</b>
Mailing Address <b>202 Rue Des Cajun</b>	Amount <b>21.60</b>
City <b>Ville Platte</b> State <b>LA</b> Zip Code <b>70586</b>	<b>Transaction ID : b5e5072b-6652-485e-8</b> Date of Disbursement or Obligation MM / DD / YYYY <b>11 / 29 / 2014</b>
Purpose of Expenditure <b>Mileage</b> Category/Type <b>002</b>	Name of Federal Candidate <b>Ms. Mary L Landrieu</b> <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: <b>00</b> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <b>LA</b>
Calendar Year-To-Date Per Election for Office Sought <b>554635.78</b>	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input checked="" type="checkbox"/> Other (specify) ▶ <b>Runoff</b>

<b>(a) SUBTOTAL</b> of Itemized Independent Expenditures..... ▶	<b>101.60</b>
<b>(b) SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	
<b>(c) TOTAL</b> Independent Expenditures..... ▶	

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

*Ms. Emily Buchanan* [Electronically Filed] Date **05 / 18 / 2015**

Signature \_\_\_\_\_

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

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

Full Name of Payee
Michael Vidrine
Mailing Address
1103 West Wilson Street
City
Ville Platte State
LA Zip Code
70586
Purpose of Expenditure
Salary Category/
Type 001

Date of Public Distribution/Dissemination
11 / 29 / 2014
Amount
70.00
Transaction ID : 40ab9078-ef99-49d1-a
Date of Disbursement or Obligation
11 / 29 / 2014

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

Disbursement For: Primary General
2014 Other (specify) Runoff

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

Date of Public Distribution/Dissemination
11 / 29 / 2014
Amount
32.40
Transaction ID : 89be3f12-48c9-4788-9
Date of Disbursement or Obligation
11 / 29 / 2014

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

Disbursement For: Primary General
2014 Other (specify) Runoff

(a) SUBTOTAL of Itemized Independent Expenditures 102.40
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL Independent Expenditures

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

Ms. Emily Buchanan
Signature

[Electronically Filed]

Date 05 / 18 / 2015

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>	<b>FEC IDENTIFICATION NUMBER</b> ▼ <b>C</b> C00530766
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <span style="margin-left: 20px;">MM / DD / YYYY</span>	

Full Name of Payee <b>Susan K Hamby</b>	Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 30 / 2014
Mailing Address 202 Violet St	Amount 15.00
City State Zip Code West Monroe LA 71292	<b>Transaction ID : 781cbdbc-b4f7-46c3-9</b> Date of Disbursement or Obligation MM / DD / YYYY 11 / 30 / 2014
Purpose of Expenditure Salary	Category/Type 001
Name of Federal Candidate Ms. Mary L Landrieu	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> President State: LA
Calendar Year-To-Date Per Election for Office Sought 554635.78	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▶ Runoff 2014

Full Name of Payee <b>Susan K Hamby</b>	Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 30 / 2014
Mailing Address 202 Violet St	Amount 0.75
City State Zip Code West Monroe LA 71292	<b>Transaction ID : 2a4edc1a-2066-4e3b-b</b> Date of Disbursement or Obligation MM / DD / YYYY 11 / 30 / 2014
Purpose of Expenditure Mileage	Category/Type 002
Name of Federal Candidate Ms. Mary L Landrieu	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> President State: LA
Calendar Year-To-Date Per Election for Office Sought 554635.78	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▶ Runoff 2014

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶	15.75
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	
(c) <b>TOTAL</b> Independent Expenditures..... ▶	

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

*Ms. Emily Buchanan*      [Electronically Filed]      Date MM / DD / YYYY  
05 / 18 / 2015

Signature

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>	<b>FEC IDENTIFICATION NUMBER</b> ▼ <div style="border: 1px solid black; padding: 2px;"> <span style="font-size: 1.2em; font-weight: bold;">C</span> C00530766       </div>
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee <b>Stephanie L Heun</b>	Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px;"> <span style="font-size: 0.8em;">M M / D D / Y Y Y Y Y Y</span>          11 / 30 / 2014       </div>						
Mailing Address 8026 S Wilwood Dr Apt 101	Amount <div style="border: 1px solid black; padding: 2px;"> <span style="font-size: 0.8em;">M M M M</span>          7.20       </div>						
<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:35%;">City</td> <td style="width:25%;">State</td> <td style="width:30%;">Zip Code</td> </tr> <tr> <td>Oak Creek</td> <td>WI</td> <td>53154</td> </tr> </table>	City	State	Zip Code	Oak Creek	WI	53154	<b>Transaction ID : e6de8ab3-61f7-4ed1-b</b> Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px;"> <span style="font-size: 0.8em;">M M M M / D D D D / Y Y Y Y Y Y</span>          11 / 30 / 2014       </div>
City	State	Zip Code					
Oak Creek	WI	53154					
Purpose of Expenditure Salary	Category/Type <div style="border: 1px solid black; padding: 2px;"> <span style="font-size: 0.8em;">M M</span>          001       </div>						
Name of Federal Candidate Ms. Mary L Landrieu	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate    District: <u>00</u> <input type="checkbox"/> President    State: <u>LA</u>						
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px;"> <span style="font-size: 0.8em;">M M M M</span>          554635.78       </div>	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input checked="" type="checkbox"/> Other (specify) ▶ <u>Runoff</u>						

Full Name of Payee <b>Lesley Lennox</b>	Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px;"> <span style="font-size: 0.8em;">M M M M / D D D D / Y Y Y Y Y Y</span>          11 / 30 / 2014       </div>						
Mailing Address 2305 Cleary Ave	Amount <div style="border: 1px solid black; padding: 2px;"> <span style="font-size: 0.8em;">M M M M</span>          40.00       </div>						
<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:35%;">City</td> <td style="width:25%;">State</td> <td style="width:30%;">Zip Code</td> </tr> <tr> <td>Metairie</td> <td>LA</td> <td>70001</td> </tr> </table>	City	State	Zip Code	Metairie	LA	70001	<b>Transaction ID : 82abfa85-323c-4385-b</b> Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px;"> <span style="font-size: 0.8em;">M M M M / D D D D / Y Y Y Y Y Y</span>          11 / 30 / 2014       </div>
City	State	Zip Code					
Metairie	LA	70001					
Purpose of Expenditure Salary	Category/Type <div style="border: 1px solid black; padding: 2px;"> <span style="font-size: 0.8em;">M M</span>          001       </div>						
Name of Federal Candidate Ms. Mary L Landrieu	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate    District: <u>00</u> <input type="checkbox"/> President    State: <u>LA</u>						
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px;"> <span style="font-size: 0.8em;">M M M M</span>          554635.78       </div>	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input checked="" type="checkbox"/> Other (specify) ▶ <u>Runoff</u>						

<b>(a) SUBTOTAL</b> of Itemized Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px;"> <span style="font-size: 0.8em;">M M M M</span>          47.20       </div>
<b>(b) SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	<div style="border: 1px solid black; padding: 2px;"> <span style="font-size: 0.8em;">M M M M</span> </div>
<b>(c) TOTAL</b> Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px;"> <span style="font-size: 0.8em;">M M M M</span> </div>

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

*Ms. Emily Buchanan*  
 \_\_\_\_\_  
 Signature

[Electronically Filed]    Date 
M M / D D / Y Y Y Y Y Y  
 05 / 18 / 2015

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In 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
Lesley Lennox
Mailing Address
2305 Cleary Ave
City
Metairie State
LA Zip Code
70001
Date of Public Distribution/Dissemination
11 / 30 / 2014
Amount
8.40
Transaction ID : ab380d51-39dd-45ad-a
Date of Disbursement or Obligation
11 / 30 / 2014
Purpose of Expenditure
Mileage Category/Type
002
Name of Federal Candidate
Ms. Mary L Landrieu Support Oppose
Office Sought: House Senate State: LA
Calendar Year-To-Date
Per Election for Office Sought
554635.78
Disbursement For: Primary General Other (specify)
Runoff

Full Name of Payee
Melissa A Calvert
Mailing Address
20116 Medus St
City
Covington State
LA Zip Code
70435
Date of Public Distribution/Dissemination
11 / 30 / 2014
Amount
32.50
Transaction ID : 0951ead9-df86-41b2-b
Date of Disbursement or Obligation
11 / 30 / 2014
Purpose of Expenditure
Salary Category/Type
001
Name of Federal Candidate
Ms. Mary L Landrieu Support Oppose
Office Sought: House Senate State: LA
Calendar Year-To-Date
Per Election for Office Sought
554635.78
Disbursement For: Primary General Other (specify)
Runoff

(a) SUBTOTAL of Itemized Independent Expenditures..... 40.90
(b) SUBTOTAL of Unitemized Independent Expenditures .....
(c) TOTAL Independent Expenditures.....

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

Ms. Emily Buchanan [Electronically Filed] Date 05 / 18 / 2015
Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

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

Full Name of Payee: Carla K Pilgreen
Mailing Address: 212 Stonecliff Dr
City: West Monro, State: LA, Zip Code: 71291
Purpose of Expenditure: Salary, Category/Type: 001
Date of Public Distribution/Dissemination: 11/30/2014
Amount: 22.50
Transaction ID: b5cf6ed5-460f-4fd8-a
Name of Federal Candidate: Ms. Mary L Landrieu, Support: [ ], Oppose: [X]
Office Sought: [ ] President, [X] Senate, District: 00, State: LA
Disbursement For: [ ] Primary, [ ] General, [X] Other (specify) Runoff

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
Date of Public Distribution/Dissemination: 11/30/2014
Amount: 4.20
Transaction ID: c460bb32-fac1-4e7b-b
Name of Federal Candidate: Ms. Mary L Landrieu, Support: [ ], Oppose: [X]
Office Sought: [ ] President, [X] Senate, District: 00, State: LA
Disbursement For: [ ] Primary, [ ] General, [X] Other (specify) Runoff

(a) SUBTOTAL of Itemized Independent Expenditures: 26.70
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL Independent Expenditures

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.
Ms. Emily Buchanan [Electronically Filed] Date 05/18/2015



SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

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

Full Name of Payee
Amanda Boley
Mailing Address
Split Oak Drive
City
charlotte State
NC Zip Code
28227
Purpose of Expenditure
Salary Category/Type
001
Date of Public Distribution/Dissemination
11 / 30 / 2014
Amount
62.50
Transaction ID : ebb8563e-2d7e-484a-9
Date of Disbursement or Obligation
11 / 30 / 2014
Name of Federal Candidate
Ms. Mary L Landrieu
Office Sought:
Senate State:
LA
Disbursement For:
Other (specify)
Runoff

Full Name of Payee
Amanda Boley
Mailing Address
Split Oak Drive
City
charlotte State
NC Zip Code
28227
Purpose of Expenditure
Mileage Category/Type
002
Date of Public Distribution/Dissemination
11 / 30 / 2014
Amount
23.67
Transaction ID : edcbaefe-1b1f-4249-a
Date of Disbursement or Obligation
11 / 30 / 2014
Name of Federal Candidate
Ms. Mary L Landrieu
Office Sought:
Senate State:
LA
Disbursement For:
Other (specify)
Runoff

(a) SUBTOTAL of Itemized Independent Expenditures..... 86.17
(b) SUBTOTAL of Unitemized Independent Expenditures .....
(c) TOTAL Independent Expenditures.....

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.
Ms. Emily Buchanan
[Electronically Filed]
Date
05 / 18 / 2015
Signature

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>	<b>FEC IDENTIFICATION NUMBER</b> ▼ <b>C</b> C00530766
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span>	

Full Name of Payee <b>Aaron R Cowart</b>	Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 11 / 30 / 2014
Mailing Address 184 South Military Rd	Amount <span style="border: 1px solid black; padding: 2px;">80.00</span>
City Slidell State LA Zip Code 70458	<b>Transaction ID : 0bb9ab32-21f8-4e38-8</b> Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 11 / 30 / 2014
Purpose of Expenditure Salary Category/Type 001	Name of Federal Candidate Ms. Mary L Landrieu <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: LA
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">554635.78</span>	Disbursement For: 2014 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▶ Runoff

Full Name of Payee <b>Aaron R Cowart</b>	Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 11 / 30 / 2014
Mailing Address 184 South Military Rd	Amount <span style="border: 1px solid black; padding: 2px;">6.00</span>
City Slidell State LA Zip Code 70458	<b>Transaction ID : 36a127a6-a592-49ae-b</b> Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 11 / 30 / 2014
Purpose of Expenditure Mileage Category/Type 002	Name of Federal Candidate Ms. Mary L Landrieu <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: LA
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">554635.78</span>	Disbursement For: 2014 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▶ Runoff

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶	<span style="border: 1px solid black; padding: 2px;">86.00</span>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	<span style="border: 1px solid black; padding: 2px;"> </span>
(c) <b>TOTAL</b> Independent Expenditures..... ▶	<span style="border: 1px solid black; padding: 2px;"> </span>

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

*Ms. Emily Buchanan* [Electronically Filed] Date M M / D D / Y Y Y Y Y Y  
05 / 18 / 2015

Signature \_\_\_\_\_

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

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

Full Name of Payee Patricia F Arnold
Mailing Address 1117 Clipper Dr
City Slidell State LA Zip Code 70458
Purpose of Expenditure Salary Category/Type 001
Date of Public Distribution/Dissemination 11/30/2014
Amount 33.00
Transaction ID : 9f0c32d5-d2f6-4966-9
Date of Disbursement or Obligation 11/30/2014
Name of Federal Candidate Ms. Mary L Landrieu Support Oppose
Office Sought: House Senate State: LA
Calendar Year-To-Date Per Election for Office Sought 554635.78
Disbursement For: Primary General Other (specify) Runoff

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
Date of Public Distribution/Dissemination 11/30/2014
Amount 5.79
Transaction ID : dd310d11-8992-4958-8
Date of Disbursement or Obligation 11/30/2014
Name of Federal Candidate Ms. Mary L Landrieu Support Oppose
Office Sought: House Senate State: LA
Calendar Year-To-Date Per Election for Office Sought 554635.78
Disbursement For: Primary General Other (specify) Runoff

(a) SUBTOTAL of Itemized Independent Expenditures 38.79
(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 05/18/2015
Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

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

Full Name of Payee: Gary W Fuhrmann
Mailing Address: 9425 Jessica Drive
City: Shreveport, State: LA, Zip Code: 71106
Purpose of Expenditure: Salary, Category/Type: 001
Date of Public Distribution/Dissemination: 11/30/2014
Amount: 60.00
Transaction ID: 5c64eb3e-e347-47c9-a
Date of Disbursement or Obligation: 11/30/2014
Name of Federal Candidate: Ms. Mary L Landrieu
Office Sought: Senate, State: LA
Disbursement For: Other (specify) Runoff

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
Date of Public Distribution/Dissemination: 11/30/2014
Amount: 8.10
Transaction ID: abb7c67a-caa9-4941-9
Date of Disbursement or Obligation: 11/30/2014
Name of Federal Candidate: Ms. Mary L Landrieu
Office Sought: Senate, State: LA
Disbursement For: Other (specify) Runoff

(a) SUBTOTAL of Itemized Independent Expenditures: 68.10
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL Independent Expenditures

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

Signature: Ms. Emily Buchanan [Electronically Filed] Date: 05/18/2015

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In 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: Helen Celestine
Mailing Address: 38346 Quinn Rd
City: Pearl River, State: LA, Zip Code: 70452
Purpose of Expenditure: Salary, Category/Type: 001
Date of Public Distribution/Dissemination: 11/30/2014
Amount: 50.00
Transaction ID: a0e875a2-5bc5-48ce-8
Date of Disbursement or Obligation: 11/30/2014
Name of Federal Candidate: Ms. Mary L Landriau, Support: [ ], Oppose: [X]
Office Sought: [ ] House, [X] Senate, District: 00, State: LA
Calendar Year-To-Date Per Election for Office Sought: 554635.78
Disbursement For: [ ] Primary, [ ] General, [X] Other (specify) Runoff

Full Name of Payee: Helen Celestine
Mailing Address: 38346 Quinn Rd
City: Pearl River, State: LA, Zip Code: 70452
Purpose of Expenditure: Mileage, Category/Type: 002
Date of Public Distribution/Dissemination: 11/30/2014
Amount: 7.50
Transaction ID: cff3ba66-a086-42c5-a
Date of Disbursement or Obligation: 11/30/2014
Name of Federal Candidate: Ms. Mary L Landriau, Support: [ ], Oppose: [X]
Office Sought: [ ] House, [X] Senate, District: 00, State: LA
Calendar Year-To-Date Per Election for Office Sought: 554635.78
Disbursement For: [ ] Primary, [ ] General, [X] Other (specify) Runoff

(a) SUBTOTAL of Itemized Independent Expenditures: 57.50
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL Independent Expenditures

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.
Ms. Emily Buchanan
[Electronically Filed]
Date: 05/18/2015



SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

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

Full Name of Payee: Joshua J Huffman
Mailing Address: 211 Dixie Ave
City: Harrisonburg, State: VA, Zip Code: 22801
Purpose of Expenditure: Salary, Category/Type: 001
Date of Public Distribution/Dissemination: 11/30/2014
Amount: 60.00
Transaction ID: 8eba61da-e561-43d3-a
Date of Disbursement or Obligation: 11/30/2014
Name of Federal Candidate: Ms. Mary L Landrieu
Office Sought: Senate, State: LA
Disbursement For: Other (specify) Runoff

Full Name of Payee: Cathy Longtin
Mailing Address: 827 Navavre Ave
City: New Orleans, State: LA, Zip Code: 70124
Purpose of Expenditure: Salary, Category/Type: 001
Date of Public Distribution/Dissemination: 11/30/2014
Amount: 50.00
Transaction ID: 2a4d658c-0b8f-45c7-8
Date of Disbursement or Obligation: 11/30/2014
Name of Federal Candidate: Ms. Mary L Landrieu
Office Sought: Senate, State: LA
Disbursement For: Other (specify) Runoff

(a) SUBTOTAL of Itemized Independent Expenditures: 110.00
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL Independent Expenditures

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

Signature: Ms. Emily Buchanan [Electronically Filed] Date: 05/18/2015





SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

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

Full Name of Payee
Francis Richardson
Mailing Address
220 Doucet Rd
City
Lafayette State
LA Zip Code
70503
Purpose of Expenditure
Mileage Category/Type
002
Date of Public Distribution/Dissemination
11 / 30 / 2014
Amount
0.93
Transaction ID : ae40195d-9168-44de-9
Date of Disbursement or Obligation
11 / 30 / 2014
Name of Federal Candidate
Ms. Mary L Landrieu
Support Oppose
Office Sought: House Senate
District: 00 State: LA
Calendar Year-To-Date
Per Election for Office Sought
554635.78
Disbursement For: Primary General
2014 Other (specify)
Runoff

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
Date of Public Distribution/Dissemination
11 / 30 / 2014
Amount
70.00
Transaction ID : 25dedb47-1e2d-43d5-a
Date of Disbursement or Obligation
11 / 30 / 2014
Name of Federal Candidate
Ms. Mary L Landrieu
Support Oppose
Office Sought: House Senate
District: 00 State: LA
Calendar Year-To-Date
Per Election for Office Sought
554635.78
Disbursement For: Primary General
2014 Other (specify)
Runoff

(a) SUBTOTAL of Itemized Independent Expenditures..... 70.93
(b) SUBTOTAL of Unitemized Independent Expenditures .....
(c) TOTAL Independent Expenditures.....

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

Ms. Emily Buchanan
[Electronically Filed]
Date
05 / 18 / 2015
Signature

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>		FEC IDENTIFICATION NUMBER <b>C</b> C00530766
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		MM / DD / YYYY

Full Name of Payee <b>Mary C Lee</b>	Date of Public Distribution/Dissemination MM / DD / YYYY <b>11 / 30 / 2014</b>
Mailing Address 1030 N Coolidge Ave	Amount <b>5.46</b>
City State Zip Code <b>Gonzales LA 70737</b>	Transaction ID : <b>bd31a0d7-e8fc-4307-b</b> Date of Disbursement or Obligation MM / DD / YYYY <b>11 / 30 / 2014</b>
Purpose of Expenditure Mileage	Category/Type <b>002</b>
Name of Federal Candidate <b>Ms. Mary L Landrieu</b>	Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>LA</u>
Calendar Year-To-Date Per Election for Office Sought <b>554635.78</b>	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input checked="" type="checkbox"/> Other (specify) <u>Runoff</u>

Full Name of Payee <b>Lilly Green</b>	Date of Public Distribution/Dissemination MM / DD / YYYY <b>11 / 30 / 2014</b>
Mailing Address 205 Medallion Circle	Amount <b>40.00</b>
City State Zip Code <b>Shreveport LA 71119</b>	Transaction ID : <b>79d5a5d6-bfbc-462c-8</b> Date of Disbursement or Obligation MM / DD / YYYY <b>11 / 30 / 2014</b>
Purpose of Expenditure Salary	Category/Type <b>001</b>
Name of Federal Candidate <b>Ms. Mary L Landrieu</b>	Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>LA</u>
Calendar Year-To-Date Per Election for Office Sought <b>554635.78</b>	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input checked="" type="checkbox"/> Other (specify) <u>Runoff</u>

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures.....	<b>45.46</b>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures .....	
(c) <b>TOTAL</b> Independent Expenditures.....	

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

*Ms. Emily Buchanan*

[Electronically Filed]

Date

MM / DD / YYYY  
**05 / 18 / 2015**

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

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

Full Name of Payee
Lilly Green
Mailing Address
205 Medallion Circle
City
Shreveport State
LA Zip Code
71119
Date of Public Distribution/Dissemination
11 / 30 / 2014
Amount
51.60
Transaction ID : c2448e79-b98f-48eb-a
Date of Disbursement or Obligation
11 / 30 / 2014
Purpose of Expenditure
Mileage Category/Type
002
Name of Federal Candidate
Ms. Mary L Landrieu Support Oppose
Office Sought: House Senate State: LA
Calendar Year-To-Date Per Election for Office Sought
554635.78
Disbursement For: Primary General Other (specify)
Runoff

Full Name of Payee
Warren Gravois
Mailing Address
16005 7th St
City
Pearlington State
MS Zip Code
39572
Date of Public Distribution/Dissemination
11 / 30 / 2014
Amount
70.00
Transaction ID : 595ab1e9-52a5-4b95-b
Date of Disbursement or Obligation
11 / 30 / 2014
Purpose of Expenditure
Salary Category/Type
001
Name of Federal Candidate
Ms. Mary L Landrieu Support Oppose
Office Sought: House Senate State: LA
Calendar Year-To-Date Per Election for Office Sought
554635.78
Disbursement For: Primary General Other (specify)
Runoff

(a) SUBTOTAL of Itemized Independent Expenditures 121.60
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL Independent Expenditures

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

Ms. Emily Buchanan
[Electronically Filed]
Date
05 / 18 / 2015
Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In 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: Warren Gravois
Mailing Address: 16005 7th St
City: Pearlington, State: MS, Zip Code: 39572
Purpose of Expenditure: Mileage, Category/Type: 002
Date of Public Distribution/Dissemination: 11/30/2014
Amount: 8.40
Transaction ID: 8a8ab586-f23b-4cea-8
Name of Federal Candidate: Ms. Mary L Landrieu, Support: [ ], Oppose: [X]
Office Sought: [ ] House, [X] Senate, District: 00, State: LA
Calendar Year-To-Date Per Election for Office Sought: 554635.78
Disbursement For: [ ] Primary, [ ] General, [X] Other (specify) Runoff

Full Name of Payee: Virginia T Grant
Mailing Address: 134 Shore Crest Circle
City: Carriere, State: MS, Zip Code: 39426
Purpose of Expenditure: Salary, Category/Type: 001
Date of Public Distribution/Dissemination: 11/30/2014
Amount: 20.00
Transaction ID: 3e91f42c-66bf-4ed1-b
Name of Federal Candidate: Ms. Mary L Landrieu, Support: [ ], Oppose: [X]
Office Sought: [ ] House, [X] Senate, District: 00, State: LA
Calendar Year-To-Date Per Election for Office Sought: 554635.78
Disbursement For: [ ] Primary, [ ] General, [X] Other (specify) Runoff

(a) SUBTOTAL of Itemized Independent Expenditures: 28.40
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL Independent Expenditures

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

Signature: Ms. Emily Buchanan [Electronically Filed] Date: 05/18/2015

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In 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 Virginia T Grant
Mailing Address 134 Shore Crest Circle
City Carriere State MS Zip Code 39426
Purpose of Expenditure Mileage Category/Type 002
Name of Federal Candidate Ms. Mary L Landrieu Support Oppose
Office Sought: House Senate State: LA
Calendar Year-To-Date Per Election for Office Sought 554635.78
Disbursement For: Other (specify) Runoff

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
Name of Federal Candidate Ms. Mary L Landrieu Support Oppose
Office Sought: House Senate State: LA
Calendar Year-To-Date Per Election for Office Sought 554635.78
Disbursement For: Other (specify) Runoff

(a) SUBTOTAL of Itemized Independent Expenditures 106.60
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL Independent Expenditures

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

Ms. Emily Buchanan

[Electronically Filed]

Date 05 / 18 / 2015

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In 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
Julia Perry
Mailing Address
2046 Perrin St Apt C
City
Shreveport State
LA Zip Code
71101
Date of Public Distribution/Dissemination
11 / 30 / 2014
Amount
6.90
Transaction ID : 300ca53c-1cde-45a1-9
Date of Disbursement or Obligation
11 / 30 / 2014
Purpose of Expenditure
Mileage Category/Type
002
Name of Federal Candidate
Ms. Mary L Landrieu Support Oppose
Office Sought: House Senate State: LA
Calendar Year-To-Date Per Election for Office Sought
554635.78
Disbursement For: Primary General Other (specify)
Runoff

Full Name of Payee
Laura U Logie
Mailing Address
2565 Shire Circle
City
Harrisonburg State
VA Zip Code
22801
Date of Public Distribution/Dissemination
11 / 30 / 2014
Amount
40.00
Transaction ID : 03213aca-cc87-429d-8
Date of Disbursement or Obligation
11 / 30 / 2014
Purpose of Expenditure
Salary Category/Type
001
Name of Federal Candidate
Ms. Mary L Landrieu Support Oppose
Office Sought: House Senate State: LA
Calendar Year-To-Date Per Election for Office Sought
554635.78
Disbursement For: Primary General Other (specify)
Runoff

(a) SUBTOTAL of Itemized Independent Expenditures..... 46.90
(b) SUBTOTAL of Unitemized Independent Expenditures .....
(c) TOTAL Independent Expenditures.....

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.
Ms. Emily Buchanan [Electronically Filed] Date 05 / 18 / 2015
Signature

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>		FEC IDENTIFICATION NUMBER ▼ <b>C C00530766</b>	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report		<input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee <b>Michael Vidrine</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>11 / 30 / 2014</b>	
Mailing Address 1103 West Wilson Street		Amount <b>80.00</b>	
City Ville Platte	State LA	Zip Code 70586	Transaction ID : <b>d15a1b23-946f-4c3e-9</b>
Purpose of Expenditure Salary	Category/Type 001	Date of Disbursement or Obligation MM / DD / YYYY <b>11 / 30 / 2014</b>	
Name of Federal Candidate Ms. Mary L Landrieu		Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>LA</u>	
Calendar Year-To-Date Per Election for Office Sought <b>554635.78</b>		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input checked="" type="checkbox"/> Other (specify) ▶ <u>Runoff</u>	

Full Name of Payee <b>Michael Vidrine</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>11 / 30 / 2014</b>	
Mailing Address 1103 West Wilson Street		Amount <b>22.80</b>	
City Ville Platte	State LA	Zip Code 70586	Transaction ID : <b>6a8b2253-3c47-4e2b-b</b>
Purpose of Expenditure Mileage	Category/Type 002	Date of Disbursement or Obligation MM / DD / YYYY <b>11 / 30 / 2014</b>	
Name of Federal Candidate Ms. Mary L Landrieu		Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>LA</u>	
Calendar Year-To-Date Per Election for Office Sought <b>554635.78</b>		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input checked="" type="checkbox"/> Other (specify) ▶ <u>Runoff</u>	

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶	<b>102.80</b>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures..... ▶	
(c) <b>TOTAL</b> Independent Expenditures..... ▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or 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 \_\_\_\_\_ Date **05 / 18 / 2015**

[Electronically Filed]

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>	FEC IDENTIFICATION NUMBER <b>C</b> C00530766
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee <b>Francesca Blom</b>	Date of Public Distribution/Dissemination MM / DD / YYYY <b>11 / 30 / 2014</b>
Mailing Address 101 Asbury Ct	Amount <b>80.00</b> Transaction ID : <b>2a75c837-5aba-4034-8</b>
City State Zip Code Winchester VA 22602	
Purpose of Expenditure Salary	Date of Disbursement or Obligation MM / DD / YYYY <b>11 / 30 / 2014</b>
Name of Federal Candidate Ms. Mary L Landrieu	Category/Type <b>001</b>
Name of Federal Candidate Ms. Mary L Landrieu <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>LA</u>	
Calendar Year-To-Date Per Election for Office Sought <b>554635.78</b>	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input checked="" type="checkbox"/> Other (specify) ▶ <u>Runoff</u>

Full Name of Payee <b>Felicia A Jones</b>	Date of Public Distribution/Dissemination MM / DD / YYYY <b>11 / 30 / 2014</b>
Mailing Address 4106 Martha St	Amount <b>80.00</b> Transaction ID : <b>68dc26e1-ca20-4d81-8</b>
City State Zip Code Shreveport LA 71109	
Purpose of Expenditure Salary	Date of Disbursement or Obligation MM / DD / YYYY <b>11 / 30 / 2014</b>
Name of Federal Candidate Ms. Mary L Landrieu	Category/Type <b>001</b>
Name of Federal Candidate Ms. Mary L Landrieu <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>LA</u>	
Calendar Year-To-Date Per Election for Office Sought <b>554635.78</b>	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input checked="" type="checkbox"/> Other (specify) ▶ <u>Runoff</u>

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures.....▶	<b>160.00</b>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures.....▶	
(c) <b>TOTAL</b> Independent Expenditures.....▶	

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

*Ms. Emily Buchanan*

Signature \_\_\_\_\_ [Electronically Filed] Date **05 / 18 / 2015**



SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

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

Full Name of Payee
Felicia A Jones
Mailing Address
4106 Martha St
City
Shreveport State
LA Zip Code
71109
Purpose of Expenditure
Mileage Category/
Type 002

Date of Public Distribution/Dissemination
11 / 30 / 2014
Amount
11.10
Transaction ID : 78e6f31f-d484-43b4-b
Date of Disbursement or Obligation
11 / 30 / 2014

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

Disbursement For:
Primary
General
Other (specify)
Runoff

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

Date of Public Distribution/Dissemination
11 / 30 / 2014
Amount
60.00
Transaction ID : 1536d813-8d55-45eb-9
Date of Disbursement or Obligation
11 / 30 / 2014

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

Disbursement For:
Primary
General
Other (specify)
Runoff

(a) SUBTOTAL of Itemized Independent Expenditures..... 71.10
(b) SUBTOTAL of Unitemized Independent Expenditures .....
(c) TOTAL Independent Expenditures.....

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

Ms. Emily Buchanan
[Electronically Filed]
Date 05 / 18 / 2015
Signature

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>	<b>FEC IDENTIFICATION NUMBER</b> ▼ <b>C</b> C00530766
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <span style="border: 1px solid black; padding: 2px;">M M M / D D D / Y Y Y Y Y Y</span>	

Full Name of Payee <b>Christopher Marquess</b>	Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">M M M / D D D / Y Y Y Y Y Y</span> 11 / 30 / 2014
Mailing Address 110 W Pecan St	Amount <span style="border: 1px solid black; padding: 2px;">38.40</span>
City State Zip Code Ville Platte LA 70586	<b>Transaction ID : 25f92ae7-56d5-412e-9</b> Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">M M M / D D D / Y Y Y Y Y Y</span> 11 / 30 / 2014
Purpose of Expenditure Mileage	Category/Type <span style="border: 1px solid black; padding: 2px;">002</span>
Name of Federal Candidate Ms. Mary L Landrieu	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: LA
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">554635.78</span>	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input checked="" type="checkbox"/> Other (specify) ▶ Runoff

Full Name of Payee <b>Cynthia N Schmit</b>	Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">M M M / D D D / Y Y Y Y Y Y</span> 11 / 30 / 2014
Mailing Address 2226 Taft Circle Apt 1	Amount <span style="border: 1px solid black; padding: 2px;">67.50</span>
City State Zip Code Winchester VA 22601	<b>Transaction ID : 047e1c3d-2eee-4618-8</b> Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">M M M / D D D / Y Y Y Y Y Y</span> 11 / 30 / 2014
Purpose of Expenditure Salary	Category/Type <span style="border: 1px solid black; padding: 2px;">001</span>
Name of Federal Candidate Ms. Mary L Landrieu	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: LA
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">554635.78</span>	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input checked="" type="checkbox"/> Other (specify) ▶ Runoff

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶	<span style="border: 1px solid black; padding: 2px;">105.90</span>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	<span style="border: 1px solid black; padding: 2px;"> </span>
(c) <b>TOTAL</b> Independent Expenditures..... ▶	<span style="border: 1px solid black; padding: 2px;"> </span>

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

*Ms. Emily Buchanan* [Electronically Filed] Date M M M / D D D / Y Y Y Y Y Y  
05 / 18 / 2015

Signature \_\_\_\_\_

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>		FEC IDENTIFICATION NUMBER <b>C C00530766</b>
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		MM / DD / YYYY

Full Name of Payee <b>Theresa a Youngblood</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>11 / 30 / 2014</b>
Mailing Address 102 S Main Street Apt A2		Amount <b>120.00</b>
City Berryville	State VA	Zip Code 22611
Purpose of Expenditure Salary	Category/Type 001	Transaction ID : <b>b239f842-c49c-4e02-9</b> Date of Disbursement or Obligation MM / DD / YYYY <b>11 / 30 / 2014</b>
Name of Federal Candidate Ms. Mary L Landrieu	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>LA</u>
Calendar Year-To-Date Per Election for Office Sought	<b>554635.78</b>	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input checked="" type="checkbox"/> Other (specify) ▶ <u>Runoff</u>

Full Name of Payee <b>Patricia G Tiziani</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>11 / 30 / 2014</b>
Mailing Address 221 Williamsburg Dr		Amount <b>30.00</b>
City Mandeville	State LA	Zip Code 70471
Purpose of Expenditure Salary	Category/Type 001	Transaction ID : <b>72d7d63c-1d51-4bd1-a</b> Date of Disbursement or Obligation MM / DD / YYYY <b>11 / 30 / 2014</b>
Name of Federal Candidate Ms. Mary L Landrieu	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>LA</u>
Calendar Year-To-Date Per Election for Office Sought	<b>554635.78</b>	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input checked="" type="checkbox"/> Other (specify) ▶ <u>Runoff</u>

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures.....▶	<b>150.00</b>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures.....▶	
(c) <b>TOTAL</b> Independent Expenditures.....▶	

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

*Ms. Emily Buchanan*

Signature \_\_\_\_\_ [Electronically Filed] Date **05 / 18 / 2015**

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>	<b>FEC IDENTIFICATION NUMBER</b> ▼ <b>C</b> C00530766
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee <b>Patricia G Tiziani</b>	Date of Public Distribution/Dissemination MM / DD / YYYY <b>11 / 30 / 2014</b>
Mailing Address 221 Williamsburg Dr	Amount <b>6.30</b>
City Mandeville	State LA
Zip Code 70471	<b>Transaction ID : 9d5e1942-5579-4696-8</b>
Purpose of Expenditure Mileage	Date of Disbursement or Obligation MM / DD / YYYY <b>11 / 30 / 2014</b>
Category/Type <b>002</b>	
Name of Federal Candidate Ms. Mary L Landrieu	Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>LA</u>
Support <input type="checkbox"/> Oppose <input checked="" type="checkbox"/>	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input checked="" type="checkbox"/> Other (specify) ▶ <u>Runoff</u>
Calendar Year-To-Date Per Election for Office Sought <b>554635.78</b>	

Full Name of Payee <b>Windy Hageman</b>	Date of Public Distribution/Dissemination MM / DD / YYYY <b>11 / 30 / 2014</b>
Mailing Address 5521 Randolph St.	Amount <b>50.00</b>
City Marrero	State LA
Zip Code 70072	<b>Transaction ID : 26028f00-b536-4689-8</b>
Purpose of Expenditure Salary	Date of Disbursement or Obligation MM / DD / YYYY <b>11 / 30 / 2014</b>
Category/Type <b>001</b>	
Name of Federal Candidate Ms. Mary L Landrieu	Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>LA</u>
Support <input type="checkbox"/> Oppose <input checked="" type="checkbox"/>	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input checked="" type="checkbox"/> Other (specify) ▶ <u>Runoff</u>
Calendar Year-To-Date Per Election for Office Sought <b>554635.78</b>	

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶	<b>56.30</b>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	
(c) <b>TOTAL</b> Independent Expenditures..... ▶	

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

*Ms. Emily Buchanan*

Signature \_\_\_\_\_ [Electronically Filed] Date **05 / 18 / 2015**

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>	<b>FEC IDENTIFICATION NUMBER</b> ▼ <b>C</b> C00530766
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee <b>Windy Hageman</b>	Date of Public Distribution/Dissemination MM / DD / YYYY <b>11 / 30 / 2014</b>
Mailing Address 5521 Randolph St.	Amount <b>23.40</b>
City Marrero	State LA
Zip Code 70072	Transaction ID : <b>216b5bef-739f-44a1-9</b>
Purpose of Expenditure Mileage	Date of Disbursement or Obligation MM / DD / YYYY <b>11 / 30 / 2014</b>
Category/Type <b>002</b>	
Name of Federal Candidate Ms. Mary L Landrieu	Office Sought: <input type="checkbox"/> House    District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate    State: <u>LA</u>
<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input checked="" type="checkbox"/> Other (specify) ▶ <u>Runoff</u>
Calendar Year-To-Date Per Election for Office Sought	<b>554635.78</b>

Full Name of Payee <b>Carl Brent</b>	Date of Public Distribution/Dissemination MM / DD / YYYY <b>11 / 30 / 2014</b>
Mailing Address 6718 Lake Willow Dr	Amount <b>80.00</b>
City New Orleans	State LA
Zip Code 70126	Transaction ID : <b>b543db20-9118-4cd9-b</b>
Purpose of Expenditure Salary	Date of Disbursement or Obligation MM / DD / YYYY <b>11 / 30 / 2014</b>
Category/Type <b>001</b>	
Name of Federal Candidate Ms. Mary L Landrieu	Office Sought: <input type="checkbox"/> House    District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate    State: <u>LA</u>
<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input checked="" type="checkbox"/> Other (specify) ▶ <u>Runoff</u>
Calendar Year-To-Date Per Election for Office Sought	<b>554635.78</b>

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶	<b>103.40</b>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	
(c) <b>TOTAL</b> Independent Expenditures..... ▶	

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

*Ms. Emily Buchanan*

Signature \_\_\_\_\_ [Electronically Filed] Date MM / DD / YYYY  
**05 / 18 / 2015**

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

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

Full Name of Payee: Carl Brent
Mailing Address: 6718 Lake Willow Dr
City: New Orleans, State: LA, Zip Code: 70126
Purpose of Expenditure: Mileage, Category/Type: 002
Amount: 13.50
Transaction ID: 4cdd0f3e-709d-4e6a-a
Date of Disbursement or Obligation: 11/30/2014
Name of Federal Candidate: Ms. Mary L Landrieu, Support: [ ], Oppose: [X]
Office Sought: [ ] House, [X] Senate, District: 00, State: LA
Disbursement For: [ ] Primary, [ ] General, [X] Other (specify) Runoff

Full Name of Payee: Debra Lindsey
Mailing Address: 119 Goldenwood Dr
City: Slidell, State: LA, Zip Code: 70461
Purpose of Expenditure: Salary, Category/Type: 001
Amount: 85.00
Transaction ID: ccbc1e95-e828-4ba4-a
Date of Disbursement or Obligation: 11/30/2014
Name of Federal Candidate: Ms. Mary L Landrieu, Support: [ ], Oppose: [X]
Office Sought: [ ] House, [X] Senate, District: 00, State: LA
Disbursement For: [ ] Primary, [ ] General, [X] Other (specify) Runoff

(a) SUBTOTAL of Itemized Independent Expenditures: 98.50
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL Independent Expenditures

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.
Ms. Emily Buchanan [Electronically Filed] Date 05/18/2015



SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

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

Full Name of Payee: Jeanne Tribou
Mailing Address: 22369 Ponderosa Dr.
City: Mandeville, State: LA, Zip Code: 70471
Purpose of Expenditure: Mileage, Category/Type: 002
Amount: 16.20
Transaction ID: b7e7c95b-686f-4f87-8
Date of Disbursement or Obligation: 11/30/2014
Name of Federal Candidate: Ms. Mary L Landrieu, Support: [ ], Oppose: [X]
Office Sought: [ ] House, [X] Senate, District: 00, State: LA
Calendar Year-To-Date Per Election for Office Sought: 554635.78
Disbursement For: [ ] Primary, [ ] General, [X] Other (specify) Runoff

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
Amount: 60.00
Transaction ID: 1d7a3769-42c9-4cf4-a
Date of Disbursement or Obligation: 11/30/2014
Name of Federal Candidate: Ms. Mary L Landrieu, Support: [ ], Oppose: [X]
Office Sought: [ ] House, [X] Senate, District: 00, State: LA
Calendar Year-To-Date Per Election for Office Sought: 554635.78
Disbursement For: [ ] Primary, [ ] General, [X] Other (specify) Runoff

(a) SUBTOTAL of Itemized Independent Expenditures: 76.20
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL Independent Expenditures

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

Signature: Ms. Emily Buchanan [Electronically Filed] Date: 05/18/2015



SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

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

Full Name of Payee
ERIC TABARY
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
Oppose
Calendar Year-To-Date
Per Election for Office Sought
554635.78

Date of Public Distribution/Dissemination
11 / 30 / 2014
Amount
3.00
Transaction ID : d06c8272-7f1d-4c3d-b
Date of Disbursement or Obligation
11 / 30 / 2014
Office Sought: House District: 00
Senate State: LA
Disbursement For: Primary General
Other (specify) Runoff

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
Oppose
Calendar Year-To-Date
Per Election for Office Sought
554635.78

Date of Public Distribution/Dissemination
11 / 28 / 2014
Amount
70.00
Transaction ID : d8f4a23d-babc-4443-b
Date of Disbursement or Obligation
11 / 28 / 2014
Office Sought: House District: 00
Senate State: LA
Disbursement For: Primary General
Other (specify) Runoff

(a) SUBTOTAL of Itemized Independent Expenditures..... 73.00
(b) SUBTOTAL of Unitemized Independent Expenditures .....
(c) TOTAL Independent Expenditures.....

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

Ms. Emily Buchanan
Signature

[Electronically Filed]

Date 05 / 18 / 2015

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

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

Full Name of Payee
ERIC TABARY
Mailing Address
6101 NORA ST
City
METAIRIE State
LA Zip Code
70003
Date of Public Distribution/Dissemination
11 / 28 / 2014
Amount
1.80
Transaction ID : f9f6d5b4-762e-4afd-a
Date of Disbursement or Obligation
11 / 28 / 2014
Purpose of Expenditure
Mileage Category/Type
002
Name of Federal Candidate
Ms. Mary L Landrieu Support Oppose
Office Sought: House Senate State: LA
Calendar Year-To-Date Per Election for Office Sought
554635.78
Disbursement For: Primary General Other (specify) Runoff

Full Name of Payee
Zachary Vidrine
Mailing Address
202 Rue Des Cajun
City
Ville Platte State
LA Zip Code
70586
Date of Public Distribution/Dissemination
11 / 30 / 2014
Amount
100.00
Transaction ID : e63eee70-0aa1-4d9c-9
Date of Disbursement or Obligation
11 / 30 / 2014
Purpose of Expenditure
Salary Category/Type
001
Name of Federal Candidate
Ms. Mary L Landrieu Support Oppose
Office Sought: House Senate State: LA
Calendar Year-To-Date Per Election for Office Sought
554635.78
Disbursement For: Primary General Other (specify) Runoff

(a) SUBTOTAL of Itemized Independent Expenditures 101.80
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL Independent Expenditures

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.
Ms. Emily Buchanan [Electronically Filed] Date 05 / 18 / 2015
Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In 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
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 Oppose

Date of Public Distribution/Dissemination
11 / 30 / 2014
Amount
23.70
Transaction ID : ed487248-fd15-4b0d-b
Date of Disbursement or Obligation
11 / 30 / 2014
Office Sought: House Senate
Disbursement For: Primary General Other (specify) Runoff

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
Ms. Mary L Landrieu Support Oppose

Date of Public Distribution/Dissemination
11 / 30 / 2014
Amount
100.00
Transaction ID : 73b25123-d1a5-4c9a-a
Date of Disbursement or Obligation
11 / 30 / 2014
Office Sought: House Senate
Disbursement For: Primary General Other (specify) Runoff

(a) SUBTOTAL of Itemized Independent Expenditures 123.70
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL Independent Expenditures

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.
Ms. Emily Buchanan [Electronically Filed] Date 05 / 18 / 2015

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In 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
Jazmine d Conner
Mailing Address
100 ASBURY CT
City
WINCHESTER State
VA Zip Code
22602
Date of Public Distribution/Dissemination
11 / 30 / 2014
Amount
100.00
Transaction ID : 27b56b12-e8d3-40bc-8
Date of Disbursement or Obligation
11 / 30 / 2014
Purpose of Expenditure
Salary Category/Type
001
Name of Federal Candidate
Ms. Mary L Landrieu Support Oppose
Office Sought: House Senate State: LA
Calendar Year-To-Date
Per Election for Office Sought
554635.78
Disbursement For: Primary General Other (specify)
Runoff

Full Name of Payee
Jon E Conner
Mailing Address
100 Asbury Ct
City
Winchester State
VA Zip Code
22602
Date of Public Distribution/Dissemination
11 / 30 / 2014
Amount
100.00
Transaction ID : ed46148e-cee0-4f99-b
Date of Disbursement or Obligation
11 / 30 / 2014
Purpose of Expenditure
Salary Category/Type
001
Name of Federal Candidate
Ms. Mary L Landrieu Support Oppose
Office Sought: House Senate State: LA
Calendar Year-To-Date
Per Election for Office Sought
554635.78
Disbursement For: Primary General Other (specify)
Runoff

(a) SUBTOTAL of Itemized Independent Expenditures..... 200.00
(b) SUBTOTAL of Unitemized Independent Expenditures .....
(c) TOTAL Independent Expenditures.....

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.
Ms. Emily Buchanan [Electronically Filed] Date 05 / 18 / 2015
Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

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

Full Name of Payee
Rodney O Culbreath
Mailing Address
100 Asbury Ct
City
Winchester State
VA Zip Code
22602
Date of Public Distribution/Dissemination
11 / 30 / 2014
Amount
100.00
Transaction ID : d604bfd8-20ef-488e-8
Date of Disbursement or Obligation
11 / 30 / 2014
Purpose of Expenditure
Salary Category/Type
001
Name of Federal Candidate
Ms. Mary L Landrieu
Office Sought:
Senate State: LA
Calendar Year-To-Date
Per Election for Office Sought
554635.78
Disbursement For:
Other (specify)
Runoff

Full Name of Payee
Rodney D Culbreth
Mailing Address
100 Asbury CT
3200 Dam Neck Rd
City
Winchester State
VA Zip Code
22602
Date of Public Distribution/Dissemination
11 / 30 / 2014
Amount
100.00
Transaction ID : 777144d8-3f10-49a4-a
Date of Disbursement or Obligation
11 / 30 / 2014
Purpose of Expenditure
Salary Category/Type
001
Name of Federal Candidate
Ms. Mary L Landrieu
Office Sought:
Senate State: LA
Calendar Year-To-Date
Per Election for Office Sought
554635.78
Disbursement For:
Other (specify)
Runoff

(a) SUBTOTAL of Itemized Independent Expenditures..... 200.00
(b) SUBTOTAL of Unitemized Independent Expenditures .....
(c) TOTAL Independent Expenditures.....

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

Ms. Emily Buchanan
[Electronically Filed]
Date
05 / 18 / 2015
Signature

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>	<b>FEC IDENTIFICATION NUMBER</b> ▼ <b>C</b> C00530766
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee <b>Rze Culbreath</b>	Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 30 / 2014
Mailing Address 100 Asbury Ct	Amount 100.00
City Winchester	State VA
Zip Code 22602	Transaction ID : <b>abf8387a-0064-438b-8</b>
Purpose of Expenditure Salary	Date of Disbursement or Obligation MM / DD / YYYY 11 / 30 / 2014
Category/Type 001	Name of Federal Candidate Ms. Mary L Landriau
Name of Federal Candidate Ms. Mary L Landriau	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate	District: 00 State: LA
Calendar Year-To-Date Per Election for Office Sought 554635.78	Disbursement For: 2014 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▶ Runoff

Full Name of Payee <b>Rebecca A Calvert</b>	Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 30 / 2014
Mailing Address 20116 Medus St	Amount 52.50
City Covington	State LA
Zip Code 70435	Transaction ID : <b>afbe68f5-ac41-4743-9</b>
Purpose of Expenditure Salary	Date of Disbursement or Obligation MM / DD / YYYY 11 / 30 / 2014
Category/Type 001	Name of Federal Candidate Ms. Mary L Landriau
Name of Federal Candidate Ms. Mary L Landriau	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate	District: 00 State: LA
Calendar Year-To-Date Per Election for Office Sought 554635.78	Disbursement For: 2014 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▶ Runoff

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures.....▶	152.50
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures.....▶	
(c) <b>TOTAL</b> Independent Expenditures.....▶	

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

*Ms. Emily Buchanan*      [Electronically Filed]      Date      MM / DD / YYYY  
05 / 18 / 2015

Signature

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>	<b>FEC IDENTIFICATION NUMBER</b> ▼ <b>C</b> C00530766
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee <b>Rebecca A Calvert</b>	Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 30 / 2014
Mailing Address 20116 Medus St	Amount 9.60
City Covington      State LA      Zip Code 70435	<b>Transaction ID : 285f987f-4b83-41a2-b</b>
Purpose of Expenditure Mileage      Category/Type 002	Date of Disbursement or Obligation MM / DD / YYYY 11 / 30 / 2014
Name of Federal Candidate Ms. Mary L Landrieu <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House    District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate    State: LA
Calendar Year-To-Date Per Election for Office Sought 554635.78	Disbursement For: 2014 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▶ Runoff

Full Name of Payee <b>Daniel Calvert</b>	Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 30 / 2014
Mailing Address 20116 Medus St	Amount 30.00
City Covington      State LA      Zip Code 70435	<b>Transaction ID : 397a0af9-f810-4974-9</b>
Purpose of Expenditure Salary      Category/Type 001	Date of Disbursement or Obligation MM / DD / YYYY 11 / 30 / 2014
Name of Federal Candidate Ms. Mary L Landrieu <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House    District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate    State: LA
Calendar Year-To-Date Per Election for Office Sought 554635.78	Disbursement For: 2014 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▶ Runoff

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶	39.60
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	
(c) <b>TOTAL</b> Independent Expenditures..... ▶	

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

*Ms. Emily Buchanan*      [Electronically Filed]      Date 05 / 18 / 2015

Signature \_\_\_\_\_

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

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

Full Name of Payee: Gary W Fuhrmann
Mailing Address: 9425 Jessica Drive
City: Shreveport, State: LA, Zip Code: 71106
Purpose of Expenditure: Salary, Category/Type: 001
Date of Public Distribution/Dissemination: 12/01/2014
Amount: 42.50
Transaction ID: 37c6c7e5-c817-4eac-8
Name of Federal Candidate: Ms. Mary L Landrieu, Office Sought: Senate, State: LA
Calendar Year-To-Date Per Election for Office Sought: 554635.78
Disbursement For: Other (specify) Runoff

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
Date of Public Distribution/Dissemination: 12/01/2014
Amount: 9.90
Transaction ID: bf253700-cedb-461f-9
Name of Federal Candidate: Ms. Mary L Landrieu, Office Sought: Senate, State: LA
Calendar Year-To-Date Per Election for Office Sought: 554635.78
Disbursement For: Other (specify) Runoff

(a) SUBTOTAL of Itemized Independent Expenditures: 52.40
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL Independent Expenditures

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

Signature: Ms. Emily Buchanan [Electronically Filed] Date: 05/18/2015





SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In 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: Lesley Lennox
Mailing Address: 2305 Cleary Ave
City: Metairie, State: LA, Zip Code: 70001
Purpose of Expenditure: Salary, Category/Type: 001
Date of Public Distribution/Dissemination: 12/01/2014
Amount: 15.00
Transaction ID: bfe35c27-9b64-43fb-b
Date of Disbursement or Obligation: 12/01/2014
Name of Federal Candidate: Ms. Mary L Landrieu, Support: [ ], Oppose: [X]
Office Sought: [ ] House, [X] Senate, District: 00, State: LA
Calendar Year-To-Date Per Election for Office Sought: 554635.78
Disbursement For: [ ] Primary, [ ] General, [X] Other (specify) Runoff

Full Name of Payee: Lesley Lennox
Mailing Address: 2305 Cleary Ave
City: Metairie, State: LA, Zip Code: 70001
Purpose of Expenditure: Mileage, Category/Type: 002
Date of Public Distribution/Dissemination: 12/01/2014
Amount: 3.00
Transaction ID: 968ec732-f721-48b1-b
Date of Disbursement or Obligation: 12/01/2014
Name of Federal Candidate: Ms. Mary L Landrieu, Support: [ ], Oppose: [X]
Office Sought: [ ] House, [X] Senate, District: 00, State: LA
Calendar Year-To-Date Per Election for Office Sought: 554635.78
Disbursement For: [ ] Primary, [ ] General, [X] Other (specify) Runoff

(a) SUBTOTAL of Itemized Independent Expenditures: 18.00
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL Independent Expenditures

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.
Ms. Emily Buchanan [Electronically Filed] Date 05/18/2015
Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In 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 Taylor De Julian-Hernandez
Mailing Address 284 Cr 1401
City Carthage State TX Zip Code 75633
Purpose of Expenditure Salary Category/Type 001
Date of Public Distribution/Dissemination 12/01/2014
Amount 50.00
Transaction ID : ac428c05-fd69-437c-9
Date of Disbursement or Obligation 12/01/2014
Name of Federal Candidate Ms. Mary L Landrieu
Office Sought: Senate State: LA
Disbursement For: Other (specify) Runoff

Full Name of Payee Taylor De Julian-Hernandez
Mailing Address 284 Cr 1401
City Carthage State TX Zip Code 75633
Purpose of Expenditure Mileage Category/Type 002
Date of Public Distribution/Dissemination 12/01/2014
Amount 42.00
Transaction ID : 2b4a1b1d-51b6-41b9-8
Date of Disbursement or Obligation 12/01/2014
Name of Federal Candidate Ms. Mary L Landrieu
Office Sought: Senate State: LA
Disbursement For: Other (specify) Runoff

(a) SUBTOTAL of Itemized Independent Expenditures 92.00
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL Independent Expenditures

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.
Ms. Emily Buchanan [Electronically Filed] Date 05/18/2015
Signature

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>	<b>FEC IDENTIFICATION NUMBER ▼</b> <b>C</b> C00530766
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span>	

Full Name of Payee <b>Beau Autin</b>	Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 12 / 01 / 2014
Mailing Address 345 Auroura Ave	Amount <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 40.00
City Metairie State LA Zip Code 70006	<b>Transaction ID : 1eb1b5a8-73b6-423b-9</b> Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 12 / 01 / 2014
Purpose of Expenditure Salary Category/Type 001	Name of Federal Candidate Ms. Mary L Landrieu <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: LA
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 554635.78	Disbursement For: 2014 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▶ Runoff

Full Name of Payee <b>Beau Autin</b>	Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 12 / 01 / 2014
Mailing Address 345 Auroura Ave	Amount <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 1.77
City Metairie State LA Zip Code 70006	<b>Transaction ID : ee330671-80b0-49f4-9</b> Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 12 / 01 / 2014
Purpose of Expenditure Mileage Category/Type 002	Name of Federal Candidate Ms. Mary L Landrieu <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: LA
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 554635.78	Disbursement For: 2014 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▶ Runoff

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶	<span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 41.77
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	<span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span>
(c) <b>TOTAL</b> Independent Expenditures..... ▶	<span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span>

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

*Ms. Emily Buchanan*  
Signature [Electronically Filed] Date M M / D D / Y Y Y Y Y Y 05 / 18 / 2015

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In 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: Tammy Williams
Mailing Address: 924 N. Prieur St
City: New Orleans, State: LA, Zip Code: 70116
Purpose of Expenditure: Salary, Category/Type: 001
Date of Public Distribution/Dissemination: 12/01/2014
Amount: 80.00
Transaction ID: 6c9cbc70-e212-4bf8-b
Date of Disbursement or Obligation: 12/01/2014
Name of Federal Candidate: Ms. Mary L Landrieu, Support: [ ], Oppose: [X]
Office Sought: [ ] House, [X] Senate, District: 00, State: LA
Calendar Year-To-Date Per Election for Office Sought: 554635.78
Disbursement For: [ ] Primary, [ ] General, [X] Other (specify) Runoff

Full Name of Payee: Tammy Williams
Mailing Address: 924 N. Prieur St
City: New Orleans, State: LA, Zip Code: 70116
Purpose of Expenditure: Mileage, Category/Type: 002
Date of Public Distribution/Dissemination: 12/01/2014
Amount: 18.00
Transaction ID: 75405899-ec45-4738-8
Date of Disbursement or Obligation: 12/01/2014
Name of Federal Candidate: Ms. Mary L Landrieu, Support: [ ], Oppose: [X]
Office Sought: [ ] House, [X] Senate, District: 00, State: LA
Calendar Year-To-Date Per Election for Office Sought: 554635.78
Disbursement For: [ ] Primary, [ ] General, [X] Other (specify) Runoff

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

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.
Ms. Emily Buchanan
[Electronically Filed]
Date: 05/18/2015
Signature

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>	<b>FEC IDENTIFICATION NUMBER</b> ▼ <b>C</b> C00530766
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span>	

Full Name of Payee <b>Antoinette Franklin</b>	Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 12 / 01 / 2014
Mailing Address 8822 Apple St	Amount <span style="border: 1px solid black; padding: 2px;">60.00</span>
City State Zip Code New Orleans LA 70188	<b>Transaction ID : 0e2167e6-25cb-4764-a</b> Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 12 / 01 / 2014
Purpose of Expenditure Salary	Category/Type <span style="border: 1px solid black; padding: 2px;">001</span>
Name of Federal Candidate Ms. Mary L Landrieu	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>LA</u>
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">554635.78</span>	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input checked="" type="checkbox"/> Other (specify) ▶ <u>Runoff</u>

Full Name of Payee <b>Antoinette Franklin</b>	Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 12 / 01 / 2014
Mailing Address 8822 Apple St	Amount <span style="border: 1px solid black; padding: 2px;">15.00</span>
City State Zip Code New Orleans LA 70188	<b>Transaction ID : 36737531-d621-4032-b</b> Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 12 / 01 / 2014
Purpose of Expenditure Mileage	Category/Type <span style="border: 1px solid black; padding: 2px;">002</span>
Name of Federal Candidate Ms. Mary L Landrieu	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>LA</u>
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">554635.78</span>	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input checked="" type="checkbox"/> Other (specify) ▶ <u>Runoff</u>

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶	<span style="border: 1px solid black; padding: 2px;">75.00</span>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	<span style="border: 1px solid black; padding: 2px;"> </span>
(c) <b>TOTAL</b> Independent Expenditures..... ▶	<span style="border: 1px solid black; padding: 2px;"> </span>

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

*Ms. Emily Buchanan* [Electronically Filed] Date M M / D D / Y Y Y Y Y Y  
05 / 18 / 2015

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In 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: Sheri J Peace
Mailing Address: 9685 Paula St
City: Keithville, State: LA, Zip Code: 71047
Purpose of Expenditure: Salary, Category/Type: 001
Date of Public Distribution/Dissemination: 12/01/2014
Amount: 100.00
Transaction ID: 28a83f1f-92d1-4037-9
Date of Disbursement or Obligation: 12/01/2014
Name of Federal Candidate: Ms. Mary L Landrieu
Office Sought: Senate, State: LA
Disbursement For: Other (specify) Runoff

Full Name of Payee: Sheri J Peace
Mailing Address: 9685 Paula St
City: Keithville, State: LA, Zip Code: 71047
Purpose of Expenditure: Mileage, Category/Type: 002
Date of Public Distribution/Dissemination: 12/01/2014
Amount: 50.40
Transaction ID: ed3bf9b0-d8aa-4fb4-a
Date of Disbursement or Obligation: 12/01/2014
Name of Federal Candidate: Ms. Mary L Landrieu
Office Sought: Senate, State: LA
Disbursement For: Other (specify) Runoff

(a) SUBTOTAL of Itemized Independent Expenditures: 150.40
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL Independent Expenditures

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

Signature: Ms. Emily Buchanan [Electronically Filed] Date: 05/18/2015





SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

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

Full Name of Payee
Amanda Boley
Mailing Address
Split Oak Drive
City
charlotte State
NC Zip Code
28227
Purpose of Expenditure
Salary Category/
Type 001
Name of Federal Candidate
Ms. Mary L Landrieu
Support Oppose
Office Sought: House Senate State: LA
Calendar Year-To-Date
Per Election for Office Sought 554635.78

Date of Public Distribution/Dissemination
12 / 01 / 2014
Amount
91.50
Transaction ID : 88f8ca83-cceb-4371-8
Date of Disbursement or Obligation
12 / 01 / 2014
Disbursement For: Primary General
Other (specify) Runoff

Full Name of Payee
Amanda Boley
Mailing Address
Split Oak Drive
City
charlotte State
NC Zip Code
28227
Purpose of Expenditure
Mileage Category/
Type 002
Name of Federal Candidate
Ms. Mary L Landrieu
Support Oppose
Office Sought: House Senate State: LA
Calendar Year-To-Date
Per Election for Office Sought 554635.78

Date of Public Distribution/Dissemination
12 / 01 / 2014
Amount
26.43
Transaction ID : 0992976b-304d-4c77-9
Date of Disbursement or Obligation
12 / 01 / 2014
Disbursement For: Primary General
Other (specify) Runoff

(a) SUBTOTAL of Itemized Independent Expenditures 117.93
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL Independent Expenditures

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

Ms. Emily Buchanan
[Electronically Filed]
Date 05 / 18 / 2015
Signature

















SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

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

Full Name of Payee Jessica R Resendiz
Mailing Address 9685 Paula St
City Keithville State LA Zip Code 71047
Purpose of Expenditure Salary Category/Type 001
Date of Public Distribution/Dissemination 12/01/2014
Amount 80.00
Transaction ID : 28ea313c-937b-48fb-8
Date of Disbursement or Obligation 12/01/2014
Name of Federal Candidate Ms. Mary L Landrieu Support Oppose
Office Sought: House Senate State: LA
Calendar Year-To-Date Per Election for Office Sought 554635.78
Disbursement For: Primary General Other (specify) Runoff

Full Name of Payee Jessica R Resendiz
Mailing Address 9685 Paula St
City Keithville State LA Zip Code 71047
Purpose of Expenditure Mileage Category/Type 002
Date of Public Distribution/Dissemination 12/01/2014
Amount 32.40
Transaction ID : 23d75c3c-a182-437b-b
Date of Disbursement or Obligation 12/01/2014
Name of Federal Candidate Ms. Mary L Landrieu Support Oppose
Office Sought: House Senate State: LA
Calendar Year-To-Date Per Election for Office Sought 554635.78
Disbursement For: Primary General Other (specify) Runoff

(a) SUBTOTAL of Itemized Independent Expenditures 112.40
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL Independent Expenditures

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.
Ms. Emily Buchanan [Electronically Filed] Date 05/18/2015
Signature

### SCHEDULE E (FEC Form 3X) ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>		FEC IDENTIFICATION NUMBER <b>C</b> C00530766
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		MM / DD / YYYY

Full Name of Payee <b>Patricia F Arnold</b>		Date of Public Distribution/Dissemination MM / DD / YYYY 12 / 01 / 2014
Mailing Address 1117 Clipper Dr		Amount 18.00
City Slidell State LA Zip Code 70458	Purpose of Expenditure Salary	Transaction ID : 067782a9-eebd-4a21-8 Date of Disbursement or Obligation MM / DD / YYYY 12 / 01 / 2014
Purpose of Expenditure Salary	Category/Type 001	
Name of Federal Candidate Ms. Mary L Landrieu	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: LA
Calendar Year-To-Date Per Election for Office Sought 554635.78		Disbursement For: 2014 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▶ Runoff

Full Name of Payee <b>Patricia F Arnold</b>		Date of Public Distribution/Dissemination MM / DD / YYYY 12 / 01 / 2014
Mailing Address 1117 Clipper Dr		Amount 2.01
City Slidell State LA Zip Code 70458	Purpose of Expenditure Mileage	Transaction ID : 7567f023-fc64-4b13-b Date of Disbursement or Obligation MM / DD / YYYY 12 / 01 / 2014
Purpose of Expenditure Mileage	Category/Type 002	
Name of Federal Candidate Ms. Mary L Landrieu	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: LA
Calendar Year-To-Date Per Election for Office Sought 554635.78		Disbursement For: 2014 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▶ Runoff

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	20.01
(b) SUBTOTAL of Unitemized Independent Expenditures..... ▶	
(c) TOTAL Independent Expenditures..... ▶	

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

Ms. Emily Buchanan [Electronically Filed] Date MM / DD / YYYY 05 / 18 / 2015  
Signature

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>	<b>FEC IDENTIFICATION NUMBER</b> ▼ <b>C</b> C00530766
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span>	

Full Name of Payee <b>Debra Lindsey</b>	Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 12 / 01 / 2014
Mailing Address 119 Goldenwood Dr	Amount <span style="border: 1px solid black; padding: 2px;">60.00</span>
City Slidell State LA Zip Code 70461	<b>Transaction ID : 2fetc67c-dffe-4691-9</b> Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 12 / 01 / 2014
Purpose of Expenditure Salary Category/Type 001	Name of Federal Candidate Ms. Mary L Landrieu <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: LA
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">554635.78</span>	Disbursement For: 2014 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▶ Runoff

Full Name of Payee <b>Debra Lindsey</b>	Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 12 / 01 / 2014
Mailing Address 119 Goldenwood Dr	Amount <span style="border: 1px solid black; padding: 2px;">21.00</span>
City Slidell State LA Zip Code 70461	<b>Transaction ID : 9761b811-eeac-4d9f-8</b> Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 12 / 01 / 2014
Purpose of Expenditure Mileage Category/Type 002	Name of Federal Candidate Ms. Mary L Landrieu <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: LA
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">554635.78</span>	Disbursement For: 2014 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▶ Runoff

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶	<span style="border: 1px solid black; padding: 2px;">81.00</span>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	<span style="border: 1px solid black; padding: 2px;"> </span>
(c) <b>TOTAL</b> Independent Expenditures..... ▶	<span style="border: 1px solid black; padding: 2px;"> </span>

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

*Ms. Emily Buchanan* [Electronically Filed] Date M M / D D / Y Y Y Y Y Y  
05 / 18 / 2015

Signature \_\_\_\_\_

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

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

Full Name of Payee: Joshua E Sherman
Mailing Address: 119 Goldenwood Dr
City: Slidell, State: LA, Zip Code: 70461
Purpose of Expenditure: Salary, Category/Type: 001
Date of Public Distribution/Dissemination: 12/01/2014
Amount: 60.00
Transaction ID: 1188a294-012a-43f8-b
Name of Federal Candidate: Ms. Mary L Landrieu, Support: [ ], Oppose: [X]
Office Sought: [ ] House, [X] Senate, District: 00, State: LA
Calendar Year-To-Date Per Election for Office Sought: 554635.78
Disbursement For: [ ] Primary, [ ] General, [X] Other (specify) Runoff

Full Name of Payee: Joshua E Sherman
Mailing Address: 119 Goldenwood Dr
City: Slidell, State: LA, Zip Code: 70461
Purpose of Expenditure: Mileage, Category/Type: 002
Date of Public Distribution/Dissemination: 12/01/2014
Amount: 21.00
Transaction ID: 3d523c13-c86f-4701-9
Name of Federal Candidate: Ms. Mary L Landrieu, Support: [ ], Oppose: [X]
Office Sought: [ ] House, [X] Senate, District: 00, State: LA
Calendar Year-To-Date Per Election for Office Sought: 554635.78
Disbursement For: [ ] Primary, [ ] General, [X] Other (specify) Runoff

(a) SUBTOTAL of Itemized Independent Expenditures: 81.00
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL Independent Expenditures

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.
Ms. Emily Buchanan [Electronically Filed] Date 05/18/2015
Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

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

Full Name of Payee Alice K Salazar

Mailing Address 605 W Houston St

City Marshall State TX Zip Code 75633

Purpose of Expenditure Salary Category/Type 001

Date of Public Distribution/Dissemination 12 / 01 / 2014

Amount 70.00
Transaction ID : cc9f616b-8e59-4ef3-9

Date of Disbursement or Obligation 12 / 01 / 2014

Name of Federal Candidate Ms. Mary L Landrieu Support Oppose

Office Sought: House Senate District: 00 State: LA

Calendar Year-To-Date Per Election for Office Sought 554635.78

Disbursement For: Primary General 2014 Other (specify) Runoff

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

Date of Public Distribution/Dissemination 12 / 01 / 2014

Amount 50.40
Transaction ID : bab70bd9-8587-462d-9

Date of Disbursement or Obligation 12 / 01 / 2014

Name of Federal Candidate Ms. Mary L Landrieu Support Oppose

Office Sought: House Senate District: 00 State: LA

Calendar Year-To-Date Per Election for Office Sought 554635.78

Disbursement For: Primary General 2014 Other (specify) Runoff

(a) SUBTOTAL of Itemized Independent Expenditures 120.40
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL Independent Expenditures

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

Signature Ms. Emily Buchanan [Electronically Filed] Date 05 / 18 / 2015

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In 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: Jeremiah E Sherman
Mailing Address: 119 Goldenwood Dr
City: Slidell, State: LA, Zip Code: 70461
Purpose of Expenditure: Salary, Category/Type: 001
Date of Public Distribution/Dissemination: 12/01/2014
Amount: 60.00
Transaction ID: de407bff-4e99-458c-9
Name of Federal Candidate: Ms. Mary L Landrieu, Office Sought: Senate, State: LA
Calendar Year-To-Date Per Election for Office Sought: 554635.78
Disbursement For: Other (specify) Runoff

Full Name of Payee: Jeremiah E Sherman
Mailing Address: 119 Goldenwood Dr
City: Slidell, State: LA, Zip Code: 70461
Purpose of Expenditure: Mileage, Category/Type: 002
Date of Public Distribution/Dissemination: 12/01/2014
Amount: 21.00
Transaction ID: b7bda586-e6b7-425a-8
Name of Federal Candidate: Ms. Mary L Landrieu, Office Sought: Senate, State: LA
Calendar Year-To-Date Per Election for Office Sought: 554635.78
Disbursement For: Other (specify) Runoff

(a) SUBTOTAL of Itemized Independent Expenditures: 81.00
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL Independent Expenditures

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.
Ms. Emily Buchanan [Electronically Filed] Date 05/18/2015
Signature



SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In 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: Gregory Green
Mailing Address: 2506 Bolch Street
City: Shreveport, State: LA, Zip Code: 71104
Purpose of Expenditure: Salary, Category/Type: 001
Date of Public Distribution/Dissemination: 12/01/2014
Amount: 80.00
Transaction ID: 3ea20606-1d29-41ea-a
Date of Disbursement or Obligation: 12/01/2014
Name of Federal Candidate: Ms. Mary L Landrieu
Office Sought: Senate, State: LA
Calendar Year-To-Date Per Election for Office Sought: 554635.78
Disbursement For: Other (specify) Runoff

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
Date of Public Distribution/Dissemination: 12/01/2014
Amount: 58.50
Transaction ID: 2f8405dd-1a20-45c5-9
Date of Disbursement or Obligation: 12/01/2014
Name of Federal Candidate: Ms. Mary L Landrieu
Office Sought: Senate, State: LA
Calendar Year-To-Date Per Election for Office Sought: 554635.78
Disbursement For: Other (specify) Runoff

(a) SUBTOTAL of Itemized Independent Expenditures: 138.50
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL Independent Expenditures

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

Ms. Emily Buchanan [Electronically Filed] Date 05/18/2015
Signature



SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

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

Full Name of Payee Heather A Smith
Mailing Address 995 Clairborne Rd
City Calhoun State LA Zip Code 71225
Purpose of Expenditure Salary Category/Type 001
Date of Public Distribution/Dissemination 12/01/2014
Amount 23.00
Transaction ID : 4cf669b7-01c0-4484-8
Date of Disbursement or Obligation 12/01/2014
Name of Federal Candidate Ms. Mary L Landrieu Support Oppose
Office Sought: House Senate State: LA
Calendar Year-To-Date Per Election for Office Sought 554635.78
Disbursement For: Primary General Other (specify) Runoff

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
Date of Public Distribution/Dissemination 12/01/2014
Amount 6.00
Transaction ID : 2ed387d1-1418-45b2-9
Date of Disbursement or Obligation 12/01/2014
Name of Federal Candidate Ms. Mary L Landrieu Support Oppose
Office Sought: House Senate State: LA
Calendar Year-To-Date Per Election for Office Sought 554635.78
Disbursement For: Primary General Other (specify) Runoff

(a) SUBTOTAL of Itemized Independent Expenditures 29.00
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL Independent Expenditures

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.
Ms. Emily Buchanan [Electronically Filed] Date 05/18/2015
Signature

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>	<b>FEC IDENTIFICATION NUMBER ▼</b> <div style="border: 1px solid black; padding: 2px; display: inline-block;"> <span style="font-size: 1.5em; font-weight: bold; border: 1px solid black;">C</span> C00530766                 </div>
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee <b>Billy Martin</b>	Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px; display: inline-block;"> <span style="font-size: 0.8em;">M M / D D / Y Y Y Y Y Y</span>                      12 / 01 / 2014                 </div>
Mailing Address    250 Js Brewton RD	Amount <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px;">                     50.00                 </div>
City    State    Zip Code Goldonna    LA    71031	<b>Transaction ID : 291733bd-72e7-40b1-9</b> Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px; display: inline-block;"> <span style="font-size: 0.8em;">M M / D D / Y Y Y Y Y Y</span>                      12 / 01 / 2014                 </div>
Purpose of Expenditure Salary	Category/Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">001</div>
Name of Federal Candidate Ms. Mary L Landrieu	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House    District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate    State: <u>LA</u>
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px;">554635.78</div>	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input checked="" type="checkbox"/> Other (specify) ▶    Runoff

Full Name of Payee <b>Billy Martin</b>	Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px; display: inline-block;"> <span style="font-size: 0.8em;">M M / D D / Y Y Y Y Y Y</span>                      12 / 01 / 2014                 </div>
Mailing Address    250 Js Brewton RD	Amount <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px;">                     4.50                 </div>
City    State    Zip Code Goldonna    LA    71031	<b>Transaction ID : 0eb31e82-6b4f-4a5e-8</b> Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px; display: inline-block;"> <span style="font-size: 0.8em;">M M / D D / Y Y Y Y Y Y</span>                      12 / 01 / 2014                 </div>
Purpose of Expenditure Mileage	Category/Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">002</div>
Name of Federal Candidate Ms. Mary L Landrieu	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House    District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate    State: <u>LA</u>
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px;">554635.78</div>	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input checked="" type="checkbox"/> Other (specify) ▶    Runoff

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶	54.50
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	
(c) <b>TOTAL</b> Independent Expenditures..... ▶	

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

Ms. Emily Buchanan    *[Electronically Filed]*    Date    

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

Signature \_\_\_\_\_

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

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

Full Name of Payee ERIC TABARY
Mailing Address 6101 NORA ST
City METAIRIE State LA Zip Code 70003
Purpose of Expenditure Salary Category/Type 001
Date of Public Distribution/Dissemination 12/01/2014
Amount 60.00
Transaction ID : 0bafc890-514f-43e5-9
Date of Disbursement or Obligation 12/01/2014
Name of Federal Candidate Ms. Mary L Landrieu Support Oppose
Office Sought: House Senate State: LA
Calendar Year-To-Date Per Election for Office Sought 554635.78
Disbursement For: Primary General Other (specify) Runoff

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
Date of Public Distribution/Dissemination 12/01/2014
Amount 4.20
Transaction ID : 85a3a8c8-d2d6-49f6-9
Date of Disbursement or Obligation 12/01/2014
Name of Federal Candidate Ms. Mary L Landrieu Support Oppose
Office Sought: House Senate State: LA
Calendar Year-To-Date Per Election for Office Sought 554635.78
Disbursement For: Primary General Other (specify) Runoff

(a) SUBTOTAL of Itemized Independent Expenditures 64.20
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL Independent Expenditures

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

Ms. Emily Buchanan [Electronically Filed] Date 05/18/2015
Signature

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>	<b>FEC IDENTIFICATION NUMBER</b> ▼ <b>C</b> C00530766
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span>	

Full Name of Payee <b>Aaron R Cowart</b>	Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 12 / 01 / 2014
Mailing Address 184 South Military Rd	Amount <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 35.00
City Slidell State LA Zip Code 70458	<b>Transaction ID : 219ef49f-b286-4430-8</b> Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 12 / 01 / 2014
Purpose of Expenditure Salary Category/Type 001	Name of Federal Candidate Ms. Mary L Landrieu <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: LA
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 554635.78	Disbursement For: 2014 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▶ Runoff

Full Name of Payee <b>Aaron R Cowart</b>	Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 12 / 01 / 2014
Mailing Address 184 South Military Rd	Amount <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 3.00
City Slidell State LA Zip Code 70458	<b>Transaction ID : fa72af07-7321-4743-9</b> Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 12 / 01 / 2014
Purpose of Expenditure Mileage Category/Type 002	Name of Federal Candidate Ms. Mary L Landrieu <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: LA
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 554635.78	Disbursement For: 2014 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▶ Runoff

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶	<span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 38.00
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	<span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span>
(c) <b>TOTAL</b> Independent Expenditures..... ▶	<span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span>

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

*Ms. Emily Buchanan* [Electronically Filed] Date M M / D D / Y Y Y Y Y Y 05 / 18 / 2015

Signature \_\_\_\_\_

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>	<b>FEC IDENTIFICATION NUMBER</b> ▼ <b>C</b> C00530766
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee <b>Rebecca A Calvert</b>	Date of Public Distribution/Dissemination MM / DD / YYYY 12 / 01 / 2014
Mailing Address 20116 Medus St	Amount 27.50
City Covington      State LA      Zip Code 70435	<b>Transaction ID : 7b24ca49-c530-470a-b</b>
Purpose of Expenditure Salary	Date of Disbursement or Obligation MM / DD / YYYY 12 / 01 / 2014
Name of Federal Candidate Ms. Mary L Landrieu	Category/Type 001
Name of Federal Candidate Ms. Mary L Landrieu	Office Sought: <input type="checkbox"/> House    District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate    State: LA
Calendar Year-To-Date Per Election for Office Sought	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input checked="" type="checkbox"/> Other (specify) ▶    Runoff
554635.78	

Full Name of Payee <b>Rebecca A Calvert</b>	Date of Public Distribution/Dissemination MM / DD / YYYY 12 / 01 / 2014
Mailing Address 20116 Medus St	Amount 9.00
City Covington      State LA      Zip Code 70435	<b>Transaction ID : d75a8c77-ce40-460f-b</b>
Purpose of Expenditure Mileage	Date of Disbursement or Obligation MM / DD / YYYY 12 / 01 / 2014
Name of Federal Candidate Ms. Mary L Landrieu	Category/Type 002
Name of Federal Candidate Ms. Mary L Landrieu	Office Sought: <input type="checkbox"/> House    District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate    State: LA
Calendar Year-To-Date Per Election for Office Sought	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input checked="" type="checkbox"/> Other (specify) ▶    Runoff
554635.78	

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶	36.50
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	
(c) <b>TOTAL</b> Independent Expenditures..... ▶	

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

*Ms. Emily Buchanan*

Signature \_\_\_\_\_ [Electronically Filed] Date MM / DD / YYYY  
05 / 18 / 2015

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>	<b>FEC IDENTIFICATION NUMBER</b> ▼ <b>C</b> C00530766
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y</span>	

Full Name of Payee <b>Daniel Calvert</b>	Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y</span> 12 / 01 / 2014
Mailing Address 20116 Medus St	Amount <span style="border: 1px solid black; padding: 2px;">27.50</span>
City Covington State LA Zip Code 70435	<b>Transaction ID : 1c0b46ae-bc2f-4e1c-b</b> Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y</span> 12 / 01 / 2014
Purpose of Expenditure Salary Category/Type 001	Name of Federal Candidate Ms. Mary L Landrieu <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: LA
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">554635.78</span>	Disbursement For: 2014 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▶ Runoff

Full Name of Payee <b>Peter A Calvert</b>	Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y</span> 12 / 01 / 2014
Mailing Address 20116 Medus St	Amount <span style="border: 1px solid black; padding: 2px;">27.50</span>
City Covington State LA Zip Code 70435	<b>Transaction ID : d9bbcc7a-f3d1-4101-9</b> Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y</span> 12 / 01 / 2014
Purpose of Expenditure Salary Category/Type 001	Name of Federal Candidate Ms. Mary L Landrieu <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: LA
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">554635.78</span>	Disbursement For: 2014 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▶ Runoff

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶	<span style="border: 1px solid black; padding: 2px;">55.00</span>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	<span style="border: 1px solid black; padding: 2px;"> </span>
(c) <b>TOTAL</b> Independent Expenditures..... ▶	<span style="border: 1px solid black; padding: 2px;"> </span>

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

*Ms. Emily Buchanan* [Electronically Filed] Date M M / D D / Y Y Y Y  
05 / 18 / 2015

Signature \_\_\_\_\_

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>		FEC IDENTIFICATION NUMBER <b>C</b> C00530766
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		

Full Name of Payee <b>Ryan Drake</b>	Date of Public Distribution/Dissemination 12 / 01 / 2014
Mailing Address 29637 Park St	Amount 55.00
City Walker State LA Zip Code 70785	Transaction ID : <b>221b7957-66da-464c-8</b>
Purpose of Expenditure Salary	Date of Disbursement or Obligation 12 / 01 / 2014
Name of Federal Candidate Ms. Mary L Landrieu	Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> Senate State: LA
Calendar Year-To-Date Per Election for Office Sought	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input checked="" type="checkbox"/> Other (specify) ▶ Runoff

Full Name of Payee <b>Ryan Drake</b>	Date of Public Distribution/Dissemination 12 / 01 / 2014
Mailing Address 29637 Park St	Amount 15.00
City Walker State LA Zip Code 70785	Transaction ID : <b>4abd6e74-9bc2-44b6-8</b>
Purpose of Expenditure Mileage	Date of Disbursement or Obligation 12 / 01 / 2014
Name of Federal Candidate Ms. Mary L Landrieu	Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> Senate State: LA
Calendar Year-To-Date Per Election for Office Sought	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input checked="" type="checkbox"/> Other (specify) ▶ Runoff

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	70.00
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

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

*Ms. Emily Buchanan*  
Signature

[Electronically Filed] Date 05 / 18 / 2015

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>		FEC IDENTIFICATION NUMBER <b>C</b> C00530766
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		MM / DD / YYYY

Full Name of Payee <b>Julia Perry</b>		Date of Public Distribution/Dissemination MM / DD / YYYY 12 / 02 / 2014	
Mailing Address 2046 Perrin St Apt C		Amount 100.00	
City Shreveport	State LA	Zip Code 71101	Transaction ID : <b>aead3518-8f23-48a8-b</b>
Purpose of Expenditure Salary	Category/Type 001	Date of Disbursement or Obligation MM / DD / YYYY 12 / 02 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: LA
Calendar Year-To-Date Per Election for Office Sought 554635.78		Disbursement For: 2014 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▶ Runoff	

Full Name of Payee <b>Julia Perry</b>		Date of Public Distribution/Dissemination MM / DD / YYYY 12 / 02 / 2014	
Mailing Address 2046 Perrin St Apt C		Amount 6.00	
City Shreveport	State LA	Zip Code 71101	Transaction ID : <b>e3edc727-8e0e-4138-b</b>
Purpose of Expenditure Mileage	Category/Type 002	Date of Disbursement or Obligation MM / DD / YYYY 12 / 02 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: LA
Calendar Year-To-Date Per Election for Office Sought 554635.78		Disbursement For: 2014 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▶ Runoff	

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶	106.00
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	
(c) <b>TOTAL</b> Independent Expenditures..... ▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or 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 \_\_\_\_\_ Date MM / DD / YYYY 05 / 18 / 2015

[Electronically Filed]



SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

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

Full Name of Payee Felicia A Jones
Mailing Address 4106 Martha St
City Shreveport State LA Zip Code 71109
Purpose of Expenditure Salary Category/Type 001
Date of Public Distribution/Dissemination 12/02/2014
Amount 80.00
Transaction ID : 12173803-708b-4ccf-a
Date of Disbursement or Obligation 12/02/2014
Name of Federal Candidate Ms. Mary L Landrieu
Office Sought: Senate State: LA
Calendar Year-To-Date Per Election for Office Sought 554635.78
Disbursement For: Other (specify) Runoff

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
Date of Public Distribution/Dissemination 12/02/2014
Amount 9.30
Transaction ID : 7745991a-c539-4d3f-8
Date of Disbursement or Obligation 12/02/2014
Name of Federal Candidate Ms. Mary L Landrieu
Office Sought: Senate State: LA
Calendar Year-To-Date Per Election for Office Sought 554635.78
Disbursement For: Other (specify) Runoff

(a) SUBTOTAL of Itemized Independent Expenditures 89.30
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL Independent Expenditures

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.
Ms. Emily Buchanan [Electronically Filed] Date 05/18/2015
Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

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

Full Name of Payee
Hannah J Landry
Mailing Address 1110 N Coolidge
City Gonzales State LA Zip Code 70737
Purpose of Expenditure Salary Category/Type 001
Date of Public Distribution/Dissemination 12/01/2014
Amount 100.00
Transaction ID : e74929bd-21c9-4f40-9
Date of Disbursement or Obligation 12/01/2014
Name of Federal Candidate Ms. Mary L Landrieu Support Oppose
Office Sought: House Senate State: LA
Calendar Year-To-Date Per Election for Office Sought 554635.78
Disbursement For: Primary General Other (specify) Runoff

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
Date of Public Distribution/Dissemination 12/01/2014
Amount 19.71
Transaction ID : 3053807b-31de-4c13-8
Date of Disbursement or Obligation 12/01/2014
Name of Federal Candidate Ms. Mary L Landrieu Support Oppose
Office Sought: House Senate State: LA
Calendar Year-To-Date Per Election for Office Sought 554635.78
Disbursement For: Primary General Other (specify) Runoff

(a) SUBTOTAL of Itemized Independent Expenditures 119.71
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL Independent Expenditures

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

Ms. Emily Buchanan [Electronically Filed] Date 05/18/2015
Signature

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>	<b>FEC IDENTIFICATION NUMBER</b> ▼ <b>C</b> C00530766
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <span style="border: 1px solid black; padding: 2px;">M M M / D D D / Y Y Y Y Y Y</span>	

Full Name of Payee <b>Carl Brent</b>	Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">M M M / D D D / Y Y Y Y Y Y</span> 12 / 01 / 2014
Mailing Address 6718 Lake Willow Dr	Amount <span style="border: 1px solid black; padding: 2px;">80.00</span>
City State Zip Code New Orleans LA 70126	<b>Transaction ID : e2c311bd-4aef-4f14-b</b> Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">M M M / D D D / Y Y Y Y Y Y</span> 12 / 01 / 2014
Purpose of Expenditure Salary	Category/Type <span style="border: 1px solid black; padding: 2px;">001</span>
Name of Federal Candidate Ms. Mary L Landrieu	Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>LA</u>
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">554635.78</span>	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input checked="" type="checkbox"/> Other (specify) ▶ <u>Runoff</u>

Full Name of Payee <b>Carl Brent</b>	Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">M M M / D D D / Y Y Y Y Y Y</span> 12 / 01 / 2014
Mailing Address 6718 Lake Willow Dr	Amount <span style="border: 1px solid black; padding: 2px;">32.70</span>
City State Zip Code New Orleans LA 70126	<b>Transaction ID : 48b64a56-4912-46f5-b</b> Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">M M M / D D D / Y Y Y Y Y Y</span> 12 / 01 / 2014
Purpose of Expenditure Mileage	Category/Type <span style="border: 1px solid black; padding: 2px;">002</span>
Name of Federal Candidate Ms. Mary L Landrieu	Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>LA</u>
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">554635.78</span>	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input checked="" type="checkbox"/> Other (specify) ▶ <u>Runoff</u>

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶	<span style="border: 1px solid black; padding: 2px;">112.70</span>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	<span style="border: 1px solid black; padding: 2px;"> </span>
(c) <b>TOTAL</b> Independent Expenditures..... ▶	<span style="border: 1px solid black; padding: 2px;"> </span>

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

*Ms. Emily Buchanan* [Electronically Filed] Date M M M / D D D / Y Y Y Y Y Y  
05 / 18 / 2015

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

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

Full Name of Payee: Jeanne Tribou
Mailing Address: 22369 Ponderosa Dr.
City: Mandeville, State: LA, Zip Code: 70471
Purpose of Expenditure: Salary, Category/Type: 001
Date of Public Distribution/Dissemination: 12/01/2014
Amount: 30.00
Transaction ID: 92e0d4ea-b5fb-424d-b
Date of Disbursement or Obligation: 12/01/2014
Name of Federal Candidate: Ms. Mary L Landrieu
Office Sought: Senate, State: LA
Disbursement For: Other (specify) Runoff

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
Date of Public Distribution/Dissemination: 12/01/2014
Amount: 6.30
Transaction ID: b3983561-df53-4240-b
Date of Disbursement or Obligation: 12/01/2014
Name of Federal Candidate: Ms. Mary L Landrieu
Office Sought: Senate, State: LA
Disbursement For: Other (specify) Runoff

(a) SUBTOTAL of Itemized Independent Expenditures: 36.30
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL Independent Expenditures

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

Signature: Ms. Emily Buchanan [Electronically Filed] Date: 05/18/2015

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>	<b>FEC IDENTIFICATION NUMBER</b> ▼ <b>C</b> C00530766
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee <b>Mary C Lee</b>	Date of Public Distribution/Dissemination 12 / 01 / 2014
Mailing Address 1030 N Coolidge Ave	Amount 100.00
City Gonzales      State LA      Zip Code 70737	<b>Transaction ID : 0029c2fe-fb9b-4de6-8</b>
Purpose of Expenditure Salary      Category/Type 001	Date of Disbursement or Obligation 12 / 01 / 2014
Name of Federal Candidate Ms. Mary L Landriau <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House    District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate    State: LA
Calendar Year-To-Date Per Election for Office Sought 554635.78	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input checked="" type="checkbox"/> Other (specify) ▶    Runoff

Full Name of Payee <b>Mary C Lee</b>	Date of Public Distribution/Dissemination 12 / 01 / 2014
Mailing Address 1030 N Coolidge Ave	Amount 19.71
City Gonzales      State LA      Zip Code 70737	<b>Transaction ID : 710d210a-55bd-4aa7-9</b>
Purpose of Expenditure Mileage      Category/Type 002	Date of Disbursement or Obligation 12 / 01 / 2014
Name of Federal Candidate Ms. Mary L Landriau <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House    District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate    State: LA
Calendar Year-To-Date Per Election for Office Sought 554635.78	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input checked="" type="checkbox"/> Other (specify) ▶    Runoff

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶	119.71
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	
(c) <b>TOTAL</b> Independent Expenditures..... ▶	

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

*Ms. Emily Buchanan*      [Electronically Filed]      Date 05 / 18 / 2015

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In 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: Jenny N Brown
Mailing Address: 1270 Lovelady Rd
City: West Monroe, State: LA, Zip Code: 71292
Purpose of Expenditure: Salary, Category/Type: 001
Date of Public Distribution/Dissemination: 12/01/2014
Amount: 40.00
Transaction ID: bc5d91a7-5c54-4dae-8
Date of Disbursement or Obligation: 12/01/2014
Name of Federal Candidate: Ms. Mary L Landrieu, Support: [ ], Oppose: [X]
Office Sought: [ ] House, [X] Senate, District: 00, State: LA
Calendar Year-To-Date Per Election for Office Sought: 554635.78
Disbursement For: [ ] Primary, [ ] General, [X] Other (specify) Runoff

Full Name of Payee: Jenny N Brown
Mailing Address: 1270 Lovelady Rd
City: West Monroe, State: LA, Zip Code: 71292
Purpose of Expenditure: Mileage, Category/Type: 002
Date of Public Distribution/Dissemination: 12/01/2014
Amount: 9.00
Transaction ID: 32818fc5-c60c-4924-9
Date of Disbursement or Obligation: 12/01/2014
Name of Federal Candidate: Ms. Mary L Landrieu, Support: [ ], Oppose: [X]
Office Sought: [ ] House, [X] Senate, District: 00, State: LA
Calendar Year-To-Date Per Election for Office Sought: 554635.78
Disbursement For: [ ] Primary, [ ] General, [X] Other (specify) Runoff

(a) SUBTOTAL of Itemized Independent Expenditures..... 49.00
(b) SUBTOTAL of Unitemized Independent Expenditures .....
(c) TOTAL Independent Expenditures.....

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.
Ms. Emily Buchanan [Electronically Filed] Date 05/18/2015
Signature

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>	<b>FEC IDENTIFICATION NUMBER</b> ▼ <b>C</b> C00530766
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y</span>	

Full Name of Payee <b>Felicia A Jones</b>	Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y</span> 12 / 01 / 2014
Mailing Address 4106 Martha St	Amount <span style="border: 1px solid black; padding: 2px;">80.00</span>
City Shreveport      State LA      Zip Code 71109	<b>Transaction ID : f95a145c-d684-4a05-a</b> Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y</span> 12 / 01 / 2014
Purpose of Expenditure Salary      Category/Type <span style="border: 1px solid black; padding: 2px;">001</span>	Name of Federal Candidate Ms. Mary L Landrieu <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">554635.78</span>	Office Sought: <input type="checkbox"/> House    District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate    State: <u>LA</u>
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input checked="" type="checkbox"/> Other (specify) ▶    Runoff

Full Name of Payee <b>Felicia A Jones</b>	Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y</span> 12 / 01 / 2014
Mailing Address 4106 Martha St	Amount <span style="border: 1px solid black; padding: 2px;">9.30</span>
City Shreveport      State LA      Zip Code 71109	<b>Transaction ID : ce54fe0d-788e-447b-9</b> Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y</span> 12 / 01 / 2014
Purpose of Expenditure Mileage      Category/Type <span style="border: 1px solid black; padding: 2px;">002</span>	Name of Federal Candidate Ms. Mary L Landrieu <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">554635.78</span>	Office Sought: <input type="checkbox"/> House    District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate    State: <u>LA</u>
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input checked="" type="checkbox"/> Other (specify) ▶    Runoff

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶	<span style="border: 1px solid black; padding: 2px;">89.30</span>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	<span style="border: 1px solid black; padding: 2px;"> </span>
(c) <b>TOTAL</b> Independent Expenditures..... ▶	<span style="border: 1px solid black; padding: 2px;"> </span>

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

*Ms. Emily Buchanan*      **[Electronically Filed]**      Date M M / D D / Y Y Y Y  
05 / 18 / 2015

Signature \_\_\_\_\_

### SCHEDULE E (FEC Form 3X) ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>	<b>FEC IDENTIFICATION NUMBER</b> <span style="border: 1px solid black; padding: 2px;">C C00530766</span>
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <span style="border: 1px solid black; padding: 2px;">M M M / D D D / Y Y Y Y Y Y</span>	

Full Name of Payee <b>Julia Perry</b>	Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> <b>12 / 01 / 2014</b>
Mailing Address <b>2046 Perrin St Apt C</b>	Amount <span style="border: 1px solid black; padding: 2px;">100.00</span>
City <b>Shreveport</b> State <b>LA</b> Zip Code <b>71101</b>	<b>Transaction ID : 9610ff17-cc51-450e-9</b> Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> <b>12 / 01 / 2014</b>
Purpose of Expenditure Salary      Category/Type <span style="border: 1px solid black; padding: 2px;">001</span>	Name of Federal Candidate <b>Ms. Mary L Landrieu</b> <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose      Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate      District: <u>00</u> <input type="checkbox"/> President      State: <u>LA</u>
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">554635.78</span>	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) <u>Runoff</u> 2014

Full Name of Payee <b>Julia Perry</b>	Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> <b>12 / 01 / 2014</b>
Mailing Address <b>2046 Perrin St Apt C</b>	Amount <span style="border: 1px solid black; padding: 2px;">7.50</span>
City <b>Shreveport</b> State <b>LA</b> Zip Code <b>71101</b>	<b>Transaction ID : 1da05b18-f7dd-40fb-9</b> Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> <b>12 / 01 / 2014</b>
Purpose of Expenditure Mileage      Category/Type <span style="border: 1px solid black; padding: 2px;">002</span>	Name of Federal Candidate <b>Ms. Mary L Landrieu</b> <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose      Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate      District: <u>00</u> <input type="checkbox"/> President      State: <u>LA</u>
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">554635.78</span>	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) <u>Runoff</u> 2014

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures.....▶	<span style="border: 1px solid black; padding: 2px;">107.50</span>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures.....▶	<span style="border: 1px solid black; padding: 2px;"> </span>
(c) <b>TOTAL</b> Independent Expenditures.....▶	<span style="border: 1px solid black; padding: 2px;"> </span>

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures.....▶	<span style="border: 1px solid black; padding: 2px;">107.50</span>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures.....▶	<span style="border: 1px solid black; padding: 2px;"> </span>
(c) <b>TOTAL</b> Independent Expenditures.....▶	<span style="border: 1px solid black; padding: 2px;"> </span>

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

*Ms. Emily Buchanan*  
Signature

[Electronically Filed]

Date M M / D D / Y Y Y Y Y Y  
**05 / 18 / 2015**



**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>	<b>FEC IDENTIFICATION NUMBER ▼</b> <b>C</b> C00530766
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span>	

Full Name of Payee <b>Jerome M Weil</b>	Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 12 / 02 / 2014
Mailing Address 101 Durham Drive	Amount <span style="border: 1px solid black; padding: 2px;">20.00</span>
City Lafayette State LA Zip Code 70508	<b>Transaction ID : 8f394849-76ca-48c7-b</b> Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 12 / 02 / 2014
Purpose of Expenditure Salary Category/Type 001	Name of Federal Candidate Ms. Mary L Landrieu <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: LA
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">554635.78</span>	Disbursement For: 2014 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▶ Runoff

Full Name of Payee <b>Jerome M Weil</b>	Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 12 / 02 / 2014
Mailing Address 101 Durham Drive	Amount <span style="border: 1px solid black; padding: 2px;">4.50</span>
City Lafayette State LA Zip Code 70508	<b>Transaction ID : 39e441be-1427-491a-b</b> Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 12 / 02 / 2014
Purpose of Expenditure Mileage Category/Type 002	Name of Federal Candidate Ms. Mary L Landrieu <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: LA
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">554635.78</span>	Disbursement For: 2014 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▶ Runoff

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures.....▶	<span style="border: 1px solid black; padding: 2px;">24.50</span>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures.....▶	<span style="border: 1px solid black; padding: 2px;"> </span>
(c) <b>TOTAL</b> Independent Expenditures.....▶	<span style="border: 1px solid black; padding: 2px;"> </span>

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

*Ms. Emily Buchanan* [Electronically Filed] Date M M / D D / Y Y Y Y Y Y  
05 / 18 / 2015

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In 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: Scott Smith
Mailing Address: 405 Pennsylvania St
City: New Roads, State: LA, Zip Code: 70760
Purpose of Expenditure: Salary, Category/Type: 001
Date of Public Distribution/Dissemination: 12/02/2014
Amount: 10.00
Transaction ID: 0692ff22-e14b-4453-a
Date of Disbursement or Obligation: 12/02/2014
Name of Federal Candidate: Ms. Mary L Landrieu, Support: [ ], Oppose: [X]
Office Sought: [ ] House, [X] Senate, District: 00, State: LA
Calendar Year-To-Date Per Election for Office Sought: 554635.78
Disbursement For: [X] Other (specify) Runoff

Full Name of Payee: Scott Smith
Mailing Address: 405 Pennsylvania St
City: New Roads, State: LA, Zip Code: 70760
Purpose of Expenditure: Mileage, Category/Type: 002
Date of Public Distribution/Dissemination: 12/02/2014
Amount: 18.00
Transaction ID: 60ad7674-7e04-4d9e-a
Date of Disbursement or Obligation: 12/02/2014
Name of Federal Candidate: Ms. Mary L Landrieu, Support: [ ], Oppose: [X]
Office Sought: [ ] House, [X] Senate, District: 00, State: LA
Calendar Year-To-Date Per Election for Office Sought: 554635.78
Disbursement For: [X] Other (specify) Runoff

(a) SUBTOTAL of Itemized Independent Expenditures: 28.00
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL Independent Expenditures

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

Signature: Ms. Emily Buchanan [Electronically Filed] Date: 05/18/2015

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

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

Full Name of Payee: Jeanne Tribou
Mailing Address: 22369 Ponderosa Dr.
City: Mandeville, State: LA, Zip Code: 70471
Purpose of Expenditure: Salary, Category/Type: 001
Amount: 40.00
Transaction ID: d78cfb8f-c88b-4048-b
Date of Disbursement or Obligation: 12/02/2014
Name of Federal Candidate: Ms. Mary L Landrieu, Support: [ ], Oppose: [X]
Office Sought: [ ] House, [X] Senate, District: 00, State: LA
Calendar Year-To-Date Per Election for Office Sought: 554635.78
Disbursement For: [ ] Primary, [ ] General, [X] Other (specify) Runoff

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
Amount: 5.10
Transaction ID: bfadabca-830a-4e0a-a
Date of Disbursement or Obligation: 12/02/2014
Name of Federal Candidate: Ms. Mary L Landrieu, Support: [ ], Oppose: [X]
Office Sought: [ ] House, [X] Senate, District: 00, State: LA
Calendar Year-To-Date Per Election for Office Sought: 554635.78
Disbursement For: [ ] Primary, [ ] General, [X] Other (specify) Runoff

(a) SUBTOTAL of Itemized Independent Expenditures: 45.10
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL Independent Expenditures

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.
Ms. Emily Buchanan [Electronically Filed] Date 05/18/2015
Signature

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>	FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00530766
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y</span>	

Full Name of Payee <b>Corey S McKnight</b>	Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y</span> 12 / 02 / 2014
Mailing Address 1510 Bailey St	Amount <span style="border: 1px solid black; padding: 2px;">40.00</span>
City State Zip Code West Monroe LA 71292	
Purpose of Expenditure Salary	Category/Type <span style="border: 1px solid black; padding: 2px;">001</span>
Name of Federal Candidate Ms. Mary L Landrieu	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>LA</u>
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">554635.78</span>	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▶ <u>Runoff</u> 2014

Full Name of Payee <b>Heather A Smith</b>	Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y</span> 12 / 02 / 2014
Mailing Address 995 Clairborne Rd	Amount <span style="border: 1px solid black; padding: 2px;">40.00</span>
City State Zip Code Calhoun LA 71225	
Purpose of Expenditure Salary	Category/Type <span style="border: 1px solid black; padding: 2px;">001</span>
Name of Federal Candidate Ms. Mary L Landrieu	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>LA</u>
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">554635.78</span>	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▶ <u>Runoff</u> 2014

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶	<span style="border: 1px solid black; padding: 2px;">80.00</span>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	<span style="border: 1px solid black; padding: 2px;"> </span>
(c) <b>TOTAL</b> Independent Expenditures..... ▶	<span style="border: 1px solid black; padding: 2px;"> </span>

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

Signature Ms. Emily Buchanan [Electronically Filed] Date M M / D D / Y Y Y Y  
05 / 18 / 2015

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>	<b>FEC IDENTIFICATION NUMBER ▼</b> <b>C</b> C00530766
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span>	

Full Name of Payee <b>Heather A Smith</b>	Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 12 / 02 / 2014
Mailing Address 995 Clairborne Rd	Amount <span style="border: 1px solid black; padding: 2px;">15.00</span>
City State Zip Code Calhoun LA 71225	<b>Transaction ID : e7434428-948e-4994-8</b> Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 12 / 02 / 2014
Purpose of Expenditure Mileage	Category/Type <span style="border: 1px solid black; padding: 2px;">002</span>
Name of Federal Candidate Ms. Mary L Landrieu	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>LA</u>
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">554635.78</span>	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input checked="" type="checkbox"/> Other (specify) ▶ <u>Runoff</u>

Full Name of Payee <b>Amanda Boley</b>	Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 12 / 02 / 2014
Mailing Address Split Oak Drive	Amount <span style="border: 1px solid black; padding: 2px;">91.50</span>
City State Zip Code charlotte NC 28227	<b>Transaction ID : ed809f1a-a5e8-4a3b-9</b> Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 12 / 02 / 2014
Purpose of Expenditure Salary	Category/Type <span style="border: 1px solid black; padding: 2px;">001</span>
Name of Federal Candidate Ms. Mary L Landrieu	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>LA</u>
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">554635.78</span>	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input checked="" type="checkbox"/> Other (specify) ▶ <u>Runoff</u>

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶	<span style="border: 1px solid black; padding: 2px;">106.50</span>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	<span style="border: 1px solid black; padding: 2px;"> </span>
(c) <b>TOTAL</b> Independent Expenditures..... ▶	<span style="border: 1px solid black; padding: 2px;"> </span>

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

*Ms. Emily Buchanan*

Signature \_\_\_\_\_ [Electronically Filed] Date M M / D D / Y Y Y Y Y Y  
05 / 18 / 2015

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

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

Full Name of Payee
Amanda Boley
Mailing Address
Split Oak Drive
City
charlotte State
NC Zip Code
28227
Date of Public Distribution/Dissemination
12 / 02 / 2014
Amount
27.57
Transaction ID : 486857b0-8e62-45e9-9
Date of Disbursement or Obligation
12 / 02 / 2014
Purpose of Expenditure
Mileage Category/Type
002
Name of Federal Candidate
Ms. Mary L Landrieu
Office Sought:
Senate State:
LA
Calendar Year-To-Date
Per Election for Office Sought
554635.78
Disbursement For:
Other (specify)
Runoff

Full Name of Payee
Jenny N Brown
Mailing Address
1270 Lovelady Rd
City
West Monroe State
LA Zip Code
71292
Date of Public Distribution/Dissemination
12 / 02 / 2014
Amount
50.00
Transaction ID : 3d64155e-686f-4eb1-9
Date of Disbursement or Obligation
12 / 02 / 2014
Purpose of Expenditure
Salary Category/Type
001
Name of Federal Candidate
Ms. Mary L Landrieu
Office Sought:
Senate State:
LA
Calendar Year-To-Date
Per Election for Office Sought
554635.78
Disbursement For:
Other (specify)
Runoff

(a) SUBTOTAL of Itemized Independent Expenditures..... 77.57
(b) SUBTOTAL of Unitemized Independent Expenditures .....
(c) TOTAL Independent Expenditures.....

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.
Ms. Emily Buchanan
[Electronically Filed]
Date
05 / 18 / 2015
Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In 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
Jenny N Brown
Mailing Address
1270 Lovelady Rd
City
West Monroe State
LA Zip Code
71292
Purpose of Expenditure
Mileage Category/
Type 002
Name of Federal Candidate
Ms. Mary L Landrieu
Support Oppose
Calendar Year-To-Date
Per Election for Office Sought
554635.78

Date of Public Distribution/Dissemination
12 / 02 / 2014
Amount
12.00
Transaction ID : bbfe75f6-6be6-4a34-b
Date of Disbursement or Obligation
12 / 02 / 2014
Office Sought: House District: 00
Senate State: LA
Disbursement For: Primary General
Other (specify) Runoff

Full Name of Payee
Beau Autin
Mailing Address
345 Auroura Ave
City
Metairie State
LA Zip Code
70006
Purpose of Expenditure
Salary Category/
Type 001
Name of Federal Candidate
Ms. Mary L Landrieu
Support Oppose
Calendar Year-To-Date
Per Election for Office Sought
554635.78

Date of Public Distribution/Dissemination
12 / 02 / 2014
Amount
50.00
Transaction ID : 06437dba-4c05-46da-9
Date of Disbursement or Obligation
12 / 02 / 2014
Office Sought: House District: 00
Senate State: LA
Disbursement For: Primary General
Other (specify) Runoff

(a) SUBTOTAL of Itemized Independent Expenditures..... 62.00
(b) SUBTOTAL of Unitemized Independent Expenditures .....
(c) TOTAL Independent Expenditures.....

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.
Ms. Emily Buchanan [Electronically Filed] Date 05 / 18 / 2015
Signature

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>		FEC IDENTIFICATION NUMBER <b>C</b> C00530766
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		

Full Name of Payee <b>Beau Autin</b>		Date of Public Distribution/Dissemination 12 / 02 / 2014
Mailing Address 345 Auroura Ave		Amount 2.07
City Metairie	State LA	Zip Code 70006
Purpose of Expenditure Mileage	Category/ Type 002	Transaction ID : 2372d912-9b4e-4f40-9 Date of Disbursement or Obligation 12 / 02 / 2014
Name of Federal Candidate Ms. Mary L Landrieu	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: LA
Calendar Year-To-Date Per Election for Office Sought 554635.78		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input checked="" type="checkbox"/> Other (specify) ▶ Runoff

Full Name of Payee <b>Gary W Fuhrmann</b>		Date of Public Distribution/Dissemination 12 / 02 / 2014
Mailing Address 9425 Jessica Drive		Amount 45.00
City Shreveport	State LA	Zip Code 71106
Purpose of Expenditure Salary	Category/ Type 001	Transaction ID : 8817a328-313e-44f2-8 Date of Disbursement or Obligation 12 / 02 / 2014
Name of Federal Candidate Ms. Mary L Landrieu	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: LA
Calendar Year-To-Date Per Election for Office Sought 554635.78		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input checked="" type="checkbox"/> Other (specify) ▶ Runoff

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	47.07
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

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

*Ms. Emily Buchanan*  
Signature

[Electronically Filed] Date 05 / 18 / 2015



**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>	<b>FEC IDENTIFICATION NUMBER</b> ▼ <b>C</b> C00530766
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span>	

Full Name of Payee <b>Gary W Fuhrmann</b>	Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 12 / 02 / 2014
Mailing Address 9425 Jessica Drive	Amount <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 7.50
City State Zip Code Shreveport LA 71106	<b>Transaction ID : ab3e8b2b-3119-4225-9</b> Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 12 / 02 / 2014
Purpose of Expenditure Mileage	Category/Type <span style="border: 1px solid black; padding: 2px;">002</span>
Name of Federal Candidate Ms. Mary L Landrieu	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>LA</u>
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 554635.78	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input checked="" type="checkbox"/> Other (specify) ▶ <u>Runoff</u>

Full Name of Payee <b>Krista J Smith</b>	Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 12 / 02 / 2014
Mailing Address 41176 Bertville Rd	Amount <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 30.00
City State Zip Code Gonzales LA 70737	<b>Transaction ID : b2cf8ba4-66fd-411b-a</b> Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 12 / 02 / 2014
Purpose of Expenditure Salary	Category/Type <span style="border: 1px solid black; padding: 2px;">001</span>
Name of Federal Candidate Ms. Mary L Landrieu	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>LA</u>
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 554635.78	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input checked="" type="checkbox"/> Other (specify) ▶ <u>Runoff</u>

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶	<span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 37.50
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	<span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span>
(c) <b>TOTAL</b> Independent Expenditures..... ▶	<span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span>

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

*Ms. Emily Buchanan* [Electronically Filed] Date M M / D D / Y Y Y Y Y Y  
05 / 18 / 2015

Signature

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>	<b>FEC IDENTIFICATION NUMBER</b> ▼ <b>C</b> C00530766
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span>	

Full Name of Payee <b>Krista J Smith</b>	Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 12 / 02 / 2014
Mailing Address 41176 Bertville Rd	Amount <span style="border: 1px solid black; padding: 2px;">6.66</span>
City State Zip Code Gonzales LA 70737	<b>Transaction ID : 9eebd133-9332-4e5d-a</b> Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 12 / 02 / 2014
Purpose of Expenditure Mileage	Category/Type <span style="border: 1px solid black; padding: 2px;">002</span>
Name of Federal Candidate Ms. Mary L Landrieu	Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>LA</u>
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">554635.78</span>	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input checked="" type="checkbox"/> Other (specify) ▶ <u>Runoff</u>

Full Name of Payee <b>Tammy Williams</b>	Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 12 / 02 / 2014
Mailing Address 924 N. Prieur St	Amount <span style="border: 1px solid black; padding: 2px;">80.00</span>
City State Zip Code New Orleans LA 70116	<b>Transaction ID : 3f42db73-7519-4517-a</b> Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 12 / 02 / 2014
Purpose of Expenditure Salary	Category/Type <span style="border: 1px solid black; padding: 2px;">001</span>
Name of Federal Candidate Ms. Mary L Landrieu	Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>LA</u>
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">554635.78</span>	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input checked="" type="checkbox"/> Other (specify) ▶ <u>Runoff</u>

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶	<span style="border: 1px solid black; padding: 2px;">86.66</span>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	<span style="border: 1px solid black; padding: 2px;"> </span>
(c) <b>TOTAL</b> Independent Expenditures..... ▶	<span style="border: 1px solid black; padding: 2px;"> </span>

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

*Ms. Emily Buchanan* [Electronically Filed] Date M M / D D / Y Y Y Y Y Y  
05 / 18 / 2015

Signature

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>	<b>FEC IDENTIFICATION NUMBER</b> ▼ <b>C</b> C00530766
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span>	

Full Name of Payee <b>Tammy Williams</b>	Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 12 / 02 / 2014
Mailing Address 924 N. Priour St	Amount <span style="border: 1px solid black; padding: 2px;">16.50</span>
City State Zip Code New Orleans LA 70116	
Purpose of Expenditure Mileage	Category/Type <span style="border: 1px solid black; padding: 2px;">002</span>
Name of Federal Candidate Ms. Mary L Landrieu	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>LA</u>
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">554635.78</span>	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input checked="" type="checkbox"/> Other (specify) ▶ <u>Runoff</u>

**Transaction ID : 4609bd88-1f82-447a-a**

Full Name of Payee <b>Antoinette Franklin</b>	Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 12 / 02 / 2014
Mailing Address 8822 Apple St	Amount <span style="border: 1px solid black; padding: 2px;">80.00</span>
City State Zip Code New Orleans LA 70188	
Purpose of Expenditure Salary	Category/Type <span style="border: 1px solid black; padding: 2px;">001</span>
Name of Federal Candidate Ms. Mary L Landrieu	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>LA</u>
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">554635.78</span>	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input checked="" type="checkbox"/> Other (specify) ▶ <u>Runoff</u>

**Transaction ID : 3ed0732b-3913-495a-9**

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶	<span style="border: 1px solid black; padding: 2px;">96.50</span>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	<span style="border: 1px solid black; padding: 2px;"> </span>
(c) <b>TOTAL</b> Independent Expenditures..... ▶	<span style="border: 1px solid black; padding: 2px;"> </span>

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

*Ms. Emily Buchanan*

Signature \_\_\_\_\_ [Electronically Filed] Date M M / D D / Y Y Y Y Y Y  
05 / 18 / 2015

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In 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
Antoinette Franklin
Mailing Address
8822 Apple St
City
New Orleans State
LA Zip Code
70188
Date of Public Distribution/Dissemination
12 / 02 / 2014
Amount
16.50
Transaction ID : 580a33af-92c0-462a-9
Date of Disbursement or Obligation
12 / 02 / 2014
Purpose of Expenditure
Mileage Category/
Type 002
Name of Federal Candidate
Ms. Mary L Landrieu Support Oppose
Office Sought: House Senate State: LA
Calendar Year-To-Date
Per Election for Office Sought
554635.78
Disbursement For: Primary General
Other (specify) Runoff

Full Name of Payee
Windy Hageman
Mailing Address
5521 Randolph St.
City
Marrero State
LA Zip Code
70072
Date of Public Distribution/Dissemination
12 / 02 / 2014
Amount
50.00
Transaction ID : 44b6710f-a900-4b12-9
Date of Disbursement or Obligation
12 / 02 / 2014
Purpose of Expenditure
Salary Category/
Type 001
Name of Federal Candidate
Ms. Mary L Landrieu Support Oppose
Office Sought: House Senate State: LA
Calendar Year-To-Date
Per Election for Office Sought
554635.78
Disbursement For: Primary General
Other (specify) Runoff

(a) SUBTOTAL of Itemized Independent Expenditures 66.50
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL Independent Expenditures

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.
Ms. Emily Buchanan [Electronically Filed] Date 05 / 18 / 2015
Signature

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>		FEC IDENTIFICATION NUMBER <b>C C00530766</b>	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report		<input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee <b>Windy Hageman</b>		Date of Public Distribution/Dissemination 12 / 02 / 2014	
Mailing Address 5521 Randolph St.		Amount 6.90	
City Marrero	State LA	Zip Code 70072	Transaction ID : <b>8fd994fb-763a-4abd-a</b>
Purpose of Expenditure Mileage	Category/Type 002	Date of Disbursement or Obligation 12 / 02 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: LA
Calendar Year-To-Date Per Election for Office Sought 554635.78		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input checked="" type="checkbox"/> Other (specify) ▶ Runoff	

Full Name of Payee <b>Cathy Longtin</b>		Date of Public Distribution/Dissemination 12 / 02 / 2014	
Mailing Address 827 Navavre Ave		Amount 45.00	
City New Orleans	State LA	Zip Code 70124	Transaction ID : <b>fba7692-d3d1-4336-b</b>
Purpose of Expenditure Salary	Category/Type 001	Date of Disbursement or Obligation 12 / 02 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: LA
Calendar Year-To-Date Per Election for Office Sought 554635.78		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input checked="" type="checkbox"/> Other (specify) ▶ Runoff	

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	51.90
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

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

*Ms. Emily Buchanan*  
Signature  
[Electronically Filed] Date 05 / 18 / 2015

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In 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: Cathy Longtin
Mailing Address: 827 Navavre Ave
City: New Orleans, State: LA, Zip Code: 70124
Purpose of Expenditure: Mileage, Category/Type: 002
Date of Public Distribution/Dissemination: 12/02/2014
Amount: 9.00
Transaction ID: 03ceb5a0-abd6-4cca-b
Date of Disbursement or Obligation: 12/02/2014
Name of Federal Candidate: Ms. Mary L Landrieu
Office Sought: Senate, State: LA
Disbursement For: Other (specify) Runoff

Full Name of Payee: Donna S Wilson
Mailing Address: 4456 Country Hill Dr
City: Baton Rouge, State: LA, Zip Code: 70816
Purpose of Expenditure: Salary, Category/Type: 001
Date of Public Distribution/Dissemination: 12/02/2014
Amount: 30.00
Transaction ID: f565a141-4801-4acb-b
Date of Disbursement or Obligation: 12/02/2014
Name of Federal Candidate: Ms. Mary L Landrieu
Office Sought: Senate, State: LA
Disbursement For: Other (specify) Runoff

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

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

Signature: Ms. Emily Buchanan
[Electronically Filed]
Date: 05/18/2015



SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In 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: Joneisha Stewart
Mailing Address: 2329 Runnymede Dr
City: Marrero State: LA Zip Code: 70072
Purpose of Expenditure: Mileage Category/Type: 002
Date of Public Distribution/Dissemination: 12/02/2014
Amount: 7.59
Transaction ID: ae94aed0-2473-4817-8
Date of Disbursement or Obligation: 12/02/2014
Name of Federal Candidate: Ms. Mary L Landrieu
Office Sought: Senate State: LA
Disbursement For: Other (specify) Runoff

Full Name of Payee: Ryan Drake
Mailing Address: 29637 Park St
City: Walker State: LA Zip Code: 70785
Purpose of Expenditure: Salary Category/Type: 001
Date of Public Distribution/Dissemination: 12/02/2014
Amount: 40.00
Transaction ID: 3dd0b711-4674-49bb-9
Date of Disbursement or Obligation: 12/02/2014
Name of Federal Candidate: Ms. Mary L Landrieu
Office Sought: Senate State: LA
Disbursement For: Other (specify) Runoff

(a) SUBTOTAL of Itemized Independent Expenditures: 47.59
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL Independent Expenditures

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

Signature: Ms. Emily Buchanan [Electronically Filed] Date: 05/18/2015



SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In 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
Ryan Drake
Mailing Address
29637 Park St
City Walker State LA Zip Code 70785
Purpose of Expenditure
Mileage Category/Type 002
Name of Federal Candidate
Ms. Mary L Landrieu Support Oppose
Calendar Year-To-Date
Per Election for Office Sought 554635.78

Date of Public Distribution/Dissemination
12 / 02 / 2014
Amount
15.00
Transaction ID : 88cbf610-444a-4865-9
Date of Disbursement or Obligation
12 / 02 / 2014
Office Sought: House District: 00
Senate State: LA
Disbursement For: Primary General
Other (specify) Runoff

Full Name of Payee
Scott Smith
Mailing Address
405 Pennsylvania St
City New Roads State LA Zip Code 70760
Purpose of Expenditure
Salary Category/Type 001
Name of Federal Candidate
Ms. Mary L Landrieu Support Oppose
Calendar Year-To-Date
Per Election for Office Sought 554635.78

Date of Public Distribution/Dissemination
12 / 02 / 2014
Amount
7.50
Transaction ID : d1d88664-26a5-47c0-b
Date of Disbursement or Obligation
12 / 02 / 2014
Office Sought: House District: 00
Senate State: LA
Disbursement For: Primary General
Other (specify) Runoff

(a) SUBTOTAL of Itemized Independent Expenditures 22.50
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL Independent Expenditures

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

Ms. Emily Buchanan
[Electronically Filed]
Date 05 / 18 / 2015
Signature

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>		FEC IDENTIFICATION NUMBER <b>C C00530766</b>
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		MM / DD / YYYY

Full Name of Payee <b>Scott Smith</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>12 / 02 / 2014</b>
Mailing Address <b>405 Pennsylvania St</b>		Amount <b>18.00</b>
City <b>New Roads</b>	State <b>LA</b>	Zip Code <b>70760</b>
Purpose of Expenditure <b>Mileage</b>	Category/Type <b>002</b>	Transaction ID : <b>288eca58-5b02-4611-b</b> Date of Disbursement or Obligation MM / DD / YYYY <b>12 / 02 / 2014</b>
Name of Federal Candidate <b>Ms. Mary L Landrieu</b>	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: <b>00</b> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <b>LA</b>
Calendar Year-To-Date Per Election for Office Sought	<b>554635.78</b>	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input checked="" type="checkbox"/> Other (specify) <b>Runoff</b>

Full Name of Payee <b>Francis Richardson</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>12 / 02 / 2014</b>
Mailing Address <b>220 Doucet Rd</b>		Amount <b>50.00</b>
City <b>Lafayette</b>	State <b>LA</b>	Zip Code <b>70503</b>
Purpose of Expenditure <b>Salary</b>	Category/Type <b>001</b>	Transaction ID : <b>25c38ff3-2373-4b8c-b</b> Date of Disbursement or Obligation MM / DD / YYYY <b>12 / 02 / 2014</b>
Name of Federal Candidate <b>Ms. Mary L Landrieu</b>	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: <b>00</b> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <b>LA</b>
Calendar Year-To-Date Per Election for Office Sought	<b>554635.78</b>	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input checked="" type="checkbox"/> Other (specify) <b>Runoff</b>

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures.....	<b>68.00</b>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures .....	
(c) <b>TOTAL</b> Independent Expenditures.....	

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

*Ms. Emily Buchanan*  
Signature

**[Electronically Filed]**

Date **05 / 18 / 2015**

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>	<b>FEC IDENTIFICATION NUMBER</b> ▼ <b>C</b> C00530766
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span>	

Full Name of Payee <b>Francis Richardson</b>	Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 12 / 02 / 2014
Mailing Address 220 Doucet Rd	Amount <span style="border: 1px solid black; padding: 2px;">0.99</span>
City State Zip Code Lafayette LA 70503	<b>Transaction ID : 8921e773-57bf-4cd5-9</b> Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 12 / 02 / 2014
Purpose of Expenditure Mileage	Category/Type <span style="border: 1px solid black; padding: 2px;">002</span>
Name of Federal Candidate Ms. Mary L Landrieu	Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>LA</u>
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">554635.78</span>	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input checked="" type="checkbox"/> Other (specify) ▶ <u>Runoff</u>

Full Name of Payee <b>Warren Gravois</b>	Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 12 / 02 / 2014
Mailing Address 16005 7th St	Amount <span style="border: 1px solid black; padding: 2px;">85.00</span>
City State Zip Code Pearlington MS 39572	<b>Transaction ID : 31590e46-1e70-4585-b</b> Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 12 / 02 / 2014
Purpose of Expenditure Salary	Category/Type <span style="border: 1px solid black; padding: 2px;">001</span>
Name of Federal Candidate Ms. Mary L Landrieu	Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>LA</u>
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">554635.78</span>	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input checked="" type="checkbox"/> Other (specify) ▶ <u>Runoff</u>

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶	<span style="border: 1px solid black; padding: 2px;">85.99</span>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	<span style="border: 1px solid black; padding: 2px;"> </span>
(c) <b>TOTAL</b> Independent Expenditures..... ▶	<span style="border: 1px solid black; padding: 2px;"> </span>

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

*Ms. Emily Buchanan* [Electronically Filed] Date M M / D D / Y Y Y Y Y Y  
05 / 18 / 2015

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In 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
Warren Gravois
Mailing Address
16005 7th St
City Pearlington State MS Zip Code 39572
Purpose of Expenditure
Mileage Category/Type 002
Date of Public Distribution/Dissemination
12 / 02 / 2014
Amount
33.00
Transaction ID : 47766161-f1f6-457c-9
Date of Disbursement or Obligation
12 / 02 / 2014
Name of Federal Candidate
Ms. Mary L Landrieu Support Oppose
Office Sought: House Senate State: LA
Calendar Year-To-Date
Per Election for Office Sought 554635.78
Disbursement For: Primary General Other (specify) Runoff

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
Date of Public Distribution/Dissemination
12 / 02 / 2014
Amount
45.00
Transaction ID : f8c88b15-56e4-4e15-9
Date of Disbursement or Obligation
12 / 02 / 2014
Name of Federal Candidate
Ms. Mary L Landrieu Support Oppose
Office Sought: House Senate State: LA
Calendar Year-To-Date
Per Election for Office Sought 554635.78
Disbursement For: Primary General Other (specify) Runoff

(a) SUBTOTAL of Itemized Independent Expenditures 78.00
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL Independent Expenditures

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.
Ms. Emily Buchanan [Electronically Filed] Date 05 / 18 / 2015
Signature

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>		FEC IDENTIFICATION NUMBER <b>C</b> C00530766
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		

Full Name of Payee <b>ERIC TABARY</b>		Date of Public Distribution/Dissemination 12 / 02 / 2014
Mailing Address 6101 NORA ST		Amount 4.50
City METAIRIE	State LA	Zip Code 70003
Purpose of Expenditure Mileage		Category/Type 002
Name of Federal Candidate Ms. Mary L Landrieu		Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> Senate State: LA
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input checked="" type="checkbox"/> Other (specify) ▶ Runoff
		554635.78

Full Name of Payee <b>Christopher Marquess</b>		Date of Public Distribution/Dissemination 12 / 02 / 2014
Mailing Address 110 W Pecan St		Amount 65.00
City Ville Platte	State LA	Zip Code 70586
Purpose of Expenditure Salary		Category/Type 001
Name of Federal Candidate Ms. Mary L Landrieu		Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> Senate State: LA
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input checked="" type="checkbox"/> Other (specify) ▶ Runoff
		554635.78

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures.....▶	69.50
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures.....▶	
(c) <b>TOTAL</b> Independent Expenditures.....▶	

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

Signature Ms. Emily Buchanan [Electronically Filed] Date 05 / 18 / 2015

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00530766	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		M M M / D D D / Y Y Y Y Y Y	

Full Name of Payee <b>Christopher Marquess</b>		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 12 / 02 / 2014	
Mailing Address 110 W Pecan St		Amount 39.00	
City Ville Platte	State LA	Zip Code 70586	Transaction ID : <b>d6f1c5ec-232b-4aac-b</b>
Purpose of Expenditure Mileage	Category/Type 002	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 12 / 02 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu		Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> Senate State: LA	
Calendar Year-To-Date Per Election for Office Sought 554635.78		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input checked="" type="checkbox"/> Other (specify) ▶ Runoff	

Full Name of Payee <b>Gregory Green</b>		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 12 / 02 / 2014	
Mailing Address 2506 Bolch Street		Amount 80.00	
City Shreveport	State LA	Zip Code 71104	Transaction ID : <b>b026bef3-b688-4544-8</b>
Purpose of Expenditure Salary	Category/Type 001	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 12 / 02 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu		Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> Senate State: LA	
Calendar Year-To-Date Per Election for Office Sought 554635.78		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input checked="" type="checkbox"/> Other (specify) ▶ Runoff	

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶	119.00
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	
(c) <b>TOTAL</b> Independent Expenditures..... ▶	

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

*Ms. Emily Buchanan*  
Signature

[Electronically Filed]

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

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>	FEC IDENTIFICATION NUMBER <b>C</b> C00530766
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span>	

Full Name of Payee <b>Gregory Green</b>	Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 12 / 02 / 2014
Mailing Address 2506 Bolch Street	Amount <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 42.30
City State Zip Code Shreveport LA 71104	<b>Transaction ID : 07e8417f-cd9e-4445-9</b> Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 12 / 02 / 2014
Purpose of Expenditure Mileage	Category/Type <span style="border: 1px solid black; padding: 2px;">002</span>
Name of Federal Candidate Ms. Mary L Landrieu	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: LA
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 554635.78	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input checked="" type="checkbox"/> Other (specify) ▶ Runoff

Full Name of Payee <b>Lilly Green</b>	Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 12 / 02 / 2014
Mailing Address 205 Medallion Circle	Amount <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 80.00
City State Zip Code Shreveport LA 71119	<b>Transaction ID : 8b507f42-8dc9-4c1d-a</b> Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 12 / 02 / 2014
Purpose of Expenditure Salary	Category/Type <span style="border: 1px solid black; padding: 2px;">001</span>
Name of Federal Candidate Ms. Mary L Landrieu	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: LA
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 554635.78	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input checked="" type="checkbox"/> Other (specify) ▶ Runoff

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures.....▶	<span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 122.30
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures.....▶	<span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span>
(c) <b>TOTAL</b> Independent Expenditures.....▶	<span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span>

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

*Ms. Emily Buchanan*  
Signature

[Electronically Filed]

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

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

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

Full Name of Payee
Lilly Green
Mailing Address
205 Medallion Circle
City
Shreveport State
LA Zip Code
71119
Date of Public Distribution/Dissemination
12 / 02 / 2014
Amount
57.90
Transaction ID : 6ac86a66-96cc-4970-b
Date of Disbursement or Obligation
12 / 02 / 2014
Purpose of Expenditure
Mileage Category/
Type 002
Name of Federal Candidate
Ms. Mary L Landrieu Support
Oppose Office Sought:
House Senate State:
LA Disbursement For:
Primary General
Other (specify) Runoff
Calendar Year-To-Date
Per Election for Office Sought
554635.78
Disbursement For:
2014 Other (specify) Runoff

Full Name of Payee
Sheri J Peace
Mailing Address
9685 Paula St
City
Keithville State
LA Zip Code
71047
Date of Public Distribution/Dissemination
12 / 02 / 2014
Amount
120.00
Transaction ID : 32b587aa-0e9d-4f5f-a
Date of Disbursement or Obligation
12 / 02 / 2014
Purpose of Expenditure
Salary Category/
Type 001
Name of Federal Candidate
Ms. Mary L Landrieu Support
Oppose Office Sought:
House Senate State:
LA Disbursement For:
Primary General
Other (specify) Runoff
Calendar Year-To-Date
Per Election for Office Sought
554635.78
Disbursement For:
2014 Other (specify) Runoff

(a) SUBTOTAL of Itemized Independent Expenditures..... 177.90
(b) SUBTOTAL of Unitemized Independent Expenditures .....
(c) TOTAL Independent Expenditures.....

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.
Ms. Emily Buchanan
[Electronically Filed]
Date 05 / 18 / 2015
Signature



SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In 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: Sheri J Peace
Mailing Address: 9685 Paula St
City: Keithville, State: LA, Zip Code: 71047
Purpose of Expenditure: Mileage, Category/Type: 002
Date of Public Distribution/Dissemination: 12/02/2014
Amount: 51.30
Transaction ID: e0bfaa59-de4a-4362-8
Date of Disbursement or Obligation: 12/02/2014
Name of Federal Candidate: Ms. Mary L Landriau, Support: [ ], Oppose: [X]
Office Sought: [ ] House, [X] Senate, District: 00, State: LA
Calendar Year-To-Date Per Election for Office Sought: 554635.78
Disbursement For: [X] Other (specify) Runoff

Full Name of Payee: Jessica R Resendiz
Mailing Address: 9685 Paula St
City: Keithville, State: LA, Zip Code: 71047
Purpose of Expenditure: Salary, Category/Type: 001
Date of Public Distribution/Dissemination: 12/02/2014
Amount: 80.00
Transaction ID: e2b2bb57-7335-4563-b
Date of Disbursement or Obligation: 12/02/2014
Name of Federal Candidate: Ms. Mary L Landriau, Support: [ ], Oppose: [X]
Office Sought: [ ] House, [X] Senate, District: 00, State: LA
Calendar Year-To-Date Per Election for Office Sought: 554635.78
Disbursement For: [X] Other (specify) Runoff

(a) SUBTOTAL of Itemized Independent Expenditures: 131.30
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL Independent Expenditures

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.
Ms. Emily Buchanan [Electronically Filed] Date 05/18/2015
Signature

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>	<b>FEC IDENTIFICATION NUMBER ▼</b> <div style="border: 1px solid black; padding: 2px; display: inline-block;"> <span style="font-size: 1.2em; font-weight: bold; border: 1px solid black; padding: 0 2px;">C</span> C00530766       </div>
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee <b>Jessica R Resendiz</b>	Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px; display: inline-block;"> <span style="font-size: 0.8em;">M M / D D / Y Y Y Y</span>          12 / 02 / 2014       </div>						
Mailing Address    9685 Paula St	Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;"> <span style="font-size: 0.8em;">M M / D D / Y Y Y Y</span>          36.90       </div>						
<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:33%;">City</td> <td style="width:33%;">State</td> <td style="width:34%;">Zip Code</td> </tr> <tr> <td>Keithville</td> <td>LA</td> <td>71047</td> </tr> </table>	City	State	Zip Code	Keithville	LA	71047	<b>Transaction ID : e339ca2e-b2fe-4ff8-b</b> Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px; display: inline-block;"> <span style="font-size: 0.8em;">M M / D D / Y Y Y Y</span>          12 / 02 / 2014       </div>
City	State	Zip Code					
Keithville	LA	71047					
Purpose of Expenditure Mileage	Category/Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">002</div>						
Name of Federal Candidate Ms. Mary L Landrieu	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House    District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate    State: <u>LA</u>						
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block;">554635.78</div>	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input checked="" type="checkbox"/> Other (specify) ▶ <u>Runoff</u>						

Full Name of Payee <b>Noah J Smith</b>	Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px; display: inline-block;"> <span style="font-size: 0.8em;">M M / D D / Y Y Y Y</span>          12 / 02 / 2014       </div>						
Mailing Address    41174 Bertville Rd	Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;"> <span style="font-size: 0.8em;">M M / D D / Y Y Y Y</span>          30.00       </div>						
<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:33%;">City</td> <td style="width:33%;">State</td> <td style="width:34%;">Zip Code</td> </tr> <tr> <td>Gonzales</td> <td>LA</td> <td>70737</td> </tr> </table>	City	State	Zip Code	Gonzales	LA	70737	<b>Transaction ID : 24ed43fc-2cf3-4c61-a</b> Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px; display: inline-block;"> <span style="font-size: 0.8em;">M M / D D / Y Y Y Y</span>          12 / 02 / 2014       </div>
City	State	Zip Code					
Gonzales	LA	70737					
Purpose of Expenditure Salary	Category/Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">001</div>						
Name of Federal Candidate Ms. Mary L Landrieu	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House    District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate    State: <u>LA</u>						
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block;">554635.78</div>	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input checked="" type="checkbox"/> Other (specify) ▶ <u>Runoff</u>						

<b>(a) SUBTOTAL</b> of Itemized Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;"> <span style="font-size: 0.8em;">M M / D D / Y Y Y Y</span>          66.90       </div>
<b>(b) SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;"> <span style="font-size: 0.8em;">M M / D D / Y Y Y Y</span>          00.00       </div>
<b>(c) TOTAL</b> Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;"> <span style="font-size: 0.8em;">M M / D D / Y Y Y Y</span>          66.90       </div>

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

*Ms. Emily Buchanan*  
 Signature

[Electronically Filed]    Date    

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

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>	<b>FEC IDENTIFICATION NUMBER</b> ▼ <b>C</b> C00530766
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee <b>Ana L Esquivel</b>	Date of Public Distribution/Dissemination 12 / 02 / 2014
Mailing Address 284 Cr 1401	Amount 100.00
City Carthage      State TX      Zip Code 75633	<b>Transaction ID : 088b9019-eb3a-4abe-a</b>
Purpose of Expenditure Salary      Category/Type 001	Date of Disbursement or Obligation 12 / 02 / 2014
Name of Federal Candidate Ms. Mary L Landrieu <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House    District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate    State: LA
Calendar Year-To-Date Per Election for Office Sought 554635.78	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input checked="" type="checkbox"/> Other (specify) ▶    Runoff

Full Name of Payee <b>Ana L Esquivel</b>	Date of Public Distribution/Dissemination 12 / 02 / 2014
Mailing Address 284 Cr 1401	Amount 52.20
City Carthage      State TX      Zip Code 75633	<b>Transaction ID : 16cc4fd5-2ee9-4fc9-9</b>
Purpose of Expenditure Mileage      Category/Type 002	Date of Disbursement or Obligation 12 / 02 / 2014
Name of Federal Candidate Ms. Mary L Landrieu <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House    District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate    State: LA
Calendar Year-To-Date Per Election for Office Sought 554635.78	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input checked="" type="checkbox"/> Other (specify) ▶    Runoff

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶	152.20
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	
(c) <b>TOTAL</b> Independent Expenditures..... ▶	

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

*Ms. Emily Buchanan*      [Electronically Filed]      Date 05 / 18 / 2015

Signature \_\_\_\_\_

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>	<b>FEC IDENTIFICATION NUMBER ▼</b> <div style="border: 1px solid black; padding: 2px;"> <span style="font-size: 2em; font-weight: bold; border: 1px solid black; display: inline-block; width: 20px; height: 20px; text-align: center; vertical-align: middle;">C</span> <span style="margin-left: 5px;">C00530766</span> </div>
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <div style="display: inline-block; margin-left: 10px;"> <div style="border: 1px solid black; padding: 2px; display: inline-block; text-align: center;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px; display: inline-block; text-align: center;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px; display: inline-block; text-align: center;">M M / D D / Y Y Y Y Y Y</div> </div>	

Full Name of Payee <b>Taylor De Julian-Hernandez</b>		Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px; text-align: center;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px; text-align: center;">12 / 02 / 2014</div> </div>	
Mailing Address <b>284 Cr 1401</b>		Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">100.00</div>	
City State Zip Code <b>Carthage TX 75633</b>	<b>Transaction ID : 30c3b274-dcf8-427f-b</b> Date of Disbursement or Obligation <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px; text-align: center;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px; text-align: center;">12 / 02 / 2014</div> </div>		
Purpose of Expenditure <b>Salary</b>	Category/Type <div style="border: 1px solid black; padding: 2px; text-align: center;">001</div>		
Name of Federal Candidate <b>Ms. Mary L Landrieu</b>		Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>LA</u>	
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; text-align: right;">554635.78</div>		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input checked="" type="checkbox"/> Other (specify) ▶ <u>Runoff</u>	

Full Name of Payee <b>Taylor De Julian-Hernandez</b>		Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px; text-align: center;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px; text-align: center;">12 / 02 / 2014</div> </div>	
Mailing Address <b>284 Cr 1401</b>		Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">45.00</div>	
City State Zip Code <b>Carthage TX 75633</b>	<b>Transaction ID : 8c873b09-c717-4344-9</b> Date of Disbursement or Obligation <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px; text-align: center;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px; text-align: center;">12 / 02 / 2014</div> </div>		
Purpose of Expenditure <b>Mileage</b>	Category/Type <div style="border: 1px solid black; padding: 2px; text-align: center;">002</div>		
Name of Federal Candidate <b>Ms. Mary L Landrieu</b>		Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>LA</u>	
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; text-align: right;">554635.78</div>		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input checked="" type="checkbox"/> Other (specify) ▶ <u>Runoff</u>	

<b>(a) SUBTOTAL</b> of Itemized Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; text-align: right;">145.00</div>
<b>(b) SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	<div style="border: 1px solid black; padding: 2px; text-align: right;"> </div>
<b>(c) TOTAL</b> Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; text-align: right;"> </div>

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

*Ms. Emily Buchanan*

Signature \_\_\_\_\_ [Electronically Filed] Date

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

05 / 18 / 2015

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>	<b>FEC IDENTIFICATION NUMBER</b> ▼ <b>C</b> C00530766
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee <b>Hilary Townsend</b>	Date of Public Distribution/Dissemination 12 / 02 / 2014
Mailing Address 4506 US Hwy 79 North	Amount 80.00
City Deberry      State TX      Zip Code 75639	<b>Transaction ID : a5e97a05-c7e8-460e-b</b> Date of Disbursement or Obligation 12 / 02 / 2014
Purpose of Expenditure Salary      Category/Type 001	Name of Federal Candidate Ms. Mary L Landriau <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 554635.78	Office Sought: <input type="checkbox"/> House      District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate      State: LA Disbursement For: 2014 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▶      Runoff

Full Name of Payee <b>Hilary Townsend</b>	Date of Public Distribution/Dissemination 12 / 02 / 2014
Mailing Address 4506 US Hwy 79 North	Amount 69.00
City Deberry      State TX      Zip Code 75639	<b>Transaction ID : a68a8a11-f74a-4950-9</b> Date of Disbursement or Obligation 12 / 02 / 2014
Purpose of Expenditure Mileage      Category/Type 002	Name of Federal Candidate Ms. Mary L Landriau <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 554635.78	Office Sought: <input type="checkbox"/> House      District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate      State: LA Disbursement For: 2014 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▶      Runoff

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶	149.00
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	
(c) <b>TOTAL</b> Independent Expenditures..... ▶	

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

*Ms. Emily Buchanan*      [Electronically Filed]      Date 05 / 18 / 2015

Signature \_\_\_\_\_

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>	<b>FEC IDENTIFICATION NUMBER ▼</b> <div style="border: 1px solid black; padding: 2px; display: inline-block;"> <span style="font-size: 1.2em; font-weight: bold; margin-right: 5px;">C</span> C00530766                 </div>
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee <b>Heather Ainsworth</b>	Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px; display: inline-block;">                     12 / 02 / 2014                 </div>			
Mailing Address    9685 Paula St	Amount <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px; text-align: right;">80.00</div>			
<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:33%;">City Keithville</td> <td style="width:33%;">State LA</td> <td style="width:33%;">Zip Code 71047</td> </tr> </table>		City Keithville	State LA	Zip Code 71047
City Keithville		State LA	Zip Code 71047	
Purpose of Expenditure Salary				
Name of Federal Candidate Ms. Mary L Landrieu	Category/Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">001</div>			
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px; text-align: right;">554635.78</div>	Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px; display: inline-block;">                     12 / 02 / 2014                 </div>			
Name of Federal Candidate <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose				
Office Sought: <input type="checkbox"/> House    District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate    State: <u>LA</u>				
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input checked="" type="checkbox"/> Other (specify) ▶ <u>Runoff</u>				

Full Name of Payee <b>Heather Ainsworth</b>	Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px; display: inline-block;">                     12 / 02 / 2014                 </div>			
Mailing Address    9685 Paula St	Amount <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px; text-align: right;">31.20</div>			
<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:33%;">City Keithville</td> <td style="width:33%;">State LA</td> <td style="width:33%;">Zip Code 71047</td> </tr> </table>		City Keithville	State LA	Zip Code 71047
City Keithville		State LA	Zip Code 71047	
Purpose of Expenditure Mileage				
Name of Federal Candidate Ms. Mary L Landrieu	Category/Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">002</div>			
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px; text-align: right;">554635.78</div>	Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px; display: inline-block;">                     12 / 02 / 2014                 </div>			
Name of Federal Candidate <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose				
Office Sought: <input type="checkbox"/> House    District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate    State: <u>LA</u>				
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input checked="" type="checkbox"/> Other (specify) ▶ <u>Runoff</u>				

<b>(a) SUBTOTAL</b> of Itemized Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px; text-align: right;">111.20</div>
<b>(b) SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px; text-align: right;"> </div>
<b>(c) TOTAL</b> Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px; text-align: right;"> </div>

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

*Ms. Emily Buchanan*

Signature \_\_\_\_\_ [Electronically Filed]

Date 

05 / 18 / 2015

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>		FEC IDENTIFICATION NUMBER <b>C</b> C00530766
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		MM / DD / YYYY

Full Name of Payee <b>Julia Perry</b>		Date of Public Distribution/Dissemination MM / DD / YYYY 12 / 02 / 2014
Mailing Address 2046 Perrin St Apt C		Amount 60.00 Transaction ID : 5984eadf-0d7e-4a3e-9
City Shreveport	State LA	
Purpose of Expenditure Salary	Category/ Type 001	Date of Disbursement or Obligation MM / DD / YYYY 12 / 02 / 2014
Name of Federal Candidate Ms. Mary L Landrieu	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: LA
Calendar Year-To-Date Per Election for Office Sought	554635.78	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input checked="" type="checkbox"/> Other (specify) ▶ Runoff

Full Name of Payee <b>Julia Perry</b>		Date of Public Distribution/Dissemination MM / DD / YYYY 12 / 02 / 2014
Mailing Address 2046 Perrin St Apt C		Amount 6.90 Transaction ID : 44784397-4b23-49bd-8
City Shreveport	State LA	
Purpose of Expenditure Mileage	Category/ Type 002	Date of Disbursement or Obligation MM / DD / YYYY 12 / 02 / 2014
Name of Federal Candidate Ms. Mary L Landrieu	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: LA
Calendar Year-To-Date Per Election for Office Sought	554635.78	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input checked="" type="checkbox"/> Other (specify) ▶ Runoff

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures.....▶	66.90
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures.....▶	
(c) <b>TOTAL</b> Independent Expenditures.....▶	

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

Signature Ms. Emily Buchanan [Electronically Filed] Date MM / DD / YYYY 05 / 18 / 2015

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

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

Full Name of Payee: Hannah J Landry
Mailing Address: 1110 N Coolidge
City: Gonzales, State: LA, Zip Code: 70737
Purpose of Expenditure: Salary, Category/Type: 001
Date of Public Distribution/Dissemination: 12/02/2014
Amount: 105.00
Transaction ID: c141e11a-5821-4245-8
Date of Disbursement or Obligation: 12/02/2014
Name of Federal Candidate: Ms. Mary L Landrieu, Support: [ ], Oppose: [X]
Office Sought: [ ] House, [X] Senate, District: 00, State: LA
Calendar Year-To-Date Per Election for Office Sought: 554635.78
Disbursement For: [ ] Primary, [ ] General, [X] Other (specify) Runoff

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
Date of Public Distribution/Dissemination: 12/02/2014
Amount: 22.26
Transaction ID: 37fdde71-69d5-4003-b
Date of Disbursement or Obligation: 12/02/2014
Name of Federal Candidate: Ms. Mary L Landrieu, Support: [ ], Oppose: [X]
Office Sought: [ ] House, [X] Senate, District: 00, State: LA
Calendar Year-To-Date Per Election for Office Sought: 554635.78
Disbursement For: [ ] Primary, [ ] General, [X] Other (specify) Runoff

(a) SUBTOTAL of Itemized Independent Expenditures: 127.26
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL Independent Expenditures

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.
Ms. Emily Buchanan
[Electronically Filed]
Date: 05/18/2015
Signature



SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

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

Full Name of Payee: Mary C Lee
Mailing Address: 1030 N Coolidge Ave
City: Gonzales, State: LA, Zip Code: 70737
Purpose of Expenditure: Salary, Category/Type: 001
Date of Public Distribution/Dissemination: 12/02/2014
Amount: 105.00
Transaction ID: 84a79cbc-461d-4adb-b
Name of Federal Candidate: Ms. Mary L Landrieu, Office Sought: Senate, State: LA
Calendar Year-To-Date Per Election for Office Sought: 554635.78
Disbursement For: Other (specify) Runoff

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
Date of Public Distribution/Dissemination: 12/02/2014
Amount: 22.26
Transaction ID: f3f89793-4f5b-4987-b
Name of Federal Candidate: Ms. Mary L Landrieu, Office Sought: Senate, State: LA
Calendar Year-To-Date Per Election for Office Sought: 554635.78
Disbursement For: Other (specify) Runoff

(a) SUBTOTAL of Itemized Independent Expenditures: 127.26
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL Independent Expenditures

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.
Ms. Emily Buchanan [Electronically Filed] Date 05/18/2015
Signature

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>	<b>FEC IDENTIFICATION NUMBER</b> ▼ <b>C</b> C00530766
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <span style="margin-left: 20px;">MM / DD / YYYY</span>	

Full Name of Payee <b>Brogan A Benoit</b>	Date of Public Distribution/Dissemination MM / DD / YYYY 12 / 02 / 2014
Mailing Address 7144 South River Rd	Amount 60.00
City Addis State Zip Code LA 70710	<b>Transaction ID : 33a7ee29-aebd-4d0c-b</b> Date of Disbursement or Obligation MM / DD / YYYY 12 / 02 / 2014
Purpose of Expenditure Salary	Category/Type 001
Name of Federal Candidate Ms. Mary L Landrieu	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> President State: LA
Calendar Year-To-Date Per Election for Office Sought	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input checked="" type="checkbox"/> Other (specify) ▶ Runoff 554635.78

Full Name of Payee <b>Brogan A Benoit</b>	Date of Public Distribution/Dissemination MM / DD / YYYY 12 / 02 / 2014
Mailing Address 7144 South River Rd	Amount 8.70
City Addis State Zip Code LA 70710	<b>Transaction ID : 6d922aff-336b-445d-a</b> Date of Disbursement or Obligation MM / DD / YYYY 12 / 02 / 2014
Purpose of Expenditure Mileage	Category/Type 002
Name of Federal Candidate Ms. Mary L Landrieu	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> President State: LA
Calendar Year-To-Date Per Election for Office Sought	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input checked="" type="checkbox"/> Other (specify) ▶ Runoff 554635.78

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶	68.70
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	
(c) <b>TOTAL</b> Independent Expenditures..... ▶	

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

*Ms. Emily Buchanan*

Signature \_\_\_\_\_ [Electronically Filed] Date MM / DD / YYYY  
05 / 18 / 2015

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>	<b>FEC IDENTIFICATION NUMBER</b> ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;"> <span style="font-size: 1.2em; font-weight: bold; border: 1px solid black;">C</span> C00530766       </div>
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee <b>Jennifer F Gilbert</b>	Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px; display: inline-block;"> <span style="font-size: 0.8em;">M M / D D / Y Y Y Y Y Y</span>          12 / 02 / 2014       </div>						
Mailing Address    180 McNeil Steep Hollow Rd	Amount <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 100%;"> <span style="float: right;">65.00</span> </div>						
<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:30%;">City</td> <td style="width:30%;">State</td> <td style="width:40%;">Zip Code</td> </tr> <tr> <td>Carriere</td> <td>MS</td> <td>39426</td> </tr> </table>	City	State	Zip Code	Carriere	MS	39426	<b>Transaction ID : b1c9a5f7-ce8d-4efa-8</b> Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px; display: inline-block;"> <span style="font-size: 0.8em;">M M / D D / Y Y Y Y Y Y</span>          12 / 02 / 2014       </div>
City	State	Zip Code					
Carriere	MS	39426					
Purpose of Expenditure Salary	Category/Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">001</div>						
Name of Federal Candidate Ms. Mary L Landrieu	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House    District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate    State: <u>LA</u>						
Calendar Year-To-Date Per Election for Office Sought	<div style="border: 1px solid black; padding: 2px; display: inline-block; width: 100%;"> <span style="float: right;">554635.78</span> </div>						
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input checked="" type="checkbox"/> Other (specify) ▶ <u>Runoff</u>							

Full Name of Payee <b>Jennifer F Gilbert</b>	Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px; display: inline-block;"> <span style="font-size: 0.8em;">M M / D D / Y Y Y Y Y Y</span>          12 / 02 / 2014       </div>						
Mailing Address    180 McNeil Steep Hollow Rd	Amount <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 100%;"> <span style="float: right;">36.60</span> </div>						
<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:30%;">City</td> <td style="width:30%;">State</td> <td style="width:40%;">Zip Code</td> </tr> <tr> <td>Carriere</td> <td>MS</td> <td>39426</td> </tr> </table>	City	State	Zip Code	Carriere	MS	39426	<b>Transaction ID : d152486e-14de-4854-a</b> Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px; display: inline-block;"> <span style="font-size: 0.8em;">M M / D D / Y Y Y Y Y Y</span>          12 / 02 / 2014       </div>
City	State	Zip Code					
Carriere	MS	39426					
Purpose of Expenditure Mileage	Category/Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">002</div>						
Name of Federal Candidate Ms. Mary L Landrieu	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House    District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate    State: <u>LA</u>						
Calendar Year-To-Date Per Election for Office Sought	<div style="border: 1px solid black; padding: 2px; display: inline-block; width: 100%;"> <span style="float: right;">554635.78</span> </div>						
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input checked="" type="checkbox"/> Other (specify) ▶ <u>Runoff</u>							

<b>(a) SUBTOTAL</b> of Itemized Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block; width: 100%;"> <span style="float: right;">101.60</span> </div>
<b>(b) SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block; width: 100%;"> <span style="float: right;"> </span> </div>
<b>(c) TOTAL</b> Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block; width: 100%;"> <span style="float: right;"> </span> </div>

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

*Ms. Emily Buchanan*  
 Signature

[Electronically Filed]    Date    

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

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

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

Full Name of Payee
Evelyn Lesaicherre
Mailing Address
629 Radiance Ave
City
Metairie State
LA Zip Code
70001
Date of Public Distribution/Dissemination
12 / 02 / 2014
Amount
80.00
Transaction ID : 56cab77c-812b-4c6c-b
Date of Disbursement or Obligation
12 / 02 / 2014
Purpose of Expenditure
Salary Category/Type
001
Name of Federal Candidate
Ms. Mary L Landrieu Support Oppose
Office Sought: House Senate State: LA
Calendar Year-To-Date Per Election for Office Sought
554635.78
Disbursement For: Primary General Other (specify)
Runoff

Full Name of Payee
Evelyn Lesaicherre
Mailing Address
629 Radiance Ave
City
Metairie State
LA Zip Code
70001
Date of Public Distribution/Dissemination
12 / 02 / 2014
Amount
5.40
Transaction ID : 427ed124-c311-4846-8
Date of Disbursement or Obligation
12 / 02 / 2014
Purpose of Expenditure
Mileage Category/Type
002
Name of Federal Candidate
Ms. Mary L Landrieu Support Oppose
Office Sought: House Senate State: LA
Calendar Year-To-Date Per Election for Office Sought
554635.78
Disbursement For: Primary General Other (specify)
Runoff

(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 05 / 18 / 2015
Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

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

Full Name of Payee Felicia A Jones
Mailing Address 4106 Martha St
City Shreveport State LA Zip Code 71109
Purpose of Expenditure Salary Category/Type 001
Date of Public Distribution/Dissemination 12/02/2014
Amount 90.00
Transaction ID : 1494cd45-640a-4b34-a
Date of Disbursement or Obligation 12/02/2014
Name of Federal Candidate Ms. Mary L Landrieu
Office Sought: Senate State: LA
Calendar Year-To-Date Per Election for Office Sought 554635.78
Disbursement For: Other (specify) Runoff

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
Date of Public Distribution/Dissemination 12/02/2014
Amount 11.40
Transaction ID : c262e58c-9e6f-4c1b-b
Date of Disbursement or Obligation 12/02/2014
Name of Federal Candidate Ms. Mary L Landrieu
Office Sought: Senate State: LA
Calendar Year-To-Date Per Election for Office Sought 554635.78
Disbursement For: Other (specify) Runoff

(a) SUBTOTAL of Itemized Independent Expenditures 101.40
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL Independent Expenditures

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.
Ms. Emily Buchanan [Electronically Filed] Date 05/18/2015
Signature

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>	<b>FEC IDENTIFICATION NUMBER</b> ▼ <b>C</b> C00530766
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span>	

Full Name of Payee <b>Carl Brent</b>	Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 12 / 02 / 2014
Mailing Address 6718 Lake Willow Dr	Amount <span style="border: 1px solid black; padding: 2px;">80.00</span>
City State Zip Code New Orleans LA 70126	<b>Transaction ID : 9d720533-314c-4744-9</b> Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 12 / 02 / 2014
Purpose of Expenditure Salary	Category/Type <span style="border: 1px solid black; padding: 2px;">001</span>
Name of Federal Candidate Ms. Mary L Landrieu	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>LA</u>
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">554635.78</span>	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input checked="" type="checkbox"/> Other (specify) ▶ <u>Runoff</u>

Full Name of Payee <b>Carl Brent</b>	Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 12 / 02 / 2014
Mailing Address 6718 Lake Willow Dr	Amount <span style="border: 1px solid black; padding: 2px;">18.00</span>
City State Zip Code New Orleans LA 70126	<b>Transaction ID : 422b8a2d-daf0-495a-8</b> Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 12 / 02 / 2014
Purpose of Expenditure Mileage	Category/Type <span style="border: 1px solid black; padding: 2px;">002</span>
Name of Federal Candidate Ms. Mary L Landrieu	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>LA</u>
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">554635.78</span>	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input checked="" type="checkbox"/> Other (specify) ▶ <u>Runoff</u>

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶	<span style="border: 1px solid black; padding: 2px;">98.00</span>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	<span style="border: 1px solid black; padding: 2px;"> </span>
(c) <b>TOTAL</b> Independent Expenditures..... ▶	<span style="border: 1px solid black; padding: 2px;"> </span>

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

*Ms. Emily Buchanan*

Signature \_\_\_\_\_ [Electronically Filed] Date M M / D D / Y Y Y Y Y Y  
05 / 18 / 2015

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>	<b>FEC IDENTIFICATION NUMBER</b> ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;"> <span style="font-size: 1.2em; font-weight: bold; border: 1px solid black;">C</span> C00530766       </div>
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee <b>Billy Martin</b>	Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px; display: inline-block;"> <span style="font-size: 0.8em;">M M / D D / Y Y Y Y</span>          12 / 02 / 2014       </div>						
Mailing Address    250 Js Brewton RD	Amount <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 100px; text-align: right;"> <span style="font-size: 0.8em;">M M / D D / Y Y Y Y</span>          60.00       </div>						
<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:30%;">City</td> <td style="width:30%;">State</td> <td style="width:40%;">Zip Code</td> </tr> <tr> <td>Goldonna</td> <td>LA</td> <td>71031</td> </tr> </table>	City	State	Zip Code	Goldonna	LA	71031	<b>Transaction ID : 467014a5-004d-42f4-a</b> Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px; display: inline-block;"> <span style="font-size: 0.8em;">M M / D D / Y Y Y Y</span>          12 / 02 / 2014       </div>
City	State	Zip Code					
Goldonna	LA	71031					
Purpose of Expenditure Salary	Category/Type <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 40px; text-align: center;">001</div>						
Name of Federal Candidate Ms. Mary L Landrieu	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House    District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate    State: <u>LA</u>						
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px; text-align: right;">554635.78</div>	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input checked="" type="checkbox"/> Other (specify) ▶ <u>Runoff</u>						

Full Name of Payee <b>Billy Martin</b>	Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px; display: inline-block;"> <span style="font-size: 0.8em;">M M / D D / Y Y Y Y</span>          12 / 02 / 2014       </div>						
Mailing Address    250 Js Brewton RD	Amount <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 100px; text-align: right;"> <span style="font-size: 0.8em;">M M / D D / Y Y Y Y</span>          5.40       </div>						
<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:30%;">City</td> <td style="width:30%;">State</td> <td style="width:40%;">Zip Code</td> </tr> <tr> <td>Goldonna</td> <td>LA</td> <td>71031</td> </tr> </table>	City	State	Zip Code	Goldonna	LA	71031	<b>Transaction ID : 7e2a3e7b-240c-4572-8</b> Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px; display: inline-block;"> <span style="font-size: 0.8em;">M M / D D / Y Y Y Y</span>          12 / 02 / 2014       </div>
City	State	Zip Code					
Goldonna	LA	71031					
Purpose of Expenditure Mileage	Category/Type <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 40px; text-align: center;">002</div>						
Name of Federal Candidate Ms. Mary L Landrieu	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House    District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate    State: <u>LA</u>						
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px; text-align: right;">554635.78</div>	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input checked="" type="checkbox"/> Other (specify) ▶ <u>Runoff</u>						

<b>(a) SUBTOTAL</b> of Itemized Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px; text-align: right;">65.40</div>
<b>(b) SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px; text-align: right;"> </div>
<b>(c) TOTAL</b> Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px; text-align: right;"> </div>

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

*Ms. Emily Buchanan*  
 \_\_\_\_\_  
 Signature

[Electronically Filed]    Date    

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

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>		FEC IDENTIFICATION NUMBER ▼ <b>C C00530766</b>
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		

Full Name of Payee <b>Gage Blank</b>		Date of Public Distribution/Dissemination 12 / 01 / 2014	
Mailing Address 5342 Eudora Dr		Amount 40.00	
City Addis	State LA	Zip Code 70710	Transaction ID : <b>061fa384-1bdc-48ef-b</b>
Purpose of Expenditure Salary	Category/Type 001	Date of Disbursement or Obligation 12 / 01 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: LA
Calendar Year-To-Date Per Election for Office Sought 554635.78		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input checked="" type="checkbox"/> Other (specify) ▶ Runoff	

Full Name of Payee <b>Gage Blank</b>		Date of Public Distribution/Dissemination 12 / 01 / 2014	
Mailing Address 5342 Eudora Dr		Amount 7.50	
City Addis	State LA	Zip Code 70710	Transaction ID : <b>7ec2f577-0111-4e1b-a</b>
Purpose of Expenditure Mileage	Category/Type 002	Date of Disbursement or Obligation 12 / 01 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: LA
Calendar Year-To-Date Per Election for Office Sought 554635.78		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input checked="" type="checkbox"/> Other (specify) ▶ Runoff	

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures.....	▶	47.50
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures .....	▶	
(c) <b>TOTAL</b> Independent Expenditures.....	▶	

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

Ms. Emily Buchanan [Electronically Filed] Date 05 / 18 / 2015

Signature



SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In 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: Cathy Longtin
Mailing Address: 827 Navavre Ave
City: New Orleans, State: LA, Zip Code: 70124
Purpose of Expenditure: Salary, Category/Type: 001
Date of Public Distribution/Dissemination: 12/01/2014
Amount: 80.00
Transaction ID: dae61d7c-79ee-489a-9
Name of Federal Candidate: Ms. Mary L Landrieu, Office Sought: Senate, State: LA
Calendar Year-To-Date Per Election for Office Sought: 554635.78
Disbursement For: Other (specify) Runoff

Full Name of Payee: Cathy Longtin
Mailing Address: 827 Navavre Ave
City: New Orleans, State: LA, Zip Code: 70124
Purpose of Expenditure: Mileage, Category/Type: 002
Date of Public Distribution/Dissemination: 12/01/2014
Amount: 14.40
Transaction ID: 3213bc15-697f-4a8e-b
Name of Federal Candidate: Ms. Mary L Landrieu, Office Sought: Senate, State: LA
Calendar Year-To-Date Per Election for Office Sought: 554635.78
Disbursement For: Other (specify) Runoff

(a) SUBTOTAL of Itemized Independent Expenditures: 94.40
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL Independent Expenditures

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

Signature: Ms. Emily Buchanan [Electronically Filed] Date: 05/18/2015

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In 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: Brogan A Benoit
Mailing Address: 7144 South River Rd
City: Addis State: LA Zip Code: 70710
Purpose of Expenditure: Salary Category/Type: 001
Date of Public Distribution/Dissemination: 12/01/2014
Amount: 50.00
Transaction ID: a6890b40-5400-4ccd-9
Date of Disbursement or Obligation: 12/01/2014
Name of Federal Candidate: Ms. Mary L Landrieu
Office Sought: Senate State: LA
Disbursement For: Other (specify) Runoff

Full Name of Payee: Brogan A Benoit
Mailing Address: 7144 South River Rd
City: Addis State: LA Zip Code: 70710
Purpose of Expenditure: Mileage Category/Type: 002
Date of Public Distribution/Dissemination: 12/01/2014
Amount: 13.80
Transaction ID: 30d55e53-1b52-4c49-a
Date of Disbursement or Obligation: 12/01/2014
Name of Federal Candidate: Ms. Mary L Landrieu
Office Sought: Senate State: LA
Disbursement For: Other (specify) Runoff

(a) SUBTOTAL of Itemized Independent Expenditures 63.80
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL Independent Expenditures

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.
Ms. Emily Buchanan [Electronically Filed] Date 05/18/2015
Signature

# SCHEDULE E (FEC Form 3X) ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>		FEC IDENTIFICATION NUMBER <b>C C00530766</b>
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report		<input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on

Full Name of Payee <b>Jeanne Tribou</b>		Date of Public Distribution/Dissemination 12 / 03 / 2014	
Mailing Address 22369 Ponderosa Dr.		Amount 30.00	
City Mandeville	State LA	Zip Code 70471	Transaction ID : 7cdd08d7-c224-46ce-9
Purpose of Expenditure Salary	Category/Type 001	Date of Disbursement or Obligation 12 / 03 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: LA
Calendar Year-To-Date Per Election for Office Sought 554635.78		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input checked="" type="checkbox"/> Other (specify) ► Runoff	

Full Name of Payee <b>Jeanne Tribou</b>		Date of Public Distribution/Dissemination 12 / 03 / 2014	
Mailing Address 22369 Ponderosa Dr.		Amount 5.10	
City Mandeville	State LA	Zip Code 70471	Transaction ID : 774551f6-50aa-4e98-a
Purpose of Expenditure Mileage	Category/Type 002	Date of Disbursement or Obligation 12 / 03 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: LA
Calendar Year-To-Date Per Election for Office Sought 554635.78		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input checked="" type="checkbox"/> Other (specify) ► Runoff	

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ►	35.10
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ►	
(c) <b>TOTAL</b> Independent Expenditures..... ►	

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

*Ms. Emily Buchanan*

[Electronically Filed]

Date 05 / 18 / 2015

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

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

Full Name of Payee
Chain Bridge Bank
Previously Reported as \$9,600. Difference was refund
Mailing Address
1445 Laughlin Ave
City
McLean State
VA Zip Code
22101
Date of Public Distribution/Dissemination
12 / 03 / 2014
Amount
4397.88
Transaction ID : be15981f-5a24-4e9f-9
Date of Disbursement or Obligation
12 / 03 / 2014
Purpose of Expenditure
Travel Category/Type
004
Name of Federal Candidate
Ms. Mary L Landrieu Support Oppose
Office Sought: House Senate State: LA
Calendar Year-To-Date
Per Election for Office Sought
554635.78
Disbursement For: Primary General Other (specify)
Runoff

Full Name of Payee
Residence Inn
Mailing Address
101 Park Place Boulevard
City
Covington State
LA Zip Code
70433
Date of Public Distribution/Dissemination
12 / 03 / 2014
Amount
13133.00
Transaction ID : 2af68108-6c32-4ce7-a
Date of Disbursement or Obligation
12 / 03 / 2014
Purpose of Expenditure
Hotel Category/Type
004
Name of Federal Candidate
Ms. Mary L Landrieu Support Oppose
Office Sought: House Senate State: LA
Calendar Year-To-Date
Per Election for Office Sought
554635.78
Disbursement For: Primary General Other (specify)
Runoff

(a) SUBTOTAL of Itemized Independent Expenditures..... 17530.88
(b) SUBTOTAL of Unitemized Independent Expenditures .....
(c) TOTAL Independent Expenditures.....

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.
Ms. Emily Buchanan
[Electronically Filed]
Date
05 / 18 / 2015
Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In 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
Orbitz
Mailing Address
500 W Madison
1000
City
Chicago State
IL Zip Code
60661
Purpose of Expenditure
Airfare Category/
Type 004

Date of Public Distribution/Dissemination
12 / 03 / 2014
Amount
12145.33
Transaction ID : d88fa95d-0376-4cd3-8
Date of Disbursement or Obligation
12 / 03 / 2014

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

Disbursement For:
Primary
General
Other (specify)
Runoff

Full Name of Payee
United Airlines
Mailing Address
PO Box 66100
City
Chicago State
IL Zip Code
60666
Purpose of Expenditure
Airfare Category/
Type 004

Date of Public Distribution/Dissemination
12 / 03 / 2014
Amount
2648.80
Transaction ID : 52ad52db-15c7-4574-9
Date of Disbursement or Obligation
12 / 03 / 2014

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

Disbursement For:
Primary
General
Other (specify)
Runoff

(a) SUBTOTAL of Itemized Independent Expenditures 14794.13
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL Independent Expenditures

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

Ms. Emily Buchanan
[Electronically Filed]
Date 05 / 18 / 2015
Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In 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
Elite Tours of Atlanta
Mailing Address
1525 Willingham Dr
City
East Point State
GA Zip Code
30344
Purpose of Expenditure
Travel Category/Type
004

Date of Public Distribution/Dissemination
12 / 03 / 2014
Amount
4600.00
Transaction ID : 6b168f94-922d-440e-8
Date of Disbursement or Obligation
12 / 03 / 2014

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

Disbursement For:
Primary General
2014 Other (specify)
Runoff

Calendar Year-To-Date
Per Election for Office Sought
554635.78

Full Name of Payee
Maurice Bransfield
Mailing Address
12720 Builders Rd
City
Herndon State
VA Zip Code
20170
Purpose of Expenditure
Van Rental Category/Type
004

Date of Public Distribution/Dissemination
12 / 03 / 2014
Amount
6038.04
Transaction ID : 37fe89e5-a4e4-49ac-b
Date of Disbursement or Obligation
12 / 03 / 2014

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

Disbursement For:
Primary General
2014 Other (specify)
Runoff

Calendar Year-To-Date
Per Election for Office Sought
261541.03

(a) SUBTOTAL of Itemized Independent Expenditures... 10638.04
(b) SUBTOTAL of Unitemized Independent Expenditures...
(c) TOTAL Independent Expenditures...

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

Ms. Emily Buchanan
Signature [Electronically Filed] Date
05 / 18 / 2015

**SCHEDULE E (FEC Form 3X)  
ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>		<b>FEC IDENTIFICATION NUMBER ▼</b> <b>C</b> C00530766
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <span style="float: right;">M M M / D D D / Y Y Y Y Y Y</span>		

Full Name of Payee <b>Corey S McKnight</b>		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 12 / 03 / 2014	
Mailing Address 1510 Bailey St		Amount 40.00	
City West Monroe	State LA	Zip Code 71292	<b>Transaction ID : fb697e04-2a93-4239-9</b>
Purpose of Expenditure Salary	Category/ Type 001	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 12 / 03 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: LA
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input checked="" type="checkbox"/> Other (specify) ▶ Runoff	

Full Name of Payee <b>Heather A Smith</b>		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 12 / 03 / 2014	
Mailing Address 995 Clairborne Rd		Amount 44.00	
City Calhoun	State LA	Zip Code 71225	<b>Transaction ID : 5d9210b7-842e-4f68-8</b>
Purpose of Expenditure Salary	Category/ Type 001	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 12 / 03 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: LA
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input checked="" type="checkbox"/> Other (specify) ▶ Runoff	

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶	84.00
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	
(c) <b>TOTAL</b> Independent Expenditures..... ▶	

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

*Ms. Emily Buchanan*

*[Electronically Filed]*

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

Signature

# SCHEDULE E (FEC Form 3X) ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>	<b>FEC IDENTIFICATION NUMBER</b> ▼ <b>C</b> C00530766
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y</span>	

Full Name of Payee <b>Heather A Smith</b>	Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y</span> 12 / 03 / 2014
Mailing Address 995 Clairborne Rd	Amount <span style="border: 1px solid black; padding: 2px;">13.80</span>
City State Zip Code Calhoun LA 71225	<b>Transaction ID : 2b040310-0398-4cb2-b</b> Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y</span> 12 / 03 / 2014
Purpose of Expenditure Mileage	Category/Type <span style="border: 1px solid black; padding: 2px;">002</span>
Name of Federal Candidate Ms. Mary L Landrieu	Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>LA</u> <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input checked="" type="checkbox"/> Other (specify) ▶ <u>Runoff</u> <span style="border: 1px solid black; padding: 2px;">554635.78</span>

Full Name of Payee <b>Susan K Hamby</b>	Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y</span> 12 / 03 / 2014
Mailing Address 202 Violet St	Amount <span style="border: 1px solid black; padding: 2px;">20.00</span>
City State Zip Code West Monroe LA 71292	<b>Transaction ID : 37758b3f-c9a9-4f68-a</b> Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y</span> 12 / 03 / 2014
Purpose of Expenditure Salary	Category/Type <span style="border: 1px solid black; padding: 2px;">001</span>
Name of Federal Candidate Ms. Mary L Landrieu	Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>LA</u> <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input checked="" type="checkbox"/> Other (specify) ▶ <u>Runoff</u> <span style="border: 1px solid black; padding: 2px;">554635.78</span>

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶	<span style="border: 1px solid black; padding: 2px;">33.80</span>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	<span style="border: 1px solid black; padding: 2px;"> </span>
(c) <b>TOTAL</b> Independent Expenditures..... ▶	<span style="border: 1px solid black; padding: 2px;"> </span>

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

*Ms. Emily Buchanan*

Signature \_\_\_\_\_ [Electronically Filed] Date M M / D D / Y Y Y Y  
05 / 18 / 2015



**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>		FEC IDENTIFICATION NUMBER <b>C</b> C00530766
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		MM / DD / YYYY

Full Name of Payee <b>Susan K Hamby</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>12 / 03 / 2014</b>
Mailing Address 202 Violet St		Amount <b>1.50</b>
City West Monroe	State LA	Zip Code 71292
Purpose of Expenditure Mileage	Category/Type <b>002</b>	Transaction ID : <b>2f2253a5-6695-44d7-b</b> Date of Disbursement or Obligation MM / DD / YYYY <b>12 / 03 / 2014</b>
Name of Federal Candidate Ms. Mary L Landrieu	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>LA</u>
Calendar Year-To-Date Per Election for Office Sought <b>554635.78</b>		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input checked="" type="checkbox"/> Other (specify) ▶ <u>Runoff</u>

Full Name of Payee <b>Cathy Longtin</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>12 / 03 / 2014</b>
Mailing Address 827 Navavre Ave		Amount <b>70.00</b>
City New Orleans	State LA	Zip Code 70124
Purpose of Expenditure Salary	Category/Type <b>001</b>	Transaction ID : <b>e7e7aaa6-23e5-410e-8</b> Date of Disbursement or Obligation MM / DD / YYYY <b>12 / 03 / 2014</b>
Name of Federal Candidate Ms. Mary L Landrieu	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>LA</u>
Calendar Year-To-Date Per Election for Office Sought <b>554635.78</b>		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input checked="" type="checkbox"/> Other (specify) ▶ <u>Runoff</u>

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures.....▶	<b>71.50</b>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures.....▶	
(c) <b>TOTAL</b> Independent Expenditures.....▶	

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

*Ms. Emily Buchanan*  
Signature

[Electronically Filed]

Date **05 / 18 / 2015**

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>	<b>FEC IDENTIFICATION NUMBER ▼</b> <b>C</b> C00530766
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee <b>Cathy Longtin</b>		Date of Public Distribution/Dissemination 12 / 03 / 2014	
Mailing Address 827 Navavre Ave		Amount 16.80	
City New Orleans	State LA	Zip Code 70124	<b>Transaction ID : 566f1b94-60cc-4709-a</b> Date of Disbursement or Obligation 12 / 03 / 2014
Purpose of Expenditure Mileage	Category/ Type 002		
Name of Federal Candidate Ms. Mary L Landrieu		Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: LA	
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input checked="" type="checkbox"/> Other (specify) ▶ Runoff	

Full Name of Payee <b>Jenny N Brown</b>		Date of Public Distribution/Dissemination 12 / 03 / 2014	
Mailing Address 1270 Lovelady Rd		Amount 40.00	
City West Monroe	State LA	Zip Code 71292	<b>Transaction ID : b6c65436-2431-45da-8</b> Date of Disbursement or Obligation 12 / 03 / 2014
Purpose of Expenditure Salary	Category/ Type 001		
Name of Federal Candidate Ms. Mary L Landrieu		Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: LA	
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input checked="" type="checkbox"/> Other (specify) ▶ Runoff	

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures.....	▶	56.80
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures .....	▶	
(c) <b>TOTAL</b> Independent Expenditures.....	▶	

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

Ms. Emily Buchanan

Signature

[Electronically Filed]

Date

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

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In 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
Jenny N Brown
Mailing Address
1270 Lovelady Rd
City
West Monroe State
LA Zip Code
71292
Date of Public Distribution/Dissemination
12 / 03 / 2014
Amount
12.00
Transaction ID : f843feb3-0433-4bc9-9
Date of Disbursement or Obligation
12 / 03 / 2014
Purpose of Expenditure
Mileage Category/
Type 002
Name of Federal Candidate
Ms. Mary L Landrieu Support
Oppose Office Sought:
House District: 00
Senate State: LA
Calendar Year-To-Date
Per Election for Office Sought
554635.78
Disbursement For:
Primary General
Other (specify) Runoff

Full Name of Payee
Patricia F Arnold
Mailing Address
1117 Clipper Dr
City
Slidell State
LA Zip Code
70458
Date of Public Distribution/Dissemination
12 / 03 / 2014
Amount
20.00
Transaction ID : c9bf4b34-8543-4eb3-9
Date of Disbursement or Obligation
12 / 03 / 2014
Purpose of Expenditure
Salary Category/
Type 001
Name of Federal Candidate
Ms. Mary L Landrieu Support
Oppose Office Sought:
House District: 00
Senate State: LA
Calendar Year-To-Date
Per Election for Office Sought
554635.78
Disbursement For:
Primary General
Other (specify) Runoff

(a) SUBTOTAL of Itemized Independent Expenditures 32.00
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL Independent Expenditures

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

Ms. Emily Buchanan [Electronically Filed] Date 05 / 18 / 2015
Signature

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>	FEC IDENTIFICATION NUMBER <b>C00530766</b>
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	MM / DD / YYYY

Full Name of Payee <b>Patricia F Arnold</b>	Date of Public Distribution/Dissemination MM / DD / YYYY <b>12 / 03 / 2014</b>
Mailing Address <b>1117 Clipper Dr</b>	Amount <b>5.01</b>
City <b>Slidell</b>	State <b>LA</b>
Zip Code <b>70458</b>	Transaction ID : <b>17f361ba-57a3-4889-9</b>
Purpose of Expenditure <b>Mileage</b>	Date of Disbursement or Obligation MM / DD / YYYY <b>12 / 03 / 2014</b>
Category/Type <b>002</b>	
Name of Federal Candidate <b>Ms. Mary L Landrieu</b>	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate   District: <b>00</b> <input type="checkbox"/> President   State: <b>LA</b>
<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought <b>554635.78</b>	Disbursement For: 2014 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▶ <b>Runoff</b>

Full Name of Payee <b>Lesley Lennox</b>	Date of Public Distribution/Dissemination MM / DD / YYYY <b>12 / 03 / 2014</b>
Mailing Address <b>2305 Cleary Ave</b>	Amount <b>17.50</b>
City <b>Metairie</b>	State <b>LA</b>
Zip Code <b>70001</b>	Transaction ID : <b>afc9b316-55e9-41fc-8</b>
Purpose of Expenditure <b>Salary</b>	Date of Disbursement or Obligation MM / DD / YYYY <b>12 / 03 / 2014</b>
Category/Type <b>001</b>	
Name of Federal Candidate <b>Ms. Mary L Landrieu</b>	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate   District: <b>00</b> <input type="checkbox"/> President   State: <b>LA</b>
<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought <b>554635.78</b>	Disbursement For: 2014 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▶ <b>Runoff</b>

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶	<b>22.51</b>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures..... ▶	
(c) <b>TOTAL</b> Independent Expenditures..... ▶	

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

Signature Ms. Emily Buchanan [Electronically Filed] Date MM / DD / YYYY **05 / 18 / 2015**

# SCHEDULE E (FEC Form 3X) ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>		FEC IDENTIFICATION NUMBER ▼ <b>C C00530766</b>
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		M M M / D D D / Y Y Y Y Y Y

Full Name of Payee <b>Lesley Lennox</b>	
Mailing Address 2305 Cleary Ave	
City Metairie	State LA
Zip Code 70001	
Purpose of Expenditure Mileage	Category/ Type 002
Name of Federal Candidate Ms. Mary L Landrieu	
<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought	
554635.78	

Date of Public Distribution/Dissemination 12 / 03 / 2014
Amount 3.30
Transaction ID : 368bf25b-a7e5-42d9-a
Date of Disbursement or Obligation 12 / 03 / 2014
Office Sought: <input type="checkbox"/> House District: 00
<input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: LA
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General
2014 <input checked="" type="checkbox"/> Other (specify) ► Runoff

Full Name of Payee <b>Virginia T Grant</b>	
Mailing Address 134 Shore Crest Circle	
City Carriere	State MS
Zip Code 39426	
Purpose of Expenditure Salary	Category/ Type 001
Name of Federal Candidate Ms. Mary L Landrieu	
<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought	
554635.78	

Date of Public Distribution/Dissemination 12 / 03 / 2014
Amount 30.00
Transaction ID : 51630100-774d-4611-b
Date of Disbursement or Obligation 12 / 03 / 2014
Office Sought: <input type="checkbox"/> House District: 00
<input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: LA
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General
2014 <input checked="" type="checkbox"/> Other (specify) ► Runoff

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures.....	33.30
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures .....	
(c) <b>TOTAL</b> Independent Expenditures.....	

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

*Ms. Emily Buchanan* [Electronically Filed] Date 05 / 18 / 2015

Signature \_\_\_\_\_

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In 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
Virginia T Grant
Mailing Address
134 Shore Crest Circle
City
Carriere State
MS Zip Code
39426
Purpose of Expenditure
Mileage Category/
Type 002

Date of Public Distribution/Dissemination
12 / 03 / 2014
Amount
7.20
Transaction ID : 8dd284ce-c011-4916-a
Date of Disbursement or Obligation
12 / 03 / 2014

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

Disbursement For:
Primary General
2014
Other (specify)
Runoff

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

Date of Public Distribution/Dissemination
12 / 03 / 2014
Amount
100.00
Transaction ID : 61d24ee1-b0e0-455f-9
Date of Disbursement or Obligation
12 / 03 / 2014

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

Disbursement For:
Primary General
2014
Other (specify)
Runoff

(a) SUBTOTAL of Itemized Independent Expenditures ..... 107.20
(b) SUBTOTAL of Unitemized Independent Expenditures .....
(c) TOTAL Independent Expenditures .....

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Ms. Emily Buchanan
[Electronically Filed]
Date
05 / 18 / 2015
Signature

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>	<b>FEC IDENTIFICATION NUMBER ▼</b> <div style="border: 1px solid black; padding: 2px;"> <span style="font-size: 1.2em; font-weight: bold;">C</span> C00530766                 </div>
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <span style="border: 1px solid black; padding: 0 5px;">  </span> / <span style="border: 1px solid black; padding: 0 5px;">  </span> / <span style="border: 1px solid black; padding: 0 5px;">  </span>	

Full Name of Payee <b>Sheri J Peace</b>	Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px;"> <span style="font-size: 0.8em;">M M / D D / Y Y Y Y Y Y</span>                      12 / 03 / 2014                 </div>
Mailing Address 9685 Paula St	Amount <div style="border: 1px solid black; padding: 2px; text-align: right;"> <span style="font-size: 1.2em;">36.60</span> </div>
City State Zip Code Keithville LA 71047	<b>Transaction ID : 894031ee-fda7-4a7d-8</b> Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px;"> <span style="font-size: 0.8em;">M M / D D / Y Y Y Y Y Y</span>                      12 / 03 / 2014                 </div>
Purpose of Expenditure Mileage	Category/Type <span style="border: 1px solid black; padding: 0 5px;">002</span>
Name of Federal Candidate Ms. Mary L Landrieu	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House    District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate    State: <u>LA</u>
Calendar Year-To-Date Per Election for Office Sought	<div style="border: 1px solid black; padding: 2px; text-align: right;"> <span style="font-size: 1.2em;">554635.78</span> </div> Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input checked="" type="checkbox"/> Other (specify) ▶ <u>Runoff</u>

Full Name of Payee <b>Tammy Williams</b>	Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px;"> <span style="font-size: 0.8em;">M M / D D / Y Y Y Y Y Y</span>                      12 / 03 / 2014                 </div>
Mailing Address 924 N. Prieur St	Amount <div style="border: 1px solid black; padding: 2px; text-align: right;"> <span style="font-size: 1.2em;">60.00</span> </div>
City State Zip Code New Orleans LA 70116	<b>Transaction ID : b24a5719-f723-48dd-8</b> Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px;"> <span style="font-size: 0.8em;">M M / D D / Y Y Y Y Y Y</span>                      12 / 03 / 2014                 </div>
Purpose of Expenditure Salary	Category/Type <span style="border: 1px solid black; padding: 0 5px;">001</span>
Name of Federal Candidate Ms. Mary L Landrieu	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House    District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate    State: <u>LA</u>
Calendar Year-To-Date Per Election for Office Sought	<div style="border: 1px solid black; padding: 2px; text-align: right;"> <span style="font-size: 1.2em;">554635.78</span> </div> Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input checked="" type="checkbox"/> Other (specify) ▶ <u>Runoff</u>

<b>(a) SUBTOTAL</b> of Itemized Independent Expenditures.....▶	<div style="border: 1px solid black; padding: 2px; text-align: right;"> <span style="font-size: 1.2em;">96.60</span> </div>
<b>(b) SUBTOTAL</b> of Unitemized Independent Expenditures .....▶	<div style="border: 1px solid black; padding: 2px; text-align: right;"> <span style="font-size: 1.2em;">  </span> </div>
<b>(c) TOTAL</b> Independent Expenditures.....▶	<div style="border: 1px solid black; padding: 2px; text-align: right;"> <span style="font-size: 1.2em;">  </span> </div>

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

*Ms. Emily Buchanan*  
 \_\_\_\_\_  
 Signature

[Electronically Filed]

Date 05 / 18 / 2015

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In 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: Tammy Williams
Mailing Address: 924 N. Prieur St
City: New Orleans, State: LA, Zip Code: 70116
Purpose of Expenditure: Mileage, Category/Type: 002
Date of Public Distribution/Dissemination: 12/03/2014
Amount: 12.00
Transaction ID: 61d70009-14f8-4b8b-a
Date of Disbursement or Obligation: 12/03/2014
Name of Federal Candidate: Ms. Mary L Landrieu
Office Sought: Senate, State: LA
Disbursement For: Other (specify) Runoff

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
Date of Public Distribution/Dissemination: 12/03/2014
Amount: 60.00
Transaction ID: 0042d0db-0abe-44f1-9
Date of Disbursement or Obligation: 12/03/2014
Name of Federal Candidate: Ms. Mary L Landrieu
Office Sought: Senate, State: LA
Disbursement For: Other (specify) Runoff

(a) SUBTOTAL of Itemized Independent Expenditures: 72.00
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL Independent Expenditures

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

Ms. Emily Buchanan
[Electronically Filed]
Date: 05/18/2015
Signature



**SCHEDULE E (FEC Form 3X)  
ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>		FEC IDENTIFICATION NUMBER <b>C C00530766</b>	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report		<input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee <b>Windy Hageman</b>		Date of Public Distribution/Dissemination <b>12 / 03 / 2014</b>	
Mailing Address 5521 Randolph St.		Amount <b>55.00</b>	
City Marrero	State LA	Zip Code 70072	Transaction ID : <b>4d2afca6-f4e9-4699-8</b>
Purpose of Expenditure Salary		Category/Type <b>001</b>	Date of Disbursement or Obligation <b>12 / 03 / 2014</b>
Name of Federal Candidate Ms. Mary L Landrieu		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>LA</u>
Calendar Year-To-Date Per Election for Office Sought <b>554635.78</b>		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input checked="" type="checkbox"/> Other (specify) <u>Runoff</u>	

Full Name of Payee <b>Windy Hageman</b>		Date of Public Distribution/Dissemination <b>12 / 03 / 2014</b>	
Mailing Address 5521 Randolph St.		Amount <b>6.90</b>	
City Marrero	State LA	Zip Code 70072	Transaction ID : <b>4da8ff3d-e70f-4279-9</b>
Purpose of Expenditure Mileage		Category/Type <b>002</b>	Date of Disbursement or Obligation <b>12 / 03 / 2014</b>
Name of Federal Candidate Ms. Mary L Landrieu		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>LA</u>
Calendar Year-To-Date Per Election for Office Sought <b>554635.78</b>		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input checked="" type="checkbox"/> Other (specify) <u>Runoff</u>	

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures.....▶	<b>61.90</b>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures .....	
(c) <b>TOTAL</b> Independent Expenditures.....▶	

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

*Ms. Emily Buchanan*  
Signature

[Electronically Filed] Date **05 / 18 / 2015**

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In 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: 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: 12/03/2014
Amount: 70.00
Transaction ID: 914b4af0-a77a-45f6-b
Date of Disbursement or Obligation: 12/03/2014
Name of Federal Candidate: Ms. Mary L Landrieu
Office Sought: Senate, State: LA
Calendar Year-To-Date Per Election for Office Sought: 554635.78
Disbursement For: Other (specify) Runoff

Full Name of Payee: Julia Perry
Mailing Address: 2046 Perrin St Apt C
City: Shreveport, State: LA, Zip Code: 71101
Purpose of Expenditure: Mileage, Category/Type: 002
Date of Public Distribution/Dissemination: 12/03/2014
Amount: 6.90
Transaction ID: 632d9c59-f6f6-42ed-b
Date of Disbursement or Obligation: 12/03/2014
Name of Federal Candidate: Ms. Mary L Landrieu
Office Sought: Senate, State: LA
Calendar Year-To-Date Per Election for Office Sought: 554635.78
Disbursement For: Other (specify) Runoff

(a) SUBTOTAL of Itemized Independent Expenditures: 76.90
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL Independent Expenditures

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.
Ms. Emily Buchanan [Electronically Filed] Date 05/18/2015

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In 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: Taylor De Julian-Hernandez
Mailing Address: 284 Cr 1401
City: Carthage, State: TX, Zip Code: 75633
Purpose of Expenditure: Salary, Category/Type: 001
Date of Public Distribution/Dissemination: 12/03/2014
Amount: 100.00
Transaction ID: 963ad654-829c-42f0-a
Date of Disbursement or Obligation: 12/03/2014
Name of Federal Candidate: Ms. Mary L Landrieu
Office Sought: Senate, State: LA
Disbursement For: Other (specify) Runoff

Full Name of Payee: Taylor De Julian-Hernandez
Mailing Address: 284 Cr 1401
City: Carthage, State: TX, Zip Code: 75633
Purpose of Expenditure: Mileage, Category/Type: 002
Date of Public Distribution/Dissemination: 12/03/2014
Amount: 54.00
Transaction ID: 8f39aec9-6478-4215-8
Date of Disbursement or Obligation: 12/03/2014
Name of Federal Candidate: Ms. Mary L Landrieu
Office Sought: Senate, State: LA
Disbursement For: Other (specify) Runoff

(a) SUBTOTAL of Itemized Independent Expenditures: 154.00
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL Independent Expenditures

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.
Ms. Emily Buchanan
[Electronically Filed]
Date: 05/18/2015

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>	<b>FEC IDENTIFICATION NUMBER ▼</b> <b>C</b> C00530766
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span>	

Full Name of Payee <b>Hilary Townsend</b>	Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 12 / 03 / 2014
Mailing Address 4506 US Hwy 79 North	Amount <span style="border: 1px solid black; padding: 2px;">80.00</span>
City State Zip Code Deberry TX 75639	
Purpose of Expenditure Salary	Category/Type <span style="border: 1px solid black; padding: 2px;">001</span>
Name of Federal Candidate Ms. Mary L Landrieu	Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>LA</u>
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">554635.78</span>	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input checked="" type="checkbox"/> Other (specify) ▶ <u>Runoff</u>

Full Name of Payee <b>Alice K Salazar</b>	Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 12 / 03 / 2014
Mailing Address 605 W Houston St	Amount <span style="border: 1px solid black; padding: 2px;">70.00</span>
City State Zip Code Marshall TX 75633	
Purpose of Expenditure Salary	Category/Type <span style="border: 1px solid black; padding: 2px;">001</span>
Name of Federal Candidate Ms. Mary L Landrieu	Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>LA</u>
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">554635.78</span>	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input checked="" type="checkbox"/> Other (specify) ▶ <u>Runoff</u>

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶	<span style="border: 1px solid black; padding: 2px;">150.00</span>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	<span style="border: 1px solid black; padding: 2px;"> </span>
(c) <b>TOTAL</b> Independent Expenditures..... ▶	<span style="border: 1px solid black; padding: 2px;"> </span>

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

*Ms. Emily Buchanan* [Electronically Filed] Date M M / D D / Y Y Y Y Y Y  
05 / 18 / 2015

Signature

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>		FEC IDENTIFICATION NUMBER <b>C C00530766</b>
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		MM / DD / YYYY

Full Name of Payee <b>Alice K Salazar</b>	Date of Public Distribution/Dissemination MM / DD / YYYY 12 / 03 / 2014
Mailing Address 605 W Houston St	Amount 51.60
City: Marshall State: TX Zip Code: 75633	Transaction ID : <b>cb993c07-9695-44b6-9</b> Date of Disbursement or Obligation MM / DD / YYYY 12 / 03 / 2014
Purpose of Expenditure: Mileage Category/Type: 002	
Name of Federal Candidate: Ms. Mary L Landriau <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: LA
Calendar Year-To-Date Per Election for Office Sought: 554635.78	Disbursement For: 2014 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▶ Runoff

Full Name of Payee <b>Francis Richardson</b>	Date of Public Distribution/Dissemination MM / DD / YYYY 12 / 03 / 2014
Mailing Address 220 Doucet Rd	Amount 35.00
City: Lafayette State: LA Zip Code: 70503	Transaction ID : <b>1dd96b80-44e6-40d2-a</b> Date of Disbursement or Obligation MM / DD / YYYY 12 / 03 / 2014
Purpose of Expenditure: Salary Category/Type: 001	
Name of Federal Candidate: Ms. Mary L Landriau <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: LA
Calendar Year-To-Date Per Election for Office Sought: 554635.78	Disbursement For: 2014 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▶ Runoff

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	86.60
(b) SUBTOTAL of Unitemized Independent Expenditures..... ▶	
(c) TOTAL Independent Expenditures..... ▶	

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

*Ms. Emily Buchanan*  
Signature

[Electronically Filed] Date MM / DD / YYYY  
05 / 18 / 2015

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>	<b>FEC IDENTIFICATION NUMBER</b> ▼ <b>C</b> C00530766
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y</span>	

Full Name of Payee <b>Francis Richardson</b>	Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y</span> 12 / 03 / 2014
Mailing Address 220 Doucet Rd	Amount <span style="border: 1px solid black; padding: 2px;">1.23</span>
City Lafayette State LA Zip Code 70503	<b>Transaction ID : 58ae0b13-a93d-49a2-b</b> Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y</span> 12 / 03 / 2014
Purpose of Expenditure Mileage	Category/Type <span style="border: 1px solid black; padding: 2px;">002</span>
Name of Federal Candidate Ms. Mary L Landrieu	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: LA
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">554635.78</span>	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input checked="" type="checkbox"/> Other (specify) ▶ Runoff

Full Name of Payee <b>Christopher Marquess</b>	Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y</span> 12 / 03 / 2014
Mailing Address 110 W Pecan St	Amount <span style="border: 1px solid black; padding: 2px;">50.00</span>
City Ville Platte State LA Zip Code 70586	<b>Transaction ID : 9e79b396-7ff8-485b-a</b> Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y</span> 12 / 03 / 2014
Purpose of Expenditure Salary	Category/Type <span style="border: 1px solid black; padding: 2px;">001</span>
Name of Federal Candidate Ms. Mary L Landrieu	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: LA
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">554635.78</span>	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input checked="" type="checkbox"/> Other (specify) ▶ Runoff

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶	<span style="border: 1px solid black; padding: 2px;">51.23</span>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	<span style="border: 1px solid black; padding: 2px;"> </span>
(c) <b>TOTAL</b> Independent Expenditures..... ▶	<span style="border: 1px solid black; padding: 2px;"> </span>

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

*Ms. Emily Buchanan*      **[Electronically Filed]**      Date M M / D D / Y Y Y Y  
05 / 18 / 2015

Signature \_\_\_\_\_

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>		FEC IDENTIFICATION NUMBER <b>C C00530766</b>
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		MM / DD / YYYY

Full Name of Payee <b>Christopher Marquess</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>12 / 03 / 2014</b>
Mailing Address 110 W Pecan St		Amount <b>36.00</b>
City Ville Platte	State LA	Zip Code 70586
Purpose of Expenditure Mileage	Category/Type <b>002</b>	Date of Disbursement or Obligation MM / DD / YYYY <b>12 / 03 / 2014</b>
Name of Federal Candidate Ms. Mary L Landrieu	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>LA</u>
Calendar Year-To-Date Per Election for Office Sought <b>554635.78</b>		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input checked="" type="checkbox"/> Other (specify) <u>Runoff</u>

Transaction ID : 090e51d5-a286-4644-a

Full Name of Payee <b>Beau Autin</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>12 / 03 / 2014</b>
Mailing Address 345 Auroura Ave		Amount <b>50.00</b>
City Metairie	State LA	Zip Code 70006
Purpose of Expenditure Salary	Category/Type <b>001</b>	Date of Disbursement or Obligation MM / DD / YYYY <b>12 / 03 / 2014</b>
Name of Federal Candidate Ms. Mary L Landrieu	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>LA</u>
Calendar Year-To-Date Per Election for Office Sought <b>554635.78</b>		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input checked="" type="checkbox"/> Other (specify) <u>Runoff</u>

Transaction ID : 4a33eeb9-f4f9-4eab-b

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures.....	<b>86.00</b>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures .....	
(c) <b>TOTAL</b> Independent Expenditures.....	

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

Ms. Emily Buchanan [Electronically Filed] Date **05 / 18 / 2015**

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In 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: Beau Autin
Mailing Address: 345 Auroura Ave
City: Metairie, State: LA, Zip Code: 70006
Purpose of Expenditure: Mileage, Category/Type: 002
Date of Public Distribution/Dissemination: 12/03/2014
Amount: 2.73
Transaction ID: 035bae70-34a4-4e77-8
Name of Federal Candidate: Ms. Mary L Landrieu, Support: [ ], Oppose: [X]
Office Sought: [ ] House, [X] Senate, District: 00, State: LA
Calendar Year-To-Date Per Election for Office Sought: 554635.78
Disbursement For: [ ] Primary, [ ] General, [X] Other (specify) Runoff

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
Date of Public Distribution/Dissemination: 12/03/2014
Amount: 60.00
Transaction ID: fbe69d75-d7d6-48c9-a
Name of Federal Candidate: Ms. Mary L Landrieu, Support: [ ], Oppose: [X]
Office Sought: [ ] House, [X] Senate, District: 00, State: LA
Calendar Year-To-Date Per Election for Office Sought: 554635.78
Disbursement For: [ ] Primary, [ ] General, [X] Other (specify) Runoff

(a) SUBTOTAL of Itemized Independent Expenditures: 62.73
(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 05/18/2015



SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

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

Full Name of Payee Gary W Fuhrmann
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 Oppose
Calendar Year-To-Date Per Election for Office Sought 554635.78

Date of Public Distribution/Dissemination 12 / 03 / 2014
Amount 9.30
Transaction ID : c3638830-854f-4f25-b
Date of Disbursement or Obligation 12 / 03 / 2014
Office Sought: House District: 00
President Senate State: LA
Disbursement For: Primary General 2014 Other (specify) Runoff

Full Name of Payee Donna S Wilson
Mailing Address 4456 Country Hill Dr
City Baton Rouge State LA Zip Code 70816
Purpose of Expenditure Salary Category/Type 001
Name of Federal Candidate Ms. Mary L Landrieu Support Oppose
Calendar Year-To-Date Per Election for Office Sought 554635.78

Date of Public Distribution/Dissemination 12 / 03 / 2014
Amount 20.00
Transaction ID : 95d56d23-6a79-4049-9
Date of Disbursement or Obligation 12 / 03 / 2014
Office Sought: House District: 00
President Senate State: LA
Disbursement For: Primary General 2014 Other (specify) Runoff

(a) SUBTOTAL of Itemized Independent Expenditures 29.30
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL Independent Expenditures

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

Ms. Emily Buchanan [Electronically Filed] Date 05 / 18 / 2015
Signature

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>	<b>FEC IDENTIFICATION NUMBER ▼</b> <div style="border: 1px solid black; padding: 2px;"> <span style="font-size: 1.2em; font-weight: bold; border: 1px solid black; display: inline-block; width: 15px; height: 15px; text-align: center; vertical-align: middle;">C</span> <span style="margin-left: 5px;">C00530766</span> </div>
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee <b>Donna S Wilson</b>	Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px;"> <span style="font-size: 0.8em;">M M / D D / Y Y Y Y Y Y</span>  <span style="font-size: 1.2em; font-weight: bold;">12 / 03 / 2014</span> </div>						
Mailing Address    4456 Country Hill Dr	Amount <div style="border: 1px solid black; padding: 2px; text-align: right;"> <span style="font-size: 1.2em; font-weight: bold;">6.60</span> </div>						
<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:30%;">City</td> <td style="width:30%;">State</td> <td style="width:40%;">Zip Code</td> </tr> <tr> <td>Baton Rouge</td> <td>LA</td> <td>70816</td> </tr> </table>	City	State	Zip Code	Baton Rouge	LA	70816	<b>Transaction ID : e2125729-a24c-423f-8</b> Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px;"> <span style="font-size: 0.8em;">M M / D D / Y Y Y Y Y Y</span>  <span style="font-size: 1.2em; font-weight: bold;">12 / 03 / 2014</span> </div>
City	State	Zip Code					
Baton Rouge	LA	70816					
Purpose of Expenditure Mileage	Category/Type <div style="border: 1px solid black; padding: 2px; text-align: center;">002</div>						
Name of Federal Candidate Ms. Mary L Landrieu	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House    District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate    State: <u>LA</u>						
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; text-align: right;">554635.78</div>	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input checked="" type="checkbox"/> Other (specify) ▶    Runoff						

Full Name of Payee <b>Elvis Spears</b>	Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px;"> <span style="font-size: 0.8em;">M M / D D / Y Y Y Y Y Y</span>  <span style="font-size: 1.2em; font-weight: bold;">12 / 03 / 2014</span> </div>						
Mailing Address    2150 Hope St	Amount <div style="border: 1px solid black; padding: 2px; text-align: right;"> <span style="font-size: 1.2em; font-weight: bold;">60.00</span> </div>						
<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:30%;">City</td> <td style="width:30%;">State</td> <td style="width:40%;">Zip Code</td> </tr> <tr> <td>New Orleans</td> <td>LA</td> <td>70119</td> </tr> </table>	City	State	Zip Code	New Orleans	LA	70119	<b>Transaction ID : be754540-614b-414a-a</b> Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px;"> <span style="font-size: 0.8em;">M M / D D / Y Y Y Y Y Y</span>  <span style="font-size: 1.2em; font-weight: bold;">12 / 03 / 2014</span> </div>
City	State	Zip Code					
New Orleans	LA	70119					
Purpose of Expenditure Salary	Category/Type <div style="border: 1px solid black; padding: 2px; text-align: center;">001</div>						
Name of Federal Candidate Ms. Mary L Landrieu	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House    District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate    State: <u>LA</u>						
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; text-align: right;">554635.78</div>	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input checked="" type="checkbox"/> Other (specify) ▶    Runoff						

<b>(a) SUBTOTAL</b> of Itemized Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; text-align: right;"> <span style="font-size: 1.2em; font-weight: bold;">66.60</span> </div>
<b>(b) SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	<div style="border: 1px solid black; padding: 2px; text-align: right;"> <span style="font-size: 1.2em; font-weight: bold;">0.00</span> </div>
<b>(c) TOTAL</b> Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; text-align: right;"> <span style="font-size: 1.2em; font-weight: bold;">66.60</span> </div>

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

*Ms. Emily Buchanan*

Signature \_\_\_\_\_ [Electronically Filed]    Date 

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

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In 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
Elvis Spears
Mailing Address
2150 Hope St
City
New Orleans State
LA Zip Code
70119
Date of Public Distribution/Dissemination
12 / 03 / 2014
Amount
12.60
Transaction ID : f90dbfd9-3229-421e-b
Date of Disbursement or Obligation
12 / 03 / 2014
Purpose of Expenditure
Mileage Category/
Type 002
Name of Federal Candidate
Ms. Mary L Landrieu Support
Oppose Office Sought:
House Senate State:
LA
Calendar Year-To-Date
Per Election for Office Sought
554635.78
Disbursement For:
Primary General
Other (specify)
Runoff

Full Name of Payee
Felicia A Jones
Mailing Address
4106 Martha St
City
Shreveport State
LA Zip Code
71109
Date of Public Distribution/Dissemination
12 / 03 / 2014
Amount
80.00
Transaction ID : 39b9a77b-2995-4aa6-a
Date of Disbursement or Obligation
12 / 03 / 2014
Purpose of Expenditure
Salary Category/
Type 001
Name of Federal Candidate
Ms. Mary L Landrieu Support
Oppose Office Sought:
House Senate State:
LA
Calendar Year-To-Date
Per Election for Office Sought
554635.78
Disbursement For:
Primary General
Other (specify)
Runoff

(a) SUBTOTAL of Itemized Independent Expenditures..... 92.60
(b) SUBTOTAL of Unitemized Independent Expenditures .....
(c) TOTAL Independent Expenditures.....

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

Ms. Emily Buchanan
[Electronically Filed]
Date 05 / 18 / 2015
Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

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

Full Name of Payee
Felicia A Jones
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
Oppose
Calendar Year-To-Date
Per Election for Office Sought
554635.78

Date of Public Distribution/Dissemination
12 / 03 / 2014
Amount
9.90
Transaction ID : 8e2d1b48-1895-4ae7-9
Date of Disbursement or Obligation
12 / 03 / 2014
Office Sought:
House District: 00
Senate State: LA
Disbursement For:
Primary General
Other (specify) Runoff

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
Oppose
Calendar Year-To-Date
Per Election for Office Sought
554635.78

Date of Public Distribution/Dissemination
12 / 03 / 2014
Amount
80.00
Transaction ID : 2e905675-bc26-41a4-9
Date of Disbursement or Obligation
12 / 03 / 2014
Office Sought:
House District: 00
Senate State: LA
Disbursement For:
Primary General
Other (specify) Runoff

(a) SUBTOTAL of Itemized Independent Expenditures..... 89.90
(b) SUBTOTAL of Unitemized Independent Expenditures .....
(c) TOTAL Independent Expenditures.....

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

Ms. Emily Buchanan
[Electronically Filed]
Date 05 / 18 / 2015
Signature

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>	<b>FEC IDENTIFICATION NUMBER</b> ▼ <b>C</b> C00530766
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span>	

Full Name of Payee <b>Gregory Green</b>	Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 12 / 03 / 2014
Mailing Address 2506 Bolch Street	Amount <span style="border: 1px solid black; padding: 2px;">88.50</span>
City State Zip Code Shreveport LA 71104	
Purpose of Expenditure Mileage	Category/Type <span style="border: 1px solid black; padding: 2px;">002</span>
Name of Federal Candidate Ms. Mary L Landrieu	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>LA</u>
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">554635.78</span>	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input checked="" type="checkbox"/> Other (specify) ▶ <u>Runoff</u>

Full Name of Payee <b>Lilly Green</b>	Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 12 / 03 / 2014
Mailing Address 205 Medallion Circle	Amount <span style="border: 1px solid black; padding: 2px;">80.00</span>
City State Zip Code Shreveport LA 71119	
Purpose of Expenditure Salary	Category/Type <span style="border: 1px solid black; padding: 2px;">001</span>
Name of Federal Candidate Ms. Mary L Landrieu	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>LA</u>
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">554635.78</span>	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input checked="" type="checkbox"/> Other (specify) ▶ <u>Runoff</u>

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶	<span style="border: 1px solid black; padding: 2px;">168.50</span>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	<span style="border: 1px solid black; padding: 2px;"> </span>
(c) <b>TOTAL</b> Independent Expenditures..... ▶	<span style="border: 1px solid black; padding: 2px;"> </span>

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

*Ms. Emily Buchanan*

Signature \_\_\_\_\_ [Electronically Filed] Date M M / D D / Y Y Y Y Y Y  
05 / 18 / 2015

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

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

Full Name of Payee
Lilly Green
Mailing Address
205 Medallion Circle
City
Shreveport State
LA Zip Code
71119
Purpose of Expenditure
Mileage Category/
Type 002

Date of Public Distribution/Dissemination
12 / 03 / 2014
Amount
88.80
Transaction ID : ff02dac6-dfaa-422e-8
Date of Disbursement or Obligation
12 / 03 / 2014

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

Disbursement For:
Primary General
2014 Other (specify)
Runoff

Full Name of Payee
Billy Martin
Mailing Address
250 Js Brewton RD
City
Goldonna State
LA Zip Code
71031
Purpose of Expenditure
Salary Category/
Type 001

Date of Public Distribution/Dissemination
12 / 03 / 2014
Amount
50.00
Transaction ID : 7fd0a319-910f-4101-a
Date of Disbursement or Obligation
12 / 03 / 2014

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

Disbursement For:
Primary General
2014 Other (specify)
Runoff

(a) SUBTOTAL of Itemized Independent Expenditures 138.80
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL Independent Expenditures

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

Ms. Emily Buchanan
[Electronically Filed]
Date 05 / 18 / 2015
Signature

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>		FEC IDENTIFICATION NUMBER <b>C</b> C00530766	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		M M M / D D D / Y Y Y Y Y Y	

Full Name of Payee <b>Billy Martin</b>		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 12 / 03 / 2014	
Mailing Address 250 Js Brewton RD		Amount 4.80	
City Goldonna	State LA	Zip Code 71031	Transaction ID : <b>cb5bf446-7bc3-498b-8</b>
Purpose of Expenditure Mileage	Category/Type 002	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 12 / 03 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: LA
Calendar Year-To-Date Per Election for Office Sought 554635.78		Disbursement For: 2014 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▶ Runoff	

Full Name of Payee <b>Christopher L Gilbert</b>		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 12 / 03 / 2014	
Mailing Address 55 Lovell Johnson Rd		Amount 110.00	
City Picayune	State MS	Zip Code 39466	Transaction ID : <b>b938e599-dda1-4b3b-b</b>
Purpose of Expenditure Salary	Category/Type 001	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 12 / 03 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: LA
Calendar Year-To-Date Per Election for Office Sought 554635.78		Disbursement For: 2014 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▶ Runoff	

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures.....▶	114.80
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures.....▶	
(c) <b>TOTAL</b> Independent Expenditures.....▶	

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

*Ms. Emily Buchanan*  
Signature \_\_\_\_\_ [Electronically Filed] Date **05** / **18** / **2015**

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>	<b>FEC IDENTIFICATION NUMBER</b> ▼ <b>C</b> C00530766
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee <b>Christopher L Gilbert</b>	Date of Public Distribution/Dissemination MM / DD / YYYY 12 / 03 / 2014
Mailing Address 55 Lovell Johnson Rd	Amount 54.00
City Picayune	State MS
Zip Code 39466	Transaction ID : <b>9ed09c2c-84f6-4c90-8</b>
Purpose of Expenditure Mileage	Date of Disbursement or Obligation MM / DD / YYYY 12 / 03 / 2014
Category/Type 002	Name of Federal Candidate Ms. Mary L Landrieu
Name of Federal Candidate Ms. Mary L Landrieu	Office Sought: <input type="checkbox"/> House    District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate    State: LA
Calendar Year-To-Date Per Election for Office Sought 554635.78	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input checked="" type="checkbox"/> Other (specify) ▶    Runoff

Full Name of Payee <b>John K Necaie III</b>	Date of Public Distribution/Dissemination MM / DD / YYYY 12 / 03 / 2014
Mailing Address 1905 Franklin Ave	Amount 30.00
City New Orleans	State LA
Zip Code 70117	Transaction ID : <b>df4cf4a5-3f56-4fdf-8</b>
Purpose of Expenditure Salary	Date of Disbursement or Obligation MM / DD / YYYY 12 / 03 / 2014
Category/Type 001	Name of Federal Candidate Ms. Mary L Landrieu
Name of Federal Candidate Ms. Mary L Landrieu	Office Sought: <input type="checkbox"/> House    District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate    State: LA
Calendar Year-To-Date Per Election for Office Sought 554635.78	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input checked="" type="checkbox"/> Other (specify) ▶    Runoff

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶	84.00
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	
(c) <b>TOTAL</b> Independent Expenditures..... ▶	

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

*Ms. Emily Buchanan*

Signature \_\_\_\_\_ [Electronically Filed]    Date MM / DD / YYYY    05 / 18 / 2015



SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

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

Full Name of Payee
John K Necaize 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 Oppose
Calendar Year-To-Date
Per Election for Office Sought
554635.78

Date of Public Distribution/Dissemination
12 / 03 / 2014
Amount
12.87
Transaction ID : b506bc49-7625-4a3c-b
Date of Disbursement or Obligation
12 / 03 / 2014
Office Sought: House District: 00
President Senate State: LA
Disbursement For: Primary General
2014 Other (specify) Runoff

Full Name of Payee
Jessica R Resendiz
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 Oppose
Calendar Year-To-Date
Per Election for Office Sought
554635.78

Date of Public Distribution/Dissemination
12 / 03 / 2014
Amount
120.00
Transaction ID : 61042342-46a3-4419-a
Date of Disbursement or Obligation
12 / 03 / 2014
Office Sought: House District: 00
President Senate State: LA
Disbursement For: Primary General
2014 Other (specify) Runoff

(a) SUBTOTAL of Itemized Independent Expenditures 132.87
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL Independent Expenditures

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.
Ms. Emily Buchanan [Electronically Filed] Date 05 / 18 / 2015
Signature

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>	<b>FEC IDENTIFICATION NUMBER ▼</b> <b>C</b> C00530766
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee <b>Jessica R Resendiz</b>	Date of Public Distribution/Dissemination 12 / 03 / 2014
Mailing Address 9685 Paula St	Amount 41.10
City Keithville      State LA      Zip Code 71047	<b>Transaction ID : 6f18cf96-439f-47af-8</b>
Purpose of Expenditure Mileage      Category/Type 002	Date of Disbursement or Obligation 12 / 03 / 2014
Name of Federal Candidate Ms. Mary L Landrieu <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House    District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate    State: LA
Calendar Year-To-Date Per Election for Office Sought 554635.78	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input checked="" type="checkbox"/> Other (specify) ▶    Runoff

Full Name of Payee <b>Brogan A Benoit</b>	Date of Public Distribution/Dissemination 12 / 03 / 2014
Mailing Address 7144 South River Rd	Amount 60.00
City Addis      State LA      Zip Code 70710	<b>Transaction ID : f2de2f92-cf11-47ff-a</b>
Purpose of Expenditure Salary      Category/Type 001	Date of Disbursement or Obligation 12 / 03 / 2014
Name of Federal Candidate Ms. Mary L Landrieu <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House    District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate    State: LA
Calendar Year-To-Date Per Election for Office Sought 554635.78	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input checked="" type="checkbox"/> Other (specify) ▶    Runoff

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶	101.10
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	
(c) <b>TOTAL</b> Independent Expenditures..... ▶	

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

*Ms. Emily Buchanan*      **[Electronically Filed]**      Date 05 / 18 / 2015

Signature \_\_\_\_\_

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full)
Women Speak Out PAC
FEC IDENTIFICATION NUMBER
C 00530766
Check if 24-hour report 48-hour report New report Amends report filed on

Full Name of Payee
Brogan A Benoit

Date of Public Distribution/Dissemination
12 / 03 / 2014

Mailing Address
7144 South River Rd

Amount
9.30

City State Zip Code
Addis LA 70710

Transaction ID : 15a65ea9-a2d8-4f50-b
Date of Disbursement or Obligation

Purpose of Expenditure Mileage
Category/Type 002

Date of Disbursement or Obligation
12 / 03 / 2014

Name of Federal Candidate
Ms. Mary L Landrieu
Support Oppose

Office Sought: House Senate
District: 00 State: LA

Calendar Year-To-Date Per Election for Office Sought
554635.78

Disbursement For: Primary General
2014 Other (specify) Runoff

Full Name of Payee
Gage Blank

Date of Public Distribution/Dissemination
12 / 03 / 2014

Mailing Address
5342 Eudora Dr

Amount
30.00

City State Zip Code
Addis LA 70710

Transaction ID : 38933f2c-2e39-477e-9
Date of Disbursement or Obligation

Purpose of Expenditure Salary
Category/Type 001

Date of Disbursement or Obligation
12 / 03 / 2014

Name of Federal Candidate
Ms. Mary L Landrieu
Support Oppose

Office Sought: House Senate
District: 00 State: LA

Calendar Year-To-Date Per Election for Office Sought
554635.78

Disbursement For: Primary General
2014 Other (specify) Runoff

(a) SUBTOTAL of Itemized Independent Expenditures... 39.30
(b) SUBTOTAL of Unitemized Independent Expenditures...
(c) TOTAL Independent Expenditures...

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

Signature Ms. Emily Buchanan
[Electronically Filed]
Date 05 / 18 / 2015

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>	<b>FEC IDENTIFICATION NUMBER</b> ▼ <b>C</b> C00530766
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span>	

Full Name of Payee <b>Gage Blank</b>	Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 12 / 03 / 2014
Mailing Address 5342 Eudora Dr	Amount <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 4.50
City State Zip Code Addis LA 70710	<b>Transaction ID : 56df5096-3501-4ded-b</b> Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 12 / 03 / 2014
Purpose of Expenditure Mileage	Category/Type <span style="border: 1px solid black; padding: 2px;">002</span>
Name of Federal Candidate Ms. Mary L Landrieu	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> President State: LA
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 554635.78	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input checked="" type="checkbox"/> Other (specify) ▶ Runoff

Full Name of Payee <b>Carl Brent</b>	Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 12 / 03 / 2014
Mailing Address 6718 Lake Willow Dr	Amount <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 80.00
City State Zip Code New Orleans LA 70126	<b>Transaction ID : cb005f0a-8447-4b26-a</b> Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 12 / 03 / 2014
Purpose of Expenditure Salary	Category/Type <span style="border: 1px solid black; padding: 2px;">001</span>
Name of Federal Candidate Ms. Mary L Landrieu	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> President State: LA
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 554635.78	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input checked="" type="checkbox"/> Other (specify) ▶ Runoff

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶	<span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 84.50
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	<span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span>
(c) <b>TOTAL</b> Independent Expenditures..... ▶	<span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span>

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

*Ms. Emily Buchanan* [Electronically Filed] Date M M / D D / Y Y Y Y Y Y  
05 / 18 / 2015

Signature

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>	<b>FEC IDENTIFICATION NUMBER</b> ▼ <b>C</b> C00530766
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span>	

Full Name of Payee <b>Carl Brent</b>	Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 12 / 03 / 2014
Mailing Address 6718 Lake Willow Dr	Amount <span style="border: 1px solid black; padding: 2px;">30.00</span>
City State Zip Code New Orleans LA 70126	<b>Transaction ID : 6e7b3f1b-b484-47e5-b</b> Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 12 / 03 / 2014
Purpose of Expenditure Mileage	Category/Type <span style="border: 1px solid black; padding: 2px;">002</span>
Name of Federal Candidate Ms. Mary L Landrieu	Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>LA</u>
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">554635.78</span>	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input checked="" type="checkbox"/> Other (specify) ▶ <u>Runoff</u>

Full Name of Payee <b>Hannah J Landry</b>	Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 12 / 03 / 2014
Mailing Address 1110 N Coolidge	Amount <span style="border: 1px solid black; padding: 2px;">105.00</span>
City State Zip Code Gonzales LA 70737	<b>Transaction ID : 0543c9fb-04c1-427a-8</b> Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 12 / 03 / 2014
Purpose of Expenditure Salary	Category/Type <span style="border: 1px solid black; padding: 2px;">001</span>
Name of Federal Candidate Ms. Mary L Landrieu	Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>LA</u>
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">554635.78</span>	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input checked="" type="checkbox"/> Other (specify) ▶ <u>Runoff</u>

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶	<span style="border: 1px solid black; padding: 2px;">135.00</span>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	<span style="border: 1px solid black; padding: 2px;"> </span>
(c) <b>TOTAL</b> Independent Expenditures..... ▶	<span style="border: 1px solid black; padding: 2px;"> </span>

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

*Ms. Emily Buchanan*

Signature \_\_\_\_\_ [Electronically Filed] Date M M / D D / Y Y Y Y Y Y  
05 / 18 / 2015

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

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

Full Name of Payee
Hannah J Landry
Mailing Address
1110 N Coolidge
City
Gonzales State
LA Zip Code
70737
Purpose of Expenditure
Mileage Category/
Type 002

Date of Public Distribution/Dissemination
12 / 03 / 2014
Amount
28.17
Transaction ID : 4f780d98-f970-4caf-8
Date of Disbursement or Obligation
12 / 03 / 2014

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

Disbursement For:
Primary
General
Other (specify)
Runoff

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

Date of Public Distribution/Dissemination
12 / 03 / 2014
Amount
105.00
Transaction ID : c6643037-2ab2-4e08-b
Date of Disbursement or Obligation
12 / 03 / 2014

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

Disbursement For:
Primary
General
Other (specify)
Runoff

(a) SUBTOTAL of Itemized Independent Expenditures 133.17
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL Independent Expenditures

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

Ms. Emily Buchanan

[Electronically Filed]

Date

05 / 18 / 2015

Signature

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>	<b>FEC IDENTIFICATION NUMBER ▼</b> C C00530766
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee <b>Mary C Lee</b>	Date of Public Distribution/Dissemination 12 / 03 / 2014
Mailing Address 1030 N Coolidge Ave	Amount 28.17
City State Zip Code Gonzales LA 70737	<b>Transaction ID : 9ed1e09d-59e6-4122-9</b> Date of Disbursement or Obligation 12 / 03 / 2014
Purpose of Expenditure Mileage	Category/Type 002
Name of Federal Candidate Ms. Mary L Landrieu	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: LA
Calendar Year-To-Date Per Election for Office Sought 554635.78	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input checked="" type="checkbox"/> Other (specify) ▶ Runoff

Full Name of Payee <b>Rebecca A Calvert</b>	Date of Public Distribution/Dissemination 12 / 03 / 2014
Mailing Address 20116 Medus St	Amount 30.00
City State Zip Code Covington LA 70435	<b>Transaction ID : 9625bed8-4abd-4c78-9</b> Date of Disbursement or Obligation 12 / 03 / 2014
Purpose of Expenditure Salary	Category/Type 001
Name of Federal Candidate Ms. Mary L Landrieu	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: LA
Calendar Year-To-Date Per Election for Office Sought 554635.78	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input checked="" type="checkbox"/> Other (specify) ▶ Runoff

<b>(a) SUBTOTAL</b> of Itemized Independent Expenditures..... ▶	58.17
<b>(b) SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	
<b>(c) TOTAL</b> Independent Expenditures..... ▶	

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

*Ms. Emily Buchanan*  
 \_\_\_\_\_  
 Signature

[Electronically Filed]

Date 05 / 18 / 2015

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>		FEC IDENTIFICATION NUMBER <b>C C00530766</b>
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		

Full Name of Payee <b>Rebecca A Calvert</b>	Date of Public Distribution/Dissemination 12 / 03 / 2014
Mailing Address 20116 Medus St	Amount 3.00
City State Zip Code Covington LA 70435	Transaction ID : <b>f95d00a5-36fa-438d-9</b> Date of Disbursement or Obligation 12 / 03 / 2014
Purpose of Expenditure Mileage	Category/Type 002
Name of Federal Candidate Ms. Mary L Landrieu	Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> Senate State: LA
Calendar Year-To-Date Per Election for Office Sought 554635.78	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input checked="" type="checkbox"/> Other (specify) ▶ Runoff

Full Name of Payee <b>Evelyn Lesaicherre</b>	Date of Public Distribution/Dissemination 12 / 03 / 2014
Mailing Address 629 Radiane Ave	Amount 80.00
City State Zip Code Metairie LA 70001	Transaction ID : <b>fb7d9f3f-eb83-45b0-a</b> Date of Disbursement or Obligation 12 / 03 / 2014
Purpose of Expenditure Salary	Category/Type 001
Name of Federal Candidate Ms. Mary L Landrieu	Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> Senate State: LA
Calendar Year-To-Date Per Election for Office Sought 554635.78	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input checked="" type="checkbox"/> Other (specify) ▶ Runoff

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures.....▶	83.00
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures.....▶	
(c) <b>TOTAL</b> Independent Expenditures.....▶	

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

*Ms. Emily Buchanan*  
Signature

[Electronically Filed] Date 05 / 18 / 2015



**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>	<b>FEC IDENTIFICATION NUMBER</b> ▼ <b>C</b> C00530766
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span>	

Full Name of Payee <b>Evelyn Lesaicherre</b>	Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 12 / 03 / 2014
Mailing Address 629 Radiance Ave	Amount <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 4.50
City State Zip Code Metairie LA 70001	<b>Transaction ID : 50d12ae2-4335-4f97-8</b> Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 12 / 03 / 2014
Purpose of Expenditure Mileage	Category/Type <span style="border: 1px solid black; padding: 2px;">002</span>
Name of Federal Candidate Ms. Mary L Landrieu	Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>LA</u>
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 554635.78	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input checked="" type="checkbox"/> Other (specify) ▶ <u>Runoff</u>

Full Name of Payee <b>Ryan Drake</b>	Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 12 / 03 / 2014
Mailing Address 29637 Park St	Amount <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 10.00
City State Zip Code Walker LA 70785	<b>Transaction ID : 916ab2fb-7ccf-4506-a</b> Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 12 / 03 / 2014
Purpose of Expenditure Salary	Category/Type <span style="border: 1px solid black; padding: 2px;">001</span>
Name of Federal Candidate Ms. Mary L Landrieu	Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>LA</u>
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 554635.78	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input checked="" type="checkbox"/> Other (specify) ▶ <u>Runoff</u>

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶	<span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 14.50
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	<span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span>
(c) <b>TOTAL</b> Independent Expenditures..... ▶	<span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span>

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

*Ms. Emily Buchanan* [Electronically Filed] Date M M / D D / Y Y Y Y Y Y  
05 / 18 / 2015

Signature

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>	<b>FEC IDENTIFICATION NUMBER ▼</b> <b>C</b> C00530766
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span>	

Full Name of Payee <b>Ryan Drake</b>		Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 12 / 03 / 2014	
Mailing Address 29637 Park St		Amount <span style="border: 1px solid black; padding: 2px;">1.80</span>	
City Walker	State LA	Zip Code 70785	<b>Transaction ID : b6a8c8c7-d769-41da-b</b>
Purpose of Expenditure Mileage	Category/Type <span style="border: 1px solid black; padding: 2px;">002</span>	Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 12 / 03 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>LA</u>
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">554635.78</span>		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input checked="" type="checkbox"/> Other (specify) ▶ <u>Runoff</u>	

Full Name of Payee <b>Lilly Green</b>		Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 12 / 04 / 2014	
Mailing Address 205 Medallion Circle		Amount <span style="border: 1px solid black; padding: 2px;">60.00</span>	
City Shreveport	State LA	Zip Code 71119	<b>Transaction ID : 41ed3722-c7ea-4490-a</b>
Purpose of Expenditure Salary	Category/Type <span style="border: 1px solid black; padding: 2px;">001</span>	Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 12 / 04 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>LA</u>
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">554635.78</span>		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input checked="" type="checkbox"/> Other (specify) ▶ <u>Runoff</u>	

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶	<span style="border: 1px solid black; padding: 2px;">61.80</span>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	<span style="border: 1px solid black; padding: 2px;"> </span>
(c) <b>TOTAL</b> Independent Expenditures..... ▶	<span style="border: 1px solid black; padding: 2px;"> </span>

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

Ms. Emily Buchanan  
Signature [Electronically Filed] Date M M / D D / Y Y Y Y Y Y  
05 / 18 / 2015

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

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

Full Name of Payee
Lilly Green
Mailing Address
205 Medallion Circle
City
Shreveport State
LA Zip Code
71119
Date of Public Distribution/Dissemination
12 / 04 / 2014
Amount
64.20
Transaction ID : f5ca3fec-cd8a-4c42-a
Date of Disbursement or Obligation
12 / 04 / 2014
Purpose of Expenditure
Mileage Category/Type
002
Name of Federal Candidate
Ms. Mary L Landrieu Support Oppose
Office Sought: House Senate State: LA
Calendar Year-To-Date
Per Election for Office Sought
554635.78
Disbursement For: Primary General
Other (specify)
Runoff

Full Name of Payee
Susan K Hamby
Mailing Address
202 Violet St
City
West Monroe State
LA Zip Code
71292
Date of Public Distribution/Dissemination
12 / 04 / 2014
Amount
35.00
Transaction ID : bd041288-bb47-4acf-9
Date of Disbursement or Obligation
12 / 04 / 2014
Purpose of Expenditure
Salary Category/Type
001
Name of Federal Candidate
Ms. Mary L Landrieu Support Oppose
Office Sought: House Senate State: LA
Calendar Year-To-Date
Per Election for Office Sought
554635.78
Disbursement For: Primary General
Other (specify)
Runoff

(a) SUBTOTAL of Itemized Independent Expenditures..... 99.20
(b) SUBTOTAL of Unitemized Independent Expenditures .....
(c) TOTAL Independent Expenditures.....

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

Ms. Emily Buchanan [Electronically Filed] Date 05 / 18 / 2015
Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In 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: Susan K Hamby
Mailing Address: 202 Violet St
City: West Monroe, State: LA, Zip Code: 71292
Purpose of Expenditure: Mileage, Category/Type: 002
Date of Public Distribution/Dissemination: 12/04/2014
Amount: 6.15
Transaction ID: 9cc7888d-a822-4eb0-b
Date of Disbursement or Obligation: 12/04/2014
Name of Federal Candidate: Ms. Mary L Landriau, Support/Oppose
Office Sought: Senate, State: LA
Disbursement For: Other (specify) Runoff

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
Date of Public Distribution/Dissemination: 12/04/2014
Amount: 60.00
Transaction ID: 3a69f4c2-17f5-4bb9-b
Date of Disbursement or Obligation: 12/04/2014
Name of Federal Candidate: Ms. Mary L Landriau, Support/Oppose
Office Sought: Senate, State: LA
Disbursement For: Other (specify) Runoff

(a) SUBTOTAL of Itemized Independent Expenditures: 66.15
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL Independent Expenditures

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.
Ms. Emily Buchanan [Electronically Filed] Date 05/18/2015

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

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

Full Name of Payee: Jeanne Tribou
Mailing Address: 22369 Ponderosa Dr.
City: Mandeville, State: LA, Zip Code: 70471
Purpose of Expenditure: Mileage, Category/Type: 002
Amount: 11.10
Transaction ID: 7f2d33ae-35b4-4e6c-9
Date of Disbursement or Obligation: 12/04/2014
Name of Federal Candidate: Ms. Mary L Landrieu
Office Sought: Senate, State: LA
Disbursement For: Other (specify) Runoff

Full Name of Payee: Warren Gravois
Mailing Address: 16005 7th St
City: Pearlinton, State: MS, Zip Code: 39572
Purpose of Expenditure: Salary, Category/Type: 001
Amount: 45.00
Transaction ID: acaa6ed0-0f77-416d-8
Date of Disbursement or Obligation: 12/04/2014
Name of Federal Candidate: Ms. Mary L Landrieu
Office Sought: Senate, State: LA
Disbursement For: Other (specify) Runoff

(a) SUBTOTAL of Itemized Independent Expenditures: 56.10
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL Independent Expenditures

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

Signature: Ms. Emily Buchanan [Electronically Filed] Date: 05/18/2015

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In 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
Warren Gravois
Mailing Address
16005 7th St
City Pearlington State MS Zip Code 39572
Purpose of Expenditure
Mileage Category/Type 002
Date of Public Distribution/Dissemination
12 / 04 / 2014
Amount
18.90
Transaction ID : 028d8ac3-b9e8-4b33-b
Date of Disbursement or Obligation
12 / 04 / 2014
Name of Federal Candidate
Ms. Mary L Landrieu Support Oppose
Office Sought: House Senate State: LA
Calendar Year-To-Date
Per Election for Office Sought 554635.78
Disbursement For: Primary General Other (specify) Runoff

Full Name of Payee
Krista J Smith
Mailing Address
41176 Bertville Rd
City Gonzales State LA Zip Code 70737
Purpose of Expenditure
Salary Category/Type 001
Date of Public Distribution/Dissemination
12 / 04 / 2014
Amount
25.00
Transaction ID : f569b288-b35c-4244-8
Date of Disbursement or Obligation
12 / 04 / 2014
Name of Federal Candidate
Ms. Mary L Landrieu Support Oppose
Office Sought: House Senate State: LA
Calendar Year-To-Date
Per Election for Office Sought 554635.78
Disbursement For: Primary General Other (specify) Runoff

(a) SUBTOTAL of Itemized Independent Expenditures 43.90
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL Independent Expenditures

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

Ms. Emily Buchanan [Electronically Filed] Date 05 / 18 / 2015
Signature

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>	<b>FEC IDENTIFICATION NUMBER</b> ▼ <b>C</b> C00530766
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee <b>Krista J Smith</b>	Date of Public Distribution/Dissemination 12 / 04 / 2014
Mailing Address 41176 Bertville Rd	Amount 5.13
City Gonzales      State LA      Zip Code 70737	<b>Transaction ID : 768dd026-045d-4e34-b</b>
Purpose of Expenditure Mileage      Category/Type 002	Date of Disbursement or Obligation 12 / 04 / 2014
Name of Federal Candidate Ms. Mary L Landrieu <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House    District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate    State: LA
Calendar Year-To-Date Per Election for Office Sought 554635.78	Disbursement For: 2014 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▶ Runoff

Full Name of Payee <b>Gregory Green</b>	Date of Public Distribution/Dissemination 12 / 04 / 2014
Mailing Address 2506 Bolch Street	Amount 80.00
City Shreveport      State LA      Zip Code 71104	<b>Transaction ID : ef714bbc-fc67-41ca-8</b>
Purpose of Expenditure Salary      Category/Type 001	Date of Disbursement or Obligation 12 / 04 / 2014
Name of Federal Candidate Ms. Mary L Landrieu <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House    District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate    State: LA
Calendar Year-To-Date Per Election for Office Sought 554635.78	Disbursement For: 2014 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▶ Runoff

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶	85.13
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	
(c) <b>TOTAL</b> Independent Expenditures..... ▶	

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

*Ms. Emily Buchanan*      [Electronically Filed]      Date 05 / 18 / 2015

Signature \_\_\_\_\_

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>	<b>FEC IDENTIFICATION NUMBER</b> ▼ <b>C</b> C00530766
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <span style="border: 1px solid black; padding: 2px;">M M M / D D D / Y Y Y Y Y Y</span>	

Full Name of Payee <b>Gregory Green</b>	Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">M M M / D D D / Y Y Y Y Y Y</span> 12 / 04 / 2014
Mailing Address 2506 Bolch Street	Amount <span style="border: 1px solid black; padding: 2px;">56.40</span>
City Shreveport State LA Zip Code 71104	<b>Transaction ID : c9e74d96-4168-4e64-b</b> Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">M M M / D D D / Y Y Y Y Y Y</span> 12 / 04 / 2014
Purpose of Expenditure Mileage Category/Type <span style="border: 1px solid black; padding: 2px;">002</span>	Name of Federal Candidate Ms. Mary L Landrieu <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: LA
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">554635.78</span>	Disbursement For: 2014 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▶ Runoff

Full Name of Payee <b>Noah J Smith</b>	Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">M M M / D D D / Y Y Y Y Y Y</span> 12 / 04 / 2014
Mailing Address 41174 Bertville Rd	Amount <span style="border: 1px solid black; padding: 2px;">25.00</span>
City Gonzales State LA Zip Code 70737	<b>Transaction ID : 37dfd4a1-cf0b-427c-8</b> Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">M M M / D D D / Y Y Y Y Y Y</span> 12 / 04 / 2014
Purpose of Expenditure Salary Category/Type <span style="border: 1px solid black; padding: 2px;">001</span>	Name of Federal Candidate Ms. Mary L Landrieu <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: LA
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">554635.78</span>	Disbursement For: 2014 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▶ Runoff

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶	<span style="border: 1px solid black; padding: 2px;">81.40</span>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	<span style="border: 1px solid black; padding: 2px;"> </span>
(c) <b>TOTAL</b> Independent Expenditures..... ▶	<span style="border: 1px solid black; padding: 2px;"> </span>

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

*Ms. Emily Buchanan* [Electronically Filed] Date M M M / D D D / Y Y Y Y Y Y  
05 / 18 / 2015

Signature \_\_\_\_\_



**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>	<b>FEC IDENTIFICATION NUMBER</b> ▼ <b>C</b> C00530766
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span>	

Full Name of Payee <b>Patricia F Arnold</b>	Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 12 / 04 / 2014
Mailing Address 1117 Clipper Dr	Amount <span style="border: 1px solid black; padding: 2px;">22.00</span>
City Slidell State LA Zip Code 70458	<b>Transaction ID : 7dae2922-9d5d-4550-b</b> Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 12 / 04 / 2014
Purpose of Expenditure Salary Category/Type 001	Name of Federal Candidate Ms. Mary L Landrieu <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: LA
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">554635.78</span>	Disbursement For: 2014 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▶ Runoff

Full Name of Payee <b>Patricia F Arnold</b>	Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 12 / 04 / 2014
Mailing Address 1117 Clipper Dr	Amount <span style="border: 1px solid black; padding: 2px;">2.22</span>
City Slidell State LA Zip Code 70458	<b>Transaction ID : 77620059-eb31-41c6-9</b> Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 12 / 04 / 2014
Purpose of Expenditure Mileage Category/Type 002	Name of Federal Candidate Ms. Mary L Landrieu <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: LA
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">554635.78</span>	Disbursement For: 2014 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▶ Runoff

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶	<span style="border: 1px solid black; padding: 2px;">24.22</span>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	<span style="border: 1px solid black; padding: 2px;"> </span>
(c) <b>TOTAL</b> Independent Expenditures..... ▶	<span style="border: 1px solid black; padding: 2px;"> </span>

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

*Ms. Emily Buchanan* [Electronically Filed] Date M M / D D / Y Y Y Y Y Y  
05 / 18 / 2015

Signature \_\_\_\_\_

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>		FEC IDENTIFICATION NUMBER <b>C</b> C00530766
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		

Full Name of Payee <b>Tammy Williams</b>	Date of Public Distribution/Dissemination 12 / 04 / 2014
Mailing Address 924 N. Prieur St	Amount 80.00
City New Orleans	State LA
Zip Code 70116	Transaction ID : 706b920d-2c72-4fba-8
Purpose of Expenditure Salary	Date of Disbursement or Obligation 12 / 04 / 2014
Category/Type 001	
Name of Federal Candidate Ms. Mary L Landrieu	Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> Senate State: LA
Support <input type="checkbox"/> Oppose <input checked="" type="checkbox"/>	
Calendar Year-To-Date Per Election for Office Sought	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input checked="" type="checkbox"/> Other (specify) ▶ Runoff
554635.78	

Full Name of Payee <b>Tammy Williams</b>	Date of Public Distribution/Dissemination 12 / 04 / 2014
Mailing Address 924 N. Prieur St	Amount 15.00
City New Orleans	State LA
Zip Code 70116	Transaction ID : cdcea27d-4961-4a27-a
Purpose of Expenditure Mileage	Date of Disbursement or Obligation 12 / 04 / 2014
Category/Type 002	
Name of Federal Candidate Ms. Mary L Landrieu	Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> Senate State: LA
Support <input type="checkbox"/> Oppose <input checked="" type="checkbox"/>	
Calendar Year-To-Date Per Election for Office Sought	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input checked="" type="checkbox"/> Other (specify) ▶ Runoff
554635.78	

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶	95.00
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	
(c) <b>TOTAL</b> Independent Expenditures..... ▶	

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

Signature Ms. Emily Buchanan [Electronically Filed] Date 05 / 18 / 2015

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In 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: Antoinette Franklin
Mailing Address: 8822 Apple St
City: New Orleans, State: LA, Zip Code: 70188
Purpose of Expenditure: Salary, Category/Type: 001
Date of Public Distribution/Dissemination: 12/04/2014
Amount: 80.00
Transaction ID: 8b6c240a-c09e-4daf-b
Date of Disbursement or Obligation: 12/04/2014
Name of Federal Candidate: Ms. Mary L Landrieu
Office Sought: Senate, State: LA
Disbursement For: Other (specify) Runoff

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
Date of Public Distribution/Dissemination: 12/04/2014
Amount: 38.00
Transaction ID: 58b897be-fe47-48e3-9
Date of Disbursement or Obligation: 12/04/2014
Name of Federal Candidate: Ms. Mary L Landrieu
Office Sought: Senate, State: LA
Disbursement For: Other (specify) Runoff

(a) SUBTOTAL of Itemized Independent Expenditures: 118.00
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL Independent Expenditures

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

Signature: Ms. Emily Buchanan [Electronically Filed] Date: 05/18/2015

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>	<b>FEC IDENTIFICATION NUMBER ▼</b> <div style="border: 1px solid black; padding: 2px; display: inline-block;"> <b>C</b> C00530766         </div>
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee <b>Heather A Smith</b>	Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px; display: inline-block;">           12 / 04 / 2014         </div>						
Mailing Address    995 Clairborne Rd	Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">           10.50         </div>						
<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:40%;">City</td> <td style="width:20%;">State</td> <td style="width:40%;">Zip Code</td> </tr> <tr> <td>Calhoun</td> <td>LA</td> <td>71225</td> </tr> </table>	City	State	Zip Code	Calhoun	LA	71225	<b>Transaction ID : a1ac0750-44af-4dc5-9</b> Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px; display: inline-block;">           12 / 04 / 2014         </div>
City	State	Zip Code					
Calhoun	LA	71225					
Purpose of Expenditure Mileage	Category/Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">002</div>						
Name of Federal Candidate Ms. Mary L Landrieu	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House    District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate    State: <u>LA</u>						
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block;">554635.78</div>	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input checked="" type="checkbox"/> Other (specify) ▶    Runoff						

Full Name of Payee <b>Alice K Salazar</b>	Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px; display: inline-block;">           12 / 04 / 2014         </div>						
Mailing Address    605 W Houston St	Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">           80.00         </div>						
<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:40%;">City</td> <td style="width:20%;">State</td> <td style="width:40%;">Zip Code</td> </tr> <tr> <td>Marshall</td> <td>TX</td> <td>75633</td> </tr> </table>	City	State	Zip Code	Marshall	TX	75633	<b>Transaction ID : 124da333-af0b-4c8f-b</b> Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px; display: inline-block;">           12 / 04 / 2014         </div>
City	State	Zip Code					
Marshall	TX	75633					
Purpose of Expenditure Salary	Category/Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">001</div>						
Name of Federal Candidate Ms. Mary L Landrieu	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House    District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate    State: <u>LA</u>						
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block;">554635.78</div>	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input checked="" type="checkbox"/> Other (specify) ▶    Runoff						

<b>(a) SUBTOTAL</b> of Itemized Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;">         90.50       </div>
<b>(b) SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;">         0.00       </div>
<b>(c) TOTAL</b> Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;">         90.50       </div>

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

*Ms. Emily Buchanan*

Signature \_\_\_\_\_ [Electronically Filed] Date

05 / 18 / 2015

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>	<b>FEC IDENTIFICATION NUMBER ▼</b> <div style="border: 1px solid black; padding: 2px;"> <span style="font-size: 1.2em; font-weight: bold;">C</span> C00530766                 </div>
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee <b>Alice K Salazar</b>	Date of Public Distribution/Dissemination MM / DD / YYYY 12 / 04 / 2014
Mailing Address 605 W Houston St	Amount 56.70
City State Zip Code Marshall TX 75633	<b>Transaction ID : d2ab34e2-847d-4115-b</b> Date of Disbursement or Obligation MM / DD / YYYY 12 / 04 / 2014
Purpose of Expenditure Mileage	Category/Type 002
Name of Federal Candidate Ms. Mary L Landrieu	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House    District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate    State: LA
Calendar Year-To-Date Per Election for Office Sought 554635.78	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input checked="" type="checkbox"/> Other (specify) ▶ Runoff

Full Name of Payee <b>Ana L Esquivel</b>	Date of Public Distribution/Dissemination MM / DD / YYYY 12 / 04 / 2014
Mailing Address 284 Cr 1401	Amount 100.00
City State Zip Code Carthage TX 75633	<b>Transaction ID : 672e3cb5-7a43-4a20-b</b> Date of Disbursement or Obligation MM / DD / YYYY 12 / 04 / 2014
Purpose of Expenditure Salary	Category/Type 001
Name of Federal Candidate Ms. Mary L Landrieu	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House    District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate    State: LA
Calendar Year-To-Date Per Election for Office Sought 554635.78	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input checked="" type="checkbox"/> Other (specify) ▶ Runoff

<b>(a) SUBTOTAL</b> of Itemized Independent Expenditures..... ▶	156.70
<b>(b) SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	[Empty Box]
<b>(c) TOTAL</b> Independent Expenditures..... ▶	[Empty Box]

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

Ms. Emily Buchanan  
 \_\_\_\_\_  
 Signature

[Electronically Filed]

Date MM / DD / YYYY  
 05 / 18 / 2015

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>	<b>FEC IDENTIFICATION NUMBER ▼</b> <div style="border: 1px solid black; padding: 2px; display: inline-block;"> <b>C</b> C00530766                 </div>
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee <b>Cathy Longtin</b>	Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px; display: inline-block;">                     12 / 04 / 2014                 </div>
Mailing Address    827 Navavre Ave	Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">                     77.50                 </div>
City                                      State                                      Zip Code New Orleans                                      LA                                      70124	<b>Transaction ID : d593c813-9820-44e6-a</b> Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px; display: inline-block;">                     12 / 04 / 2014                 </div>
Purpose of Expenditure Salary                                      Category/Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">001</div>	Name of Federal Candidate <input type="checkbox"/> Support                                      Office Sought: <input type="checkbox"/> House    District: <u>00</u> Ms. Mary L Landrieu <input checked="" type="checkbox"/> Oppose <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate    State: <u>LA</u>
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block;">554635.78</div>	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input checked="" type="checkbox"/> Other (specify) ▶                                      Runoff

Full Name of Payee <b>Cathy Longtin</b>	Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px; display: inline-block;">                     12 / 04 / 2014                 </div>
Mailing Address    827 Navavre Ave	Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">                     24.90                 </div>
City                                      State                                      Zip Code New Orleans                                      LA                                      70124	<b>Transaction ID : bb8710aa-8811-43af-8</b> Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px; display: inline-block;">                     12 / 04 / 2014                 </div>
Purpose of Expenditure Mileage                                      Category/Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">002</div>	Name of Federal Candidate <input type="checkbox"/> Support                                      Office Sought: <input type="checkbox"/> House    District: <u>00</u> Ms. Mary L Landrieu <input checked="" type="checkbox"/> Oppose <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate    State: <u>LA</u>
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block;">554635.78</div>	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input checked="" type="checkbox"/> Other (specify) ▶                                      Runoff

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;">                     102.40                 </div>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;">                     0.00                 </div>
(c) <b>TOTAL</b> Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;">                     102.40                 </div>

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

Ms. Emily Buchanan                                      *[Electronically Filed]*                                      Date    

05 / 18 / 2015

Signature

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>	<b>FEC IDENTIFICATION NUMBER</b> ▼ <b>C</b> C00530766
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee <b>Windy Hageman</b>	Date of Public Distribution/Dissemination 12 / 04 / 2014
Mailing Address 5521 Randolph St.	Amount 55.00
City Marrero      State LA      Zip Code 70072	<b>Transaction ID : 9e2ca171-e49a-402d-a</b> Date of Disbursement or Obligation 12 / 04 / 2014
Purpose of Expenditure Salary      Category/Type 001	
Name of Federal Candidate Ms. Mary L Landrieu <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House    District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate    State: LA
Calendar Year-To-Date Per Election for Office Sought 554635.78	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input checked="" type="checkbox"/> Other (specify) ▶    Runoff

Full Name of Payee <b>Francis Richardson</b>	Date of Public Distribution/Dissemination 12 / 04 / 2014
Mailing Address 220 Doucet Rd	Amount 30.00
City Lafayette      State LA      Zip Code 70503	<b>Transaction ID : d1964787-90a4-435e-8</b> Date of Disbursement or Obligation 12 / 04 / 2014
Purpose of Expenditure Salary      Category/Type 001	
Name of Federal Candidate Ms. Mary L Landrieu <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House    District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate    State: LA
Calendar Year-To-Date Per Election for Office Sought 554635.78	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input checked="" type="checkbox"/> Other (specify) ▶    Runoff

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶	85.00
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	
(c) <b>TOTAL</b> Independent Expenditures..... ▶	

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

*Ms. Emily Buchanan*      [Electronically Filed]      Date 05 / 18 / 2015

Signature \_\_\_\_\_

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

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

Full Name of Payee
Francis Richardson
Mailing Address
220 Doucet Rd
City
Lafayette State
LA Zip Code
70503
Purpose of Expenditure
Mileage Category/
Type 002
Name of Federal Candidate
Ms. Mary L Landrieu Support
Oppose
Calendar Year-To-Date
Per Election for Office Sought
554635.78

Date of Public Distribution/Dissemination
12 / 04 / 2014
Amount
1.95
Transaction ID : dde4563f-850f-4ea0-8
Date of Disbursement or Obligation
12 / 04 / 2014
Office Sought: House District: 00
Senate State: LA
Disbursement For: Primary General
Other (specify) Runoff

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
Oppose
Calendar Year-To-Date
Per Election for Office Sought
554635.78

Date of Public Distribution/Dissemination
12 / 04 / 2014
Amount
120.00
Transaction ID : a06eb0b4-3434-4a03-a
Date of Disbursement or Obligation
12 / 04 / 2014
Office Sought: House District: 00
Senate State: LA
Disbursement For: Primary General
Other (specify) Runoff

(a) SUBTOTAL of Itemized Independent Expenditures 121.95
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL Independent Expenditures

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

Ms. Emily Buchanan
[Electronically Filed]
Date 05 / 18 / 2015
Signature



SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

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

Full Name of Payee
Heather Ainsworth
Mailing Address
9685 Paula St
City
Keithville State
LA Zip Code
71047
Date of Public Distribution/Dissemination
12 / 04 / 2014
Amount
44.40
Transaction ID : 25c3c032-3c04-439d-a
Date of Disbursement or Obligation
12 / 04 / 2014
Purpose of Expenditure
Mileage Category/
Type 002
Name of Federal Candidate
Ms. Mary L Landrieu Support
Oppose Office Sought:
House District: 00
Senate State: LA
Calendar Year-To-Date
Per Election for Office Sought
554635.78
Disbursement For:
Primary General
Other (specify) Runoff

Full Name of Payee
Jenny N Brown
Mailing Address
1270 Lovelady Rd
City
West Monroe State
LA Zip Code
71292
Date of Public Distribution/Dissemination
12 / 04 / 2014
Amount
50.00
Transaction ID : eabef49e-dd4e-4270-a
Date of Disbursement or Obligation
12 / 04 / 2014
Purpose of Expenditure
Salary Category/
Type 001
Name of Federal Candidate
Ms. Mary L Landrieu Support
Oppose Office Sought:
House District: 00
Senate State: LA
Calendar Year-To-Date
Per Election for Office Sought
554635.78
Disbursement For:
Primary General
Other (specify) Runoff

(a) SUBTOTAL of Itemized Independent Expenditures..... 94.40
(b) SUBTOTAL of Unitemized Independent Expenditures .....
(c) TOTAL Independent Expenditures.....

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.
Ms. Emily Buchanan [Electronically Filed] Date 05 / 18 / 2015
Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In 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
Jenny N Brown
Mailing Address
1270 Lovelady Rd
City
West Monroe State
LA Zip Code
71292
Purpose of Expenditure
Mileage Category/
Type 002
Name of Federal Candidate
Ms. Mary L Landrieu
Support Oppose
Calendar Year-To-Date
Per Election for Office Sought 554635.78

Date of Public Distribution/Dissemination
12 / 04 / 2014
Amount
13.50
Transaction ID : d700c7bf-663b-4ab6-b
Date of Disbursement or Obligation
12 / 04 / 2014
Office Sought: House District: 00
Senate State: LA
Disbursement For: Primary General
Other (specify) Runoff

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 Oppose
Calendar Year-To-Date
Per Election for Office Sought 554635.78

Date of Public Distribution/Dissemination
12 / 04 / 2014
Amount
62.50
Transaction ID : 21ce1210-73e6-4f54-8
Date of Disbursement or Obligation
12 / 04 / 2014
Office Sought: House District: 00
Senate State: LA
Disbursement For: Primary General
Other (specify) Runoff

(a) SUBTOTAL of Itemized Independent Expenditures 76.00
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL Independent Expenditures

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.
Ms. Emily Buchanan
[Electronically Filed]
Date 05 / 18 / 2015
Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

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

Full Name of Payee
Jennifer F Gilbert

Date of Public Distribution/Dissemination
12 / 04 / 2014

Mailing Address
180 McNeil Steep Hollow Rd

Amount
37.50
Transaction ID : 226997a0-aaed-4e9e-9

City State Zip Code
Carriere MS 39426

Date of Disbursement or Obligation
12 / 04 / 2014

Purpose of Expenditure
Mileage
Category/Type
002

Name of Federal Candidate
Ms. Mary L Landrieu
Support Oppose

Office Sought:
House Senate
District: 00
State: LA

Calendar Year-To-Date
Per Election for Office Sought
554635.78

Disbursement For:
Primary General
Other (specify) Runoff

Full Name of Payee
Gary W Fuhrmann

Date of Public Distribution/Dissemination
12 / 04 / 2014

Mailing Address
9425 Jessica Drive

Amount
65.00
Transaction ID : 15c82953-62ae-46ad-a

City State Zip Code
Shreveport LA 71106

Date of Disbursement or Obligation
12 / 04 / 2014

Purpose of Expenditure
Salary
Category/Type
001

Name of Federal Candidate
Ms. Mary L Landrieu
Support Oppose

Office Sought:
House Senate
District: 00
State: LA

Calendar Year-To-Date
Per Election for Office Sought
554635.78

Disbursement For:
Primary General
Other (specify) Runoff

(a) SUBTOTAL of Itemized Independent Expenditures 102.50
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL Independent Expenditures

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

Ms. Emily Buchanan
[Electronically Filed]
Date 05 / 18 / 2015
Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

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

Full Name of Payee: Gary W Fuhrmann
Mailing Address: 9425 Jessica Drive
City: Shreveport, State: LA, Zip Code: 71106
Purpose of Expenditure: Mileage, Category/Type: 002
Date of Public Distribution/Dissemination: 12/04/2014
Amount: 8.10
Transaction ID: 8c2732a1-d616-480a-a
Date of Disbursement or Obligation: 12/04/2014
Name of Federal Candidate: Ms. Mary L Landrieu, Support: [ ], Oppose: [X]
Office Sought: [ ] House, [X] Senate, District: 00, State: LA
Calendar Year-To-Date Per Election for Office Sought: 554635.78
Disbursement For: [ ] Primary, [ ] General, [X] Other (specify) Runoff

Full Name of Payee: Ryan Drake
Mailing Address: 29637 Park St
City: Walker, State: LA, Zip Code: 70785
Purpose of Expenditure: Salary, Category/Type: 001
Date of Public Distribution/Dissemination: 12/04/2014
Amount: 35.00
Transaction ID: de0a8f53-a52a-4c1f-a
Date of Disbursement or Obligation: 12/04/2014
Name of Federal Candidate: Ms. Mary L Landrieu, Support: [ ], Oppose: [X]
Office Sought: [ ] House, [X] Senate, District: 00, State: LA
Calendar Year-To-Date Per Election for Office Sought: 554635.78
Disbursement For: [ ] Primary, [ ] General, [X] Other (specify) Runoff

(a) SUBTOTAL of Itemized Independent Expenditures..... 43.10
(b) SUBTOTAL of Unitemized Independent Expenditures .....
(c) TOTAL Independent Expenditures.....

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.
Ms. Emily Buchanan [Electronically Filed] Date 05/18/2015
Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In 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: Ryan Drake
Mailing Address: 29637 Park St
City: Walker State: LA Zip Code: 70785
Purpose of Expenditure: Mileage Category/Type: 002
Date of Public Distribution/Dissemination: 12/04/2014
Amount: 4.50
Transaction ID: 9d10f1e3-4670-4c8d-9
Date of Disbursement or Obligation: 12/04/2014
Name of Federal Candidate: Ms. Mary L Landrieu
Office Sought: Senate State: LA
Disbursement For: Other (specify) Runoff

Full Name of Payee: Lesley Lennox
Mailing Address: 2305 Cleary Ave
City: Metairie State: LA Zip Code: 70001
Purpose of Expenditure: Salary Category/Type: 001
Date of Public Distribution/Dissemination: 12/04/2014
Amount: 20.00
Transaction ID: 003193f9-06ca-4fc7-a
Date of Disbursement or Obligation: 12/04/2014
Name of Federal Candidate: Ms. Mary L Landrieu
Office Sought: Senate State: LA
Disbursement For: Other (specify) Runoff

(a) SUBTOTAL of Itemized Independent Expenditures: 24.50
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL Independent Expenditures

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

Ms. Emily Buchanan
[Electronically Filed]
Date: 05/18/2015
Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In 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
Lesley Lennox
Mailing Address
2305 Cleary Ave
City
Metairie State
LA Zip Code
70001
Date of Public Distribution/Dissemination
12 / 04 / 2014
Amount
3.90
Transaction ID : b3f067e3-ea74-43f1-9
Date of Disbursement or Obligation
12 / 04 / 2014
Purpose of Expenditure
Mileage Category/Type
002
Name of Federal Candidate
Ms. Mary L Landrieu Support Oppose
Office Sought: House Senate State: LA
Calendar Year-To-Date
Per Election for Office Sought
554635.78
Disbursement For: Primary General Other (specify)
Runoff

Full Name of Payee
Billy Martin
Mailing Address
250 Js Brewton RD
City
Goldonna State
LA Zip Code
71031
Date of Public Distribution/Dissemination
12 / 04 / 2014
Amount
30.00
Transaction ID : 1d4f0a99-b0af-4f87-b
Date of Disbursement or Obligation
12 / 04 / 2014
Purpose of Expenditure
Salary Category/Type
001
Name of Federal Candidate
Ms. Mary L Landrieu Support Oppose
Office Sought: House Senate State: LA
Calendar Year-To-Date
Per Election for Office Sought
554635.78
Disbursement For: Primary General Other (specify)
Runoff

(a) SUBTOTAL of Itemized Independent Expenditures..... 33.90
(b) SUBTOTAL of Unitemized Independent Expenditures .....
(c) TOTAL Independent Expenditures.....

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

Ms. Emily Buchanan
[Electronically Filed]
Date
05 / 18 / 2015
Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

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

Full Name of Payee
Billy Martin
Mailing Address
250 Js Brewton RD
City
Goldonna State
LA Zip Code
71031
Purpose of Expenditure
Mileage Category/
Type 002
Name of Federal Candidate
Ms. Mary L Landrieu
Support Oppose
Calendar Year-To-Date
Per Election for Office Sought 554635.78

Date of Public Distribution/Dissemination
12 / 04 / 2014
Amount
4.20
Transaction ID : 52754227-167d-4ff9-9
Date of Disbursement or Obligation
12 / 04 / 2014
Office Sought: House District: 00
Senate State: LA
Disbursement For: Primary General
Other (specify) Runoff

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 Oppose
Calendar Year-To-Date
Per Election for Office Sought 554635.78

Date of Public Distribution/Dissemination
12 / 04 / 2014
Amount
90.00
Transaction ID : 4178f869-2531-4440-9
Date of Disbursement or Obligation
12 / 04 / 2014
Office Sought: House District: 00
Senate State: LA
Disbursement For: Primary General
Other (specify) Runoff

(a) SUBTOTAL of Itemized Independent Expenditures 94.20
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL Independent Expenditures

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

Ms. Emily Buchanan [Electronically Filed] Date 05 / 18 / 2015
Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full)
Women Speak Out PAC
FEC IDENTIFICATION NUMBER
C C00530766

Check if 24-hour report 48-hour report New report Amends report filed on

Full Name of Payee Felicia A Jones
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
Office Sought: Senate State: LA
Disbursement For: Other (specify) Runoff

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
Office Sought: Senate State: LA
Disbursement For: Other (specify) Runoff

(a) SUBTOTAL of Itemized Independent Expenditures 113.90
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL Independent Expenditures

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.
Ms. Emily Buchanan [Electronically Filed] Date 05/18/2015



**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>	<b>FEC IDENTIFICATION NUMBER</b> ▼ <b>C</b> C00530766
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y</span>	

Full Name of Payee <b>Christopher L Gilbert</b>	Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y</span> 12 / 04 / 2014
Mailing Address 55 Lovell Johnson Rd	Amount <span style="border: 1px solid black; padding: 2px;">53.40</span>
City State Zip Code Picayune MS 39466	
Purpose of Expenditure Mileage	Category/Type <span style="border: 1px solid black; padding: 2px;">002</span>
Name of Federal Candidate Ms. Mary L Landrieu	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: LA
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">554635.78</span>	Disbursement For: 2014 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▶ Runoff

**Transaction ID : 50014048-b48c-4848-a**

Full Name of Payee <b>Donna S Wilson</b>	Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y</span> 12 / 04 / 2014
Mailing Address 4456 Country Hill Dr	Amount <span style="border: 1px solid black; padding: 2px;">20.00</span>
City State Zip Code Baton Rouge LA 70816	
Purpose of Expenditure Salary	Category/Type <span style="border: 1px solid black; padding: 2px;">001</span>
Name of Federal Candidate Ms. Mary L Landrieu	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: LA
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">554635.78</span>	Disbursement For: 2014 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▶ Runoff

**Transaction ID : 5a74c8e4-b28a-42ab-9**

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶	<span style="border: 1px solid black; padding: 2px;">73.40</span>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	<span style="border: 1px solid black; padding: 2px;"> </span>
(c) <b>TOTAL</b> Independent Expenditures..... ▶	<span style="border: 1px solid black; padding: 2px;"> </span>

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

*Ms. Emily Buchanan*

Signature \_\_\_\_\_ [Electronically Filed] Date M M / D D / Y Y Y Y  
05 / 18 / 2015

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In 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: Donna S Wilson
Mailing Address: 4456 Country Hill Dr
City: Baton Rouge, State: LA, Zip Code: 70816
Purpose of Expenditure: Mileage, Category/Type: 002
Date of Public Distribution/Dissemination: 12/04/2014
Amount: 6.60
Transaction ID: a1837b2a-dc0a-4a62-a
Name of Federal Candidate: Ms. Mary L Landrieu, Support: [ ], Oppose: [X]
Office Sought: [ ] House, [X] Senate, District: 00, State: LA
Calendar Year-To-Date Per Election for Office Sought: 554635.78
Disbursement For: [X] Other (specify) Runoff

Full Name of Payee: Evelyn Lesaicherre
Mailing Address: 629 Radiane Ave
City: Metairie, State: LA, Zip Code: 70001
Purpose of Expenditure: Salary, Category/Type: 001
Date of Public Distribution/Dissemination: 12/04/2014
Amount: 80.00
Transaction ID: 656225a3-a25c-4ea7-a
Name of Federal Candidate: Ms. Mary L Landrieu, Support: [ ], Oppose: [X]
Office Sought: [ ] House, [X] Senate, District: 00, State: LA
Calendar Year-To-Date Per Election for Office Sought: 554635.78
Disbursement For: [X] Other (specify) Runoff

(a) SUBTOTAL of Itemized Independent Expenditures: 86.60
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL Independent Expenditures

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.
Ms. Emily Buchanan
[Electronically Filed]
Date: 05/18/2015

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

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

Full Name of Payee
Evelyn Lesaicherre
Mailing Address
629 Radiance Ave
City
Metairie State
LA Zip Code
70001
Date of Public Distribution/Dissemination
12 / 04 / 2014
Amount
8.40
Transaction ID : 4e46e7e0-a98f-4a66-a
Date of Disbursement or Obligation
12 / 04 / 2014
Purpose of Expenditure
Mileage Category/ Type
002
Name of Federal Candidate
Ms. Mary L Landrieu
Office Sought: House District: 00
Senate State: LA
Disbursement For: Primary General
2014 Other (specify) Runoff
Calendar Year-To-Date
Per Election for Office Sought
554635.78

Full Name of Payee
ERIC TABARY
Mailing Address
6101 NORA ST
City
METAIRIE State
LA Zip Code
70003
Date of Public Distribution/Dissemination
12 / 04 / 2014
Amount
60.00
Transaction ID : b6359572-2066-451c-8
Date of Disbursement or Obligation
12 / 04 / 2014
Purpose of Expenditure
Salary Category/ Type
001
Name of Federal Candidate
Ms. Mary L Landrieu
Office Sought: House District: 00
Senate State: LA
Disbursement For: Primary General
2014 Other (specify) Runoff
Calendar Year-To-Date
Per Election for Office Sought
554635.78

(a) SUBTOTAL of Itemized Independent Expenditures 68.40
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL Independent Expenditures

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.
Ms. Emily Buchanan
[Electronically Filed]
Date 05 / 18 / 2015
Signature

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>	<b>FEC IDENTIFICATION NUMBER</b> ▼ <b>C</b> C00530766
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span>	

Full Name of Payee <b>ERIC TABARY</b>	Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 12 / 04 / 2014
Mailing Address 6101 NORA ST	Amount <span style="border: 1px solid black; padding: 2px;">4.20</span>
City State Zip Code METAIRIE LA 70003	
Purpose of Expenditure Mileage	Category/Type <span style="border: 1px solid black; padding: 2px;">002</span>
Name of Federal Candidate Ms. Mary L Landrieu	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>LA</u>
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">554635.78</span>	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input checked="" type="checkbox"/> Other (specify) ▶ <u>Runoff</u>

**Transaction ID : 473fc8f7-8fd5-460b-9**

Full Name of Payee <b>Corey S McKnight</b>	Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 12 / 04 / 2014
Mailing Address 1510 Bailey St	Amount <span style="border: 1px solid black; padding: 2px;">35.00</span>
City State Zip Code West Monroe LA 71292	
Purpose of Expenditure Salary	Category/Type <span style="border: 1px solid black; padding: 2px;">001</span>
Name of Federal Candidate Ms. Mary L Landrieu	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>LA</u>
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">554635.78</span>	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input checked="" type="checkbox"/> Other (specify) ▶ <u>Runoff</u>

**Transaction ID : 2fbf61fb-b8d3-49ce-9**

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶	<span style="border: 1px solid black; padding: 2px;">39.20</span>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	<span style="border: 1px solid black; padding: 2px;"> </span>
(c) <b>TOTAL</b> Independent Expenditures..... ▶	<span style="border: 1px solid black; padding: 2px;"> </span>

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

*Ms. Emily Buchanan* [Electronically Filed] Date M M / D D / Y Y Y Y Y Y  
05 / 18 / 2015

Signature

**SCHEDULE E (FEC Form 3X)  
ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>	FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00530766
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee <b>Hilary Townsend</b>	Date of Public Distribution/Dissemination MM / DD / YYYY <b>12 / 04 / 2014</b>
Mailing Address <b>4506 US Hwy 79 North</b>	Amount <b>100.00</b>
City <b>Deberry</b> State <b>TX</b> Zip Code <b>75639</b>	<b>Transaction ID : 75b34533-56db-42a6-9</b> Date of Disbursement or Obligation MM / DD / YYYY <b>12 / 04 / 2014</b>
Purpose of Expenditure Salary      Category/Type <b>001</b>	
Name of Federal Candidate <b>Ms. Mary L Landrieu</b> <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House      District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate      State: <u>LA</u>
Calendar Year-To-Date Per Election for Office Sought <b>554635.78</b>	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input checked="" type="checkbox"/> Other (specify) ▶      Runoff

Full Name of Payee <b>Maegan E McDaniel</b>	Date of Public Distribution/Dissemination MM / DD / YYYY <b>12 / 04 / 2014</b>
Mailing Address <b>3009 Skelly St</b>	Amount <b>110.00</b>
City <b>Shreveport</b> State <b>LA</b> Zip Code <b>71107</b>	<b>Transaction ID : 676b2e6f-bfad-4656-9</b> Date of Disbursement or Obligation MM / DD / YYYY <b>12 / 04 / 2014</b>
Purpose of Expenditure Salary      Category/Type <b>001</b>	
Name of Federal Candidate <b>Ms. Mary L Landrieu</b> <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House      District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate      State: <u>LA</u>
Calendar Year-To-Date Per Election for Office Sought <b>554635.78</b>	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input checked="" type="checkbox"/> Other (specify) ▶      Runoff

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶	<b>210.00</b>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	
(c) <b>TOTAL</b> Independent Expenditures..... ▶	

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

Signature Ms. Emily Buchanan      [Electronically Filed]      Date **05 / 18 / 2015**

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In 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: Maegan E McDaniel
Mailing Address: 3009 Skelly St
City: Shreveport, State: LA, Zip Code: 71107
Purpose of Expenditure: Mileage, Category/Type: 002
Date of Public Distribution/Dissemination: 12/04/2014
Amount: 12.60
Transaction ID: 0593e4c3-194a-4df6-a
Date of Disbursement or Obligation: 12/04/2014
Name of Federal Candidate: Ms. Mary L Landrieu
Office Sought: Senate, State: LA
Disbursement For: Other (specify) Runoff

Full Name of Payee: Taylor De Julian-Hernandez
Mailing Address: 284 Cr 1401
City: Carthage, State: TX, Zip Code: 75633
Purpose of Expenditure: Salary, Category/Type: 001
Date of Public Distribution/Dissemination: 12/04/2014
Amount: 100.00
Transaction ID: 8e041da3-ede5-4e44-9
Date of Disbursement or Obligation: 12/04/2014
Name of Federal Candidate: Ms. Mary L Landrieu
Office Sought: Senate, State: LA
Disbursement For: Other (specify) Runoff

(a) SUBTOTAL of Itemized Independent Expenditures 112.60
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL Independent Expenditures

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.
Ms. Emily Buchanan [Electronically Filed] Date 05/18/2015

**SCHEDULE E (FEC Form 3X)  
ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>	FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00530766
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <input type="text"/> / <input type="text"/> / <input type="text"/>	

Full Name of Payee <b>Taylor De Julian-Hernandez</b>			Date of Public Distribution/Dissemination <input type="text"/> / <input type="text"/> / <input type="text"/>		
Mailing Address 284 Cr 1401			Amount <input type="text"/>		
City Carthage	State TX	Zip Code 75633	Transaction ID : <b>1046072a-e375-4e87-a</b>		
Purpose of Expenditure Mileage		Category/Type <input type="text"/> 002	Date of Disbursement or Obligation <input type="text"/> / <input type="text"/> / <input type="text"/>		
Name of Federal Candidate Ms. Mary L Landrieu		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>LA</u>		
Calendar Year-To-Date Per Election for Office Sought <input type="text"/> 554635.78		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input checked="" type="checkbox"/> Other (specify) ▶ <u>Runoff</u>			

Full Name of Payee <b>Bobbie M Steinsolt</b>			Date of Public Distribution/Dissemination <input type="text"/> / <input type="text"/> / <input type="text"/>		
Mailing Address 3009 Skelly St			Amount <input type="text"/>		
City Shreveport	State LA	Zip Code 71107	Transaction ID : <b>50c070c1-815e-4243-9</b>		
Purpose of Expenditure Salary		Category/Type <input type="text"/> 001	Date of Disbursement or Obligation <input type="text"/> / <input type="text"/> / <input type="text"/>		
Name of Federal Candidate Ms. Mary L Landrieu		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>LA</u>		
Calendar Year-To-Date Per Election for Office Sought <input type="text"/> 554635.78		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input checked="" type="checkbox"/> Other (specify) ▶ <u>Runoff</u>			

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶	<input type="text"/> 165.50
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	<input type="text"/>
(c) <b>TOTAL</b> Independent Expenditures..... ▶	<input type="text"/>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or 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  /  /

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>	<b>FEC IDENTIFICATION NUMBER</b> ▼ <b>C</b> C00530766
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee <b>Michael Vidrine</b>	Date of Public Distribution/Dissemination 12 / 04 / 2014
Mailing Address 1103 West Wilson Street	Amount 60.00
City State Zip Code Ville Platte LA 70586	<b>Transaction ID : de20b66b-64cb-4d1c-b</b> Date of Disbursement or Obligation 12 / 04 / 2014
Purpose of Expenditure Salary	Category/Type 001
Name of Federal Candidate Ms. Mary L Landrieu	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House    District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate    State: LA
Calendar Year-To-Date Per Election for Office Sought	554635.78
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input checked="" type="checkbox"/> Other (specify) ▶    Runoff

Full Name of Payee <b>Michael Vidrine</b>	Date of Public Distribution/Dissemination 12 / 04 / 2014
Mailing Address 1103 West Wilson Street	Amount 33.90
City State Zip Code Ville Platte LA 70586	<b>Transaction ID : c85b8fc1-ed57-4d4c-a</b> Date of Disbursement or Obligation 12 / 04 / 2014
Purpose of Expenditure Mileage	Category/Type 002
Name of Federal Candidate Ms. Mary L Landrieu	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House    District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate    State: LA
Calendar Year-To-Date Per Election for Office Sought	554635.78
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input checked="" type="checkbox"/> Other (specify) ▶    Runoff

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶	93.90
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	
(c) <b>TOTAL</b> Independent Expenditures..... ▶	

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

*Ms. Emily Buchanan*

Signature \_\_\_\_\_ [Electronically Filed] Date 05 / 18 / 2015



SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

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

Full Name of Payee: Christopher Marquess
Mailing Address: 110 W Pecan St
City: Ville Platte, State: LA, Zip Code: 70586
Purpose of Expenditure: Salary, Category/Type: 001
Date of Public Distribution/Dissemination: 12/04/2014
Amount: 55.00
Transaction ID: 00d4fbab-fa14-4b63-a
Name of Federal Candidate: Ms. Mary L Landrieu, Office Sought: Senate, State: LA
Calendar Year-To-Date Per Election for Office Sought: 554635.78
Disbursement For: Other (specify) Runoff

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
Date of Public Distribution/Dissemination: 12/04/2014
Amount: 36.60
Transaction ID: a9029056-dd29-48ce-8
Name of Federal Candidate: Ms. Mary L Landrieu, Office Sought: Senate, State: LA
Calendar Year-To-Date Per Election for Office Sought: 554635.78
Disbursement For: Other (specify) Runoff

(a) SUBTOTAL of Itemized Independent Expenditures: 91.60
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL Independent Expenditures

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.
Ms. Emily Buchanan [Electronically Filed] Date 05/18/2015
Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

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

Full Name of Payee: Carl Brent
Mailing Address: 6718 Lake Willow Dr
City: New Orleans, State: LA, Zip Code: 70126
Purpose of Expenditure: Salary, Category/Type: 001
Date of Public Distribution/Dissemination: 12/04/2014
Amount: 80.00
Transaction ID: d5247714-c940-4533-8
Name of Federal Candidate: Ms. Mary L Landrieu, Support: [ ], Oppose: [X]
Office Sought: [ ] House, [X] Senate, District: 00, State: LA
Calendar Year-To-Date Per Election for Office Sought: 554635.78
Disbursement For: [ ] Primary, [ ] General, [X] Other (specify) Runoff

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
Date of Public Distribution/Dissemination: 12/04/2014
Amount: 34.20
Transaction ID: 600e6565-6109-4317-8
Name of Federal Candidate: Ms. Mary L Landrieu, Support: [ ], Oppose: [X]
Office Sought: [ ] House, [X] Senate, District: 00, State: LA
Calendar Year-To-Date Per Election for Office Sought: 554635.78
Disbursement For: [ ] Primary, [ ] General, [X] Other (specify) Runoff

(a) SUBTOTAL of Itemized Independent Expenditures: 114.20
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL Independent Expenditures

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

Ms. Emily Buchanan [Electronically Filed] Date 05/18/2015
Signature

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>	<b>FEC IDENTIFICATION NUMBER ▼</b> <b>C</b> C00530766
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span>	

Full Name of Payee <b>Jessica R Resendiz</b>	Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 12 / 04 / 2014
Mailing Address 9685 Paula St	Amount <span style="border: 1px solid black; padding: 2px;">60.00</span>
City State Zip Code Keithville LA 71047	
Purpose of Expenditure Salary	Category/Type <span style="border: 1px solid black; padding: 2px;">001</span>
Name of Federal Candidate Ms. Mary L Landrieu	Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>LA</u>
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">554635.78</span>	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input checked="" type="checkbox"/> Other (specify) ▶ <u>Runoff</u>

**Transaction ID : 376deed2-c61c-48d8-b**  
Date of Disbursement or Obligation

M M / D D / Y Y Y Y Y Y  
12 / 04 / 2014

Full Name of Payee <b>Jessica R Resendiz</b>	Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 12 / 04 / 2014
Mailing Address 9685 Paula St	Amount <span style="border: 1px solid black; padding: 2px;">16.80</span>
City State Zip Code Keithville LA 71047	
Purpose of Expenditure Mileage	Category/Type <span style="border: 1px solid black; padding: 2px;">002</span>
Name of Federal Candidate Ms. Mary L Landrieu	Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>LA</u>
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">554635.78</span>	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input checked="" type="checkbox"/> Other (specify) ▶ <u>Runoff</u>

**Transaction ID : d6331895-5278-4b95-8**  
Date of Disbursement or Obligation

M M / D D / Y Y Y Y Y Y  
12 / 04 / 2014

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶	<span style="border: 1px solid black; padding: 2px;">76.80</span>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	<span style="border: 1px solid black; padding: 2px;"> </span>
(c) <b>TOTAL</b> Independent Expenditures..... ▶	<span style="border: 1px solid black; padding: 2px;"> </span>

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

*Ms. Emily Buchanan*  
Signature

[Electronically Filed]

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

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

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

Full Name of Payee Philip Elkins
Mailing Address 227 Lincoln Dr
City Bossier City State LA Zip Code 71111
Purpose of Expenditure Salary Category/Type 001
Date of Public Distribution/Dissemination 12/04/2014
Amount 70.00
Transaction ID : 2cd19e83-7310-415d-9
Date of Disbursement or Obligation 12/04/2014
Name of Federal Candidate Ms. Mary L Landrieu
Office Sought: Senate State: LA
Disbursement For: Other (specify) Runoff

Full Name of Payee Philip Elkins
Mailing Address 227 Lincoln Dr
City Bossier City State LA Zip Code 71111
Purpose of Expenditure Mileage Category/Type 002
Date of Public Distribution/Dissemination 12/04/2014
Amount 12.69
Transaction ID : df3f43a7-e8c1-4cbd-8
Date of Disbursement or Obligation 12/04/2014
Name of Federal Candidate Ms. Mary L Landrieu
Office Sought: Senate State: LA
Disbursement For: Other (specify) Runoff

(a) SUBTOTAL of Itemized Independent Expenditures 82.69
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL Independent Expenditures

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

Ms. Emily Buchanan [Electronically Filed] Date 05/18/2015
Signature

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>	<b>FEC IDENTIFICATION NUMBER</b> ▼ <b>C</b> C00530766
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span>	

Full Name of Payee <b>Zachary Vidrine</b>	Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 12 / 04 / 2014
Mailing Address 202 Rue Des Cajun	Amount <span style="border: 1px solid black; padding: 2px;">70.00</span>
City State Zip Code Ville Platte LA 70586	<b>Transaction ID : 4b53a93d-08d6-4b86-a</b> Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 12 / 04 / 2014
Purpose of Expenditure Salary	Category/Type <span style="border: 1px solid black; padding: 2px;">001</span>
Name of Federal Candidate Ms. Mary L Landrieu	Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>LA</u>
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">554635.78</span>	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input checked="" type="checkbox"/> Other (specify) ▶ <u>Runoff</u>

Full Name of Payee <b>Zachary Vidrine</b>	Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 12 / 04 / 2014
Mailing Address 202 Rue Des Cajun	Amount <span style="border: 1px solid black; padding: 2px;">20.70</span>
City State Zip Code Ville Platte LA 70586	<b>Transaction ID : 3bce39b8-3759-4179-9</b> Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 12 / 04 / 2014
Purpose of Expenditure Mileage	Category/Type <span style="border: 1px solid black; padding: 2px;">002</span>
Name of Federal Candidate Ms. Mary L Landrieu	Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>LA</u>
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">554635.78</span>	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input checked="" type="checkbox"/> Other (specify) ▶ <u>Runoff</u>

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶	<span style="border: 1px solid black; padding: 2px;">90.70</span>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	<span style="border: 1px solid black; padding: 2px;"> </span>
(c) <b>TOTAL</b> Independent Expenditures..... ▶	<span style="border: 1px solid black; padding: 2px;"> </span>

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

*Ms. Emily Buchanan* [Electronically Filed] Date M M / D D / Y Y Y Y Y Y 05 / 18 / 2015

Signature

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>		FEC IDENTIFICATION NUMBER <b>C</b> C00530766
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		

Full Name of Payee <b>Elvis Spears</b>		Date of Public Distribution/Dissemination 12 / 04 / 2014	
Mailing Address 2150 Hope St		Amount 80.00	
City New Orleans	State LA	Zip Code 70119	Transaction ID : 812a8d8b-feae-47a7-8
Purpose of Expenditure Salary	Category/Type 001	Date of Disbursement or Obligation 12 / 04 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: LA
Calendar Year-To-Date Per Election for Office Sought 554635.78		Disbursement For: 2014 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▶ Runoff	

Full Name of Payee <b>Elvis Spears</b>		Date of Public Distribution/Dissemination 12 / 04 / 2014	
Mailing Address 2150 Hope St		Amount 16.80	
City New Orleans	State LA	Zip Code 70119	Transaction ID : f45efc22-a3e2-4318-b
Purpose of Expenditure Mileage	Category/Type 002	Date of Disbursement or Obligation 12 / 04 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: LA
Calendar Year-To-Date Per Election for Office Sought 554635.78		Disbursement For: 2014 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▶ Runoff	

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures.....▶	96.80
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures.....▶	
(c) <b>TOTAL</b> Independent Expenditures.....▶	

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

Signature Ms. Emily Buchanan [Electronically Filed] Date 05 / 18 / 2015

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

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

Full Name of Payee
Hannah J Landry
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
Oppose
Calendar Year-To-Date
Per Election for Office Sought
554635.78

Date of Public Distribution/Dissemination
12 / 04 / 2014
Amount
30.00
Transaction ID : d7483c15-0ed2-4e6e-a
Date of Disbursement or Obligation
12 / 04 / 2014
Office Sought:
House District: 00
Senate State: LA
Disbursement For:
Primary General
Other (specify)
Runoff

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
Oppose
Calendar Year-To-Date
Per Election for Office Sought
554635.78

Date of Public Distribution/Dissemination
12 / 04 / 2014
Amount
27.60
Transaction ID : b05e834a-7c99-4bb5-a
Date of Disbursement or Obligation
12 / 04 / 2014
Office Sought:
House District: 00
Senate State: LA
Disbursement For:
Primary General
Other (specify)
Runoff

(a) SUBTOTAL of Itemized Independent Expenditures..... 57.60
(b) SUBTOTAL of Unitemized Independent Expenditures .....
(c) TOTAL Independent Expenditures.....

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

Ms. Emily Buchanan
Signature

[Electronically Filed]

Date
05 / 18 / 2015

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>	<b>FEC IDENTIFICATION NUMBER</b> ▼ <b>C</b> C00530766
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee <b>Mary C Lee</b>	Date of Public Distribution/Dissemination MM / DD / YYYY 12 / 04 / 2014
Mailing Address 1030 N Coolidge Ave	Amount 20.00
City Gonzales      State LA      Zip Code 70737	<b>Transaction ID : 791901ad-7ac1-4f2e-9</b>
Purpose of Expenditure Salary	Date of Disbursement or Obligation MM / DD / YYYY 12 / 04 / 2014
Name of Federal Candidate Ms. Mary L Landrieu	Category/Type 001
Name of Federal Candidate Ms. Mary L Landrieu	Office Sought: <input type="checkbox"/> House    District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate    State: LA
Calendar Year-To-Date Per Election for Office Sought	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input checked="" type="checkbox"/> Other (specify) ▶ Runoff
	554635.78

Full Name of Payee <b>Mary C Lee</b>	Date of Public Distribution/Dissemination MM / DD / YYYY 12 / 04 / 2014
Mailing Address 1030 N Coolidge Ave	Amount 18.39
City Gonzales      State LA      Zip Code 70737	<b>Transaction ID : 279b64d2-64f3-4294-9</b>
Purpose of Expenditure Mileage	Date of Disbursement or Obligation MM / DD / YYYY 12 / 04 / 2014
Name of Federal Candidate Ms. Mary L Landrieu	Category/Type 002
Name of Federal Candidate Ms. Mary L Landrieu	Office Sought: <input type="checkbox"/> House    District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate    State: LA
Calendar Year-To-Date Per Election for Office Sought	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input checked="" type="checkbox"/> Other (specify) ▶ Runoff
	554635.78

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶	38.39
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	
(c) <b>TOTAL</b> Independent Expenditures..... ▶	

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

*Ms. Emily Buchanan*      [Electronically Filed]      Date 05 / 18 / 2015

Signature \_\_\_\_\_



SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In 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
Brogan A Benoit
Mailing Address
7144 South River Rd
City
Addis State
LA Zip Code
70710
Purpose of Expenditure
Salary Category/
Type 001
Name of Federal Candidate
Ms. Mary L Landrieu
Support
Oppose
Calendar Year-To-Date
Per Election for Office Sought
554635.78

Date of Public Distribution/Dissemination
12 / 04 / 2014
Amount
60.00
Transaction ID : dfa12b92-ad98-4e1d-9
Date of Disbursement or Obligation
12 / 04 / 2014
Office Sought:
House District: 00
Senate State: LA
Disbursement For:
Primary General
Other (specify) Runoff

Full Name of Payee
Brogan A Benoit
Mailing Address
7144 South River Rd
City
Addis State
LA Zip Code
70710
Purpose of Expenditure
Mileage Category/
Type 002
Name of Federal Candidate
Ms. Mary L Landrieu
Support
Oppose
Calendar Year-To-Date
Per Election for Office Sought
554635.78

Date of Public Distribution/Dissemination
12 / 04 / 2014
Amount
9.90
Transaction ID : aaf5649e-b8bb-41cb-a
Date of Disbursement or Obligation
12 / 04 / 2014
Office Sought:
House District: 00
Senate State: LA
Disbursement For:
Primary General
Other (specify) Runoff

(a) SUBTOTAL of Itemized Independent Expenditures 69.90
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL Independent Expenditures

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

Ms. Emily Buchanan
[Electronically Filed]
Date 05 / 18 / 2015
Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In 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: Debra Lindsey
Mailing Address: 119 Goldenwood Dr
City: Slidell, State: LA, Zip Code: 70461
Purpose of Expenditure: Salary, Category/Type: 001
Date of Public Distribution/Dissemination: 12/04/2014
Amount: 80.00
Transaction ID: 3898f963-86d4-45ad-8
Date of Disbursement or Obligation: 12/04/2014
Name of Federal Candidate: Ms. Mary L Landrieu, Support: [ ], Oppose: [X]
Office Sought: [ ] House, [X] Senate, District: 00, State: LA
Calendar Year-To-Date Per Election for Office Sought: 554635.78
Disbursement For: [ ] Primary, [ ] General, [X] Other (specify) Runoff

Full Name of Payee: Debra Lindsey
Mailing Address: 119 Goldenwood Dr
City: Slidell, State: LA, Zip Code: 70461
Purpose of Expenditure: Mileage, Category/Type: 002
Date of Public Distribution/Dissemination: 12/04/2014
Amount: 17.10
Transaction ID: cea61853-d00d-431d-a
Date of Disbursement or Obligation: 12/04/2014
Name of Federal Candidate: Ms. Mary L Landrieu, Support: [ ], Oppose: [X]
Office Sought: [ ] House, [X] Senate, District: 00, State: LA
Calendar Year-To-Date Per Election for Office Sought: 554635.78
Disbursement For: [ ] Primary, [ ] General, [X] Other (specify) Runoff

(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 05/18/2015
Signature

**SCHEDULE E (FEC Form 3X)  
ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>		FEC IDENTIFICATION NUMBER <b>C</b> C00530766
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <input type="text"/> / <input type="text"/> / <input type="text"/>		

Full Name of Payee <b>Joshua E Sherman</b>		Date of Public Distribution/Dissemination <input type="text"/> / <input type="text"/> / <input type="text"/>
Mailing Address 119 Goldenwood Dr		Amount <input type="text"/>
City Slidell	State LA	Zip Code 70461
Purpose of Expenditure Salary		Category/Type <input type="text"/> 001
Name of Federal Candidate Ms. Mary L Landrieu		Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate District: 00 State: LA
Calendar Year-To-Date Per Election for Office Sought <input type="text"/> 554635.78		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▶ Runoff

Full Name of Payee <b>Residence Inn</b>		Date of Public Distribution/Dissemination <input type="text"/> / <input type="text"/> / <input type="text"/>
Mailing Address 101 Park Place Boulevard		Amount <input type="text"/>
City Covington	State LA	Zip Code 70433
Purpose of Expenditure Hotel		Category/Type <input type="text"/> 004
Name of Federal Candidate Ms. Mary L Landrieu		Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate District: 00 State: LA
Calendar Year-To-Date Per Election for Office Sought <input type="text"/> 554635.78		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▶ Runoff

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures.....▶	<input type="text"/> 938.74
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures.....▶	<input type="text"/>
(c) <b>TOTAL</b> Independent Expenditures.....▶	<input type="text"/>

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

Ms. Emily Buchanan [Electronically Filed] Date  05 /  18 /  2015

Signature

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>	<b>FEC IDENTIFICATION NUMBER</b> ▼ <b>C</b> C00530766
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span>	

Full Name of Payee <b>Jeanne Tribou</b>	Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 12 / 05 / 2014
Mailing Address 22369 Ponderosa Dr.	Amount <span style="border: 1px solid black; padding: 2px;">35.00</span>
City Mandeville State LA Zip Code 70471	<b>Transaction ID : 1ad0c588-6920-4d9a-8</b> Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 12 / 05 / 2014
Purpose of Expenditure Salary Category/Type 001	Name of Federal Candidate Ms. Mary L Landrieu <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: LA
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">554635.78</span>	Disbursement For: 2014 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▶ Runoff

Full Name of Payee <b>Jeanne Tribou</b>	Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 12 / 05 / 2014
Mailing Address 22369 Ponderosa Dr.	Amount <span style="border: 1px solid black; padding: 2px;">6.90</span>
City Mandeville State LA Zip Code 70471	<b>Transaction ID : 3ee20198-689b-4d1d-8</b> Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 12 / 05 / 2014
Purpose of Expenditure Mileage Category/Type 002	Name of Federal Candidate Ms. Mary L Landrieu <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: LA
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">554635.78</span>	Disbursement For: 2014 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▶ Runoff

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶	<span style="border: 1px solid black; padding: 2px;">41.90</span>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	<span style="border: 1px solid black; padding: 2px;"> </span>
(c) <b>TOTAL</b> Independent Expenditures..... ▶	<span style="border: 1px solid black; padding: 2px;"> </span>

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

*Ms. Emily Buchanan* [Electronically Filed] Date M M / D D / Y Y Y Y Y Y  
05 / 18 / 2015

Signature \_\_\_\_\_

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>		FEC IDENTIFICATION NUMBER <b>C C00530766</b>	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		M M M / D D D / Y Y Y Y Y Y	

Full Name of Payee <b>Donavon Fusilier</b>		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y <b>12 / 05 / 2014</b>	
Mailing Address 155 Chauffpied Elmer Rd Lot 19		Amount <b>45.00</b>	
City Marksville	State LA	Zip Code 71351	Transaction ID : <b>3ec5a329-f1ec-4913-a</b>
Purpose of Expenditure Salary	Category/Type 001	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y <b>12 / 05 / 2014</b>	
Name of Federal Candidate Ms. Mary L Landrieu		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>LA</u>
Calendar Year-To-Date Per Election for Office Sought <b>554635.78</b>		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input checked="" type="checkbox"/> Other (specify) ▶ <u>Runoff</u>	

Full Name of Payee <b>Donavon Fusilier</b>		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y <b>12 / 05 / 2014</b>	
Mailing Address 155 Chauffpied Elmer Rd Lot 19		Amount <b>10.92</b>	
City Marksville	State LA	Zip Code 71351	Transaction ID : <b>ec4a4988-6147-42eb-b</b>
Purpose of Expenditure Mileage	Category/Type 002	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y <b>12 / 05 / 2014</b>	
Name of Federal Candidate Ms. Mary L Landrieu		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>LA</u>
Calendar Year-To-Date Per Election for Office Sought <b>554635.78</b>		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input checked="" type="checkbox"/> Other (specify) ▶ <u>Runoff</u>	

(a) SUBTOTAL of Itemized Independent Expenditures.....	<b>55.92</b>
(b) SUBTOTAL of Unitemized Independent Expenditures .....	
(c) TOTAL Independent Expenditures.....	

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

*Ms. Emily Buchanan*  
Signature

[Electronically Filed] Date **05 / 18 / 2015**

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In 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: Antoinette Franklin
Mailing Address: 8822 Apple St
City: New Orleans, State: LA, Zip Code: 70188
Purpose of Expenditure: Salary, Category/Type: 001
Date of Public Distribution/Dissemination: 12/05/2014
Amount: 50.00
Transaction ID: 28cc3679-9def-4c44-8
Date of Disbursement or Obligation: 12/05/2014
Name of Federal Candidate: Ms. Mary L Landrieu
Office Sought: Senate, State: LA
Calendar Year-To-Date Per Election for Office Sought: 554635.78
Disbursement For: Other (specify) Runoff

Full Name of Payee: Jenny N Brown
Mailing Address: 1270 Lovelady Rd
City: West Monroe, State: LA, Zip Code: 71292
Purpose of Expenditure: Salary, Category/Type: 001
Date of Public Distribution/Dissemination: 12/05/2014
Amount: 50.00
Transaction ID: 0d8c7097-7131-4b48-b
Date of Disbursement or Obligation: 12/05/2014
Name of Federal Candidate: Ms. Mary L Landrieu
Office Sought: Senate, State: LA
Calendar Year-To-Date Per Election for Office Sought: 554635.78
Disbursement For: Other (specify) Runoff

(a) SUBTOTAL of Itemized Independent Expenditures: 100.00
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL Independent Expenditures

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.
Ms. Emily Buchanan
[Electronically Filed]
Date: 05/18/2015

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>		FEC IDENTIFICATION NUMBER <b>C</b> C00530766
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		

Full Name of Payee <b>Jenny N Brown</b>		Date of Public Distribution/Dissemination 12 / 05 / 2014
Mailing Address 1270 Lovelady Rd		Amount 13.50
City West Monroe	State LA	Zip Code 71292
Purpose of Expenditure Mileage	Category/Type 002	Transaction ID : 3018992e-4740-454c-9 Date of Disbursement or Obligation 12 / 05 / 2014
Name of Federal Candidate Ms. Mary L Landrieu	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: LA
Calendar Year-To-Date Per Election for Office Sought	554635.78	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input checked="" type="checkbox"/> Other (specify) ▶ Runoff

Full Name of Payee <b>Tammy Williams</b>		Date of Public Distribution/Dissemination 12 / 05 / 2014
Mailing Address 924 N. Prieur St		Amount 80.00
City New Orleans	State LA	Zip Code 70116
Purpose of Expenditure Salary	Category/Type 001	Transaction ID : 784e81c4-c0fb-4236-8 Date of Disbursement or Obligation 12 / 05 / 2014
Name of Federal Candidate Ms. Mary L Landrieu	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: LA
Calendar Year-To-Date Per Election for Office Sought	554635.78	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input checked="" type="checkbox"/> Other (specify) ▶ Runoff

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures.....▶	93.50
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures.....▶	
(c) <b>TOTAL</b> Independent Expenditures.....▶	

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

*Ms. Emily Buchanan*  
Signature

[Electronically Filed]

Date 05 / 18 / 2015

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full)
Women Speak Out PAC
FEC IDENTIFICATION NUMBER
C00530766
Check if 24-hour report 48-hour report 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
Mileage Category/
Type 002
Name of Federal Candidate
Ms. Mary L Landrieu
Office Sought: House District: 00
Senate State: LA
Calendar Year-To-Date
Per Election for Office Sought
554635.78

Date of Public Distribution/Dissemination
12 / 05 / 2014
Amount
16.50
Transaction ID : 9787898b-0d07-457a-b
Date of Disbursement or Obligation
12 / 05 / 2014
Disbursement For: Other (specify)
Runoff

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
Office Sought: House District: 00
Senate State: LA
Calendar Year-To-Date
Per Election for Office Sought
554635.78

Date of Public Distribution/Dissemination
12 / 05 / 2014
Amount
20.00
Transaction ID : 2bad169b-292f-4aa6-a
Date of Disbursement or Obligation
12 / 05 / 2014
Disbursement For: Other (specify)
Runoff

(a) SUBTOTAL of Itemized Independent Expenditures 36.50
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL Independent Expenditures

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

Ms. Emily Buchanan
[Electronically Filed]
Date 05 / 18 / 2015
Signature



**SCHEDULE E (FEC Form 3X)  
ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>	<b>FEC IDENTIFICATION NUMBER ▼</b> <span style="border: 1px solid black; padding: 2px;">C C00530766</span>
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee <b>Hannah J Landry</b>	Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">12 / 05 / 2014</span>
Mailing Address    1110 N Coolidge	Amount <span style="border: 1px solid black; padding: 2px;">13.92</span>
City    State    Zip Code Gonzales    LA    70737	<b>Transaction ID : 25a22a47-6fb8-4c43-9</b> Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">12 / 05 / 2014</span>
Purpose of Expenditure Mileage	Category/Type <span style="border: 1px solid black; padding: 2px;">002</span>
Name of Federal Candidate Ms. Mary L Landrieu	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose    Office Sought: <input type="checkbox"/> House    District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate    State: <u>LA</u>
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">554635.78</span>	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input checked="" type="checkbox"/> Other (specify) ▶ <u>Runoff</u>

Full Name of Payee <b>Patricia F Arnold</b>	Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">12 / 05 / 2014</span>
Mailing Address    1117 Clipper Dr	Amount <span style="border: 1px solid black; padding: 2px;">18.00</span>
City    State    Zip Code Slidell    LA    70458	<b>Transaction ID : 67dfb9a2-e875-4cc8-b</b> Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">12 / 05 / 2014</span>
Purpose of Expenditure Salary	Category/Type <span style="border: 1px solid black; padding: 2px;">001</span>
Name of Federal Candidate Ms. Mary L Landrieu	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose    Office Sought: <input type="checkbox"/> House    District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate    State: <u>LA</u>
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">554635.78</span>	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input checked="" type="checkbox"/> Other (specify) ▶ <u>Runoff</u>

<b>(a) SUBTOTAL</b> of Itemized Independent Expenditures..... ▶	<span style="border: 1px solid black; padding: 2px;">31.92</span>
<b>(b) SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	<span style="border: 1px solid black; padding: 2px;"> </span>
<b>(c) TOTAL</b> Independent Expenditures..... ▶	<span style="border: 1px solid black; padding: 2px;"> </span>

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

*Ms. Emily Buchanan*    *[Electronically Filed]*    Date 05 / 18 / 2015  
 \_\_\_\_\_  
 Signature

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>	<b>FEC IDENTIFICATION NUMBER</b> ▼ <b>C</b> C00530766
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span>	

Full Name of Payee <b>Patricia F Arnold</b>	Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 12 / 05 / 2014
Mailing Address 1117 Clipper Dr	Amount <span style="border: 1px solid black; padding: 2px;">3.84</span>
City State Zip Code Slidell LA 70458	<b>Transaction ID : 346884c2-5f9f-4db6-b</b> Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 12 / 05 / 2014
Purpose of Expenditure Mileage	Category/Type <span style="border: 1px solid black; padding: 2px;">002</span>
Name of Federal Candidate Ms. Mary L Landrieu	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>LA</u>
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">554635.78</span>	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input checked="" type="checkbox"/> Other (specify) ▶ <u>Runoff</u>

Full Name of Payee <b>Donna S Wilson</b>	Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 12 / 05 / 2014
Mailing Address 4456 Country Hill Dr	Amount <span style="border: 1px solid black; padding: 2px;">30.00</span>
City State Zip Code Baton Rouge LA 70816	<b>Transaction ID : 7ffa617e-27cb-40b9-9</b> Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 12 / 05 / 2014
Purpose of Expenditure Salary	Category/Type <span style="border: 1px solid black; padding: 2px;">001</span>
Name of Federal Candidate Ms. Mary L Landrieu	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>LA</u>
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">554635.78</span>	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input checked="" type="checkbox"/> Other (specify) ▶ <u>Runoff</u>

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶	<span style="border: 1px solid black; padding: 2px;">33.84</span>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	<span style="border: 1px solid black; padding: 2px;"> </span>
(c) <b>TOTAL</b> Independent Expenditures..... ▶	<span style="border: 1px solid black; padding: 2px;"> </span>

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

*Ms. Emily Buchanan* [Electronically Filed] Date M M / D D / Y Y Y Y Y Y  
05 / 18 / 2015

Signature

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>	<b>FEC IDENTIFICATION NUMBER ▼</b> <div style="border: 1px solid black; padding: 2px;"> <span style="font-size: 1.2em; font-weight: bold; border: 1px solid black; display: inline-block; width: 15px; height: 15px; text-align: center; vertical-align: middle;">C</span> <span style="margin-left: 5px;">C00530766</span> </div>
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee <b>Donna S Wilson</b>	Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px;"> <span style="font-size: 0.8em;">M M / D D / Y Y Y Y Y Y</span>  <span style="font-size: 1.2em; font-weight: bold;">12 / 05 / 2014</span> </div>						
Mailing Address    4456 Country Hill Dr	Amount <div style="border: 1px solid black; padding: 2px; text-align: right;"> <span style="font-size: 1.2em; font-weight: bold;">7.80</span> </div>						
<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:30%;">City</td> <td style="width:30%;">State</td> <td style="width:40%;">Zip Code</td> </tr> <tr> <td>Baton Rouge</td> <td>LA</td> <td>70816</td> </tr> </table>	City	State	Zip Code	Baton Rouge	LA	70816	<b>Transaction ID : 63cfeb9-f56a-4bff-a</b> Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px;"> <span style="font-size: 0.8em;">M M / D D / Y Y Y Y Y Y</span>  <span style="font-size: 1.2em; font-weight: bold;">12 / 05 / 2014</span> </div>
City	State	Zip Code					
Baton Rouge	LA	70816					
Purpose of Expenditure Mileage	Category/Type <div style="border: 1px solid black; padding: 2px; text-align: center;">002</div>						
Name of Federal Candidate Ms. Mary L Landrieu	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House    District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate    State: <u>LA</u>						
Calendar Year-To-Date Per Election for Office Sought	<div style="border: 1px solid black; padding: 2px; text-align: right;"> <span style="font-size: 1.2em; font-weight: bold;">554635.78</span> </div>						
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input checked="" type="checkbox"/> Other (specify) ▶ <u>Runoff</u>							

Full Name of Payee <b>Windy Hageman</b>	Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px;"> <span style="font-size: 0.8em;">M M / D D / Y Y Y Y Y Y</span>  <span style="font-size: 1.2em; font-weight: bold;">12 / 05 / 2014</span> </div>						
Mailing Address    5521 Randolph St.	Amount <div style="border: 1px solid black; padding: 2px; text-align: right;"> <span style="font-size: 1.2em; font-weight: bold;">25.00</span> </div>						
<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:30%;">City</td> <td style="width:30%;">State</td> <td style="width:40%;">Zip Code</td> </tr> <tr> <td>Marrero</td> <td>LA</td> <td>70072</td> </tr> </table>	City	State	Zip Code	Marrero	LA	70072	<b>Transaction ID : a1a431fb-fb71-4bbd-9</b> Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px;"> <span style="font-size: 0.8em;">M M / D D / Y Y Y Y Y Y</span>  <span style="font-size: 1.2em; font-weight: bold;">12 / 05 / 2014</span> </div>
City	State	Zip Code					
Marrero	LA	70072					
Purpose of Expenditure Salary	Category/Type <div style="border: 1px solid black; padding: 2px; text-align: center;">001</div>						
Name of Federal Candidate Ms. Mary L Landrieu	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House    District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate    State: <u>LA</u>						
Calendar Year-To-Date Per Election for Office Sought	<div style="border: 1px solid black; padding: 2px; text-align: right;"> <span style="font-size: 1.2em; font-weight: bold;">554635.78</span> </div>						
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input checked="" type="checkbox"/> Other (specify) ▶ <u>Runoff</u>							

<b>(a) SUBTOTAL</b> of Itemized Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; text-align: right;"> <span style="font-size: 1.2em; font-weight: bold;">32.80</span> </div>
<b>(b) SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	<div style="border: 1px solid black; padding: 2px; text-align: right;"> <span style="font-size: 1.2em; font-weight: bold;">0.00</span> </div>
<b>(c) TOTAL</b> Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; text-align: right;"> <span style="font-size: 1.2em; font-weight: bold;">32.80</span> </div>

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

*Ms. Emily Buchanan*

Signature \_\_\_\_\_ [Electronically Filed]    Date 05 / 18 / 2015

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

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

Full Name of Payee: Gary W Fuhrmann
Mailing Address: 9425 Jessica Drive
City: Shreveport, State: LA, Zip Code: 71106
Purpose of Expenditure: Salary, Category/Type: 001
Date of Public Distribution/Dissemination: 12/05/2014
Amount: 60.00
Transaction ID: d02cad79-2e60-43c8-9
Date of Disbursement or Obligation: 12/05/2014
Name of Federal Candidate: Ms. Mary L Landrieu, Support: [ ], Oppose: [X]
Office Sought: [ ] House, [X] Senate, District: 00, State: LA
Calendar Year-To-Date Per Election for Office Sought: 554635.78
Disbursement For: [ ] Primary, [ ] General, [X] Other (specify) Runoff

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
Date of Public Distribution/Dissemination: 12/05/2014
Amount: 9.60
Transaction ID: 7ab09a72-7b46-4f40-8
Date of Disbursement or Obligation: 12/05/2014
Name of Federal Candidate: Ms. Mary L Landrieu, Support: [ ], Oppose: [X]
Office Sought: [ ] House, [X] Senate, District: 00, State: LA
Calendar Year-To-Date Per Election for Office Sought: 554635.78
Disbursement For: [ ] Primary, [ ] General, [X] Other (specify) Runoff

(a) SUBTOTAL of Itemized Independent Expenditures: 69.60
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL Independent Expenditures

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.
Ms. Emily Buchanan [Electronically Filed] Date 05/18/2015
Signature

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>	<b>FEC IDENTIFICATION NUMBER</b> ▼ <b>C</b> C00530766
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee <b>Francis Richardson</b>	Date of Public Distribution/Dissemination MM / DD / YYYY 12 / 05 / 2014
Mailing Address 220 Doucet Rd	Amount 30.00
City Lafayette      State LA      Zip Code 70503	<b>Transaction ID : e343cee7-933c-45a6-b</b>
Purpose of Expenditure Salary	Date of Disbursement or Obligation MM / DD / YYYY 12 / 05 / 2014
Name of Federal Candidate Ms. Mary L Landrieu	Category/Type 001
<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House    District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate    State: LA
Calendar Year-To-Date Per Election for Office Sought 554635.78	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input checked="" type="checkbox"/> Other (specify) ▶    Runoff

Full Name of Payee <b>Francis Richardson</b>	Date of Public Distribution/Dissemination MM / DD / YYYY 12 / 05 / 2014
Mailing Address 220 Doucet Rd	Amount 3.00
City Lafayette      State LA      Zip Code 70503	<b>Transaction ID : 1d67267e-25b1-4a6c-8</b>
Purpose of Expenditure Mileage	Date of Disbursement or Obligation MM / DD / YYYY 12 / 05 / 2014
Name of Federal Candidate Ms. Mary L Landrieu	Category/Type 002
<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House    District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate    State: LA
Calendar Year-To-Date Per Election for Office Sought 554635.78	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input checked="" type="checkbox"/> Other (specify) ▶    Runoff

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶	33.00
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	
(c) <b>TOTAL</b> Independent Expenditures..... ▶	

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

*Ms. Emily Buchanan*

Signature \_\_\_\_\_ [Electronically Filed] Date MM / DD / YYYY  
05 / 18 / 2015

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>	<b>FEC IDENTIFICATION NUMBER</b> ▼ <b>C</b> C00530766
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee <b>Carla K Pilgreen</b>	Date of Public Distribution/Dissemination 12 / 05 / 2014
Mailing Address 212 Stonecliff Dr	Amount 20.00
City West Monro      State LA      Zip Code 71291	<b>Transaction ID : 21a058f4-86cb-497f-9</b> Date of Disbursement or Obligation 12 / 05 / 2014
Purpose of Expenditure Salary      Category/Type 001	
Name of Federal Candidate Ms. Mary L Landrieu <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House    District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate    State: LA
Calendar Year-To-Date Per Election for Office Sought 554635.78	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input checked="" type="checkbox"/> Other (specify) ▶    Runoff

Full Name of Payee <b>Carla K Pilgreen</b>	Date of Public Distribution/Dissemination 12 / 05 / 2014
Mailing Address 212 Stonecliff Dr	Amount 4.80
City West Monro      State LA      Zip Code 71291	<b>Transaction ID : 69fbd390-9861-43f6-b</b> Date of Disbursement or Obligation 12 / 05 / 2014
Purpose of Expenditure Mileage      Category/Type 002	
Name of Federal Candidate Ms. Mary L Landrieu <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House    District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate    State: LA
Calendar Year-To-Date Per Election for Office Sought 554635.78	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input checked="" type="checkbox"/> Other (specify) ▶    Runoff

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶	24.80
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	
(c) <b>TOTAL</b> Independent Expenditures..... ▶	

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

*Ms. Emily Buchanan*      **[Electronically Filed]**      Date 05 / 18 / 2015

Signature \_\_\_\_\_

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In 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: Lesley Lennox
Mailing Address: 2305 Cleary Ave
City: Metairie, State: LA, Zip Code: 70001
Purpose of Expenditure: Salary, Category/Type: 001
Date of Public Distribution/Dissemination: 12/05/2014
Amount: 35.00
Transaction ID: 5c3be639-ee08-4249-9
Date of Disbursement or Obligation: 12/05/2014
Name of Federal Candidate: Ms. Mary L Landrieu, Support: [ ], Oppose: [X]
Office Sought: [ ] House, [X] Senate, District: 00, State: LA
Calendar Year-To-Date Per Election for Office Sought: 554635.78
Disbursement For: [ ] Primary, [ ] General, [X] Other (specify) Runoff

Full Name of Payee: Lesley Lennox
Mailing Address: 2305 Cleary Ave
City: Metairie, State: LA, Zip Code: 70001
Purpose of Expenditure: Mileage, Category/Type: 002
Date of Public Distribution/Dissemination: 12/05/2014
Amount: 4.80
Transaction ID: cf512c33-ac0b-450b-8
Date of Disbursement or Obligation: 12/05/2014
Name of Federal Candidate: Ms. Mary L Landrieu, Support: [ ], Oppose: [X]
Office Sought: [ ] House, [X] Senate, District: 00, State: LA
Calendar Year-To-Date Per Election for Office Sought: 554635.78
Disbursement For: [ ] Primary, [ ] General, [X] Other (specify) Runoff

(a) SUBTOTAL of Itemized Independent Expenditures: 39.80
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL Independent Expenditures

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

Signature: Ms. Emily Buchanan [Electronically Filed] Date: 05/18/2015

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>	<b>FEC IDENTIFICATION NUMBER ▼</b> <div style="border: 1px solid black; padding: 2px; display: inline-block;"> <span style="font-size: 1.2em; font-weight: bold; border: 1px solid black;">C</span> C00530766       </div>
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee <b>Hilary Townsend</b>	Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px; display: inline-block;"> <span style="font-size: 0.8em;">M M / D D / Y Y Y Y Y Y</span>          12 / 05 / 2014       </div>						
Mailing Address    4506 US Hwy 79 North	Amount <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 100px; text-align: right;">60.00</div>						
<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:30%;">City</td> <td style="width:30%;">State</td> <td style="width:40%;">Zip Code</td> </tr> <tr> <td>Deberry</td> <td>TX</td> <td>75639</td> </tr> </table>	City	State	Zip Code	Deberry	TX	75639	<b>Transaction ID : 23ecbbb2-d06b-4da6-b</b> Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px; display: inline-block;"> <span style="font-size: 0.8em;">M M / D D / Y Y Y Y Y Y</span>          12 / 05 / 2014       </div>
City	State	Zip Code					
Deberry	TX	75639					
Purpose of Expenditure Salary	Category/Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">001</div>						
Name of Federal Candidate Ms. Mary L Landrieu	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House    District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate    State: <u>LA</u>						
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px; text-align: right;">554635.78</div>	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input checked="" type="checkbox"/> Other (specify) ▶ <u>Runoff</u>						

Full Name of Payee <b>Taylor De Julian-Hernandez</b>	Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px; display: inline-block;"> <span style="font-size: 0.8em;">M M / D D / Y Y Y Y Y Y</span>          12 / 05 / 2014       </div>						
Mailing Address    284 Cr 1401	Amount <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 100px; text-align: right;">50.00</div>						
<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:30%;">City</td> <td style="width:30%;">State</td> <td style="width:40%;">Zip Code</td> </tr> <tr> <td>Carthage</td> <td>TX</td> <td>75633</td> </tr> </table>	City	State	Zip Code	Carthage	TX	75633	<b>Transaction ID : 6594d7dd-309c-4050-b</b> Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px; display: inline-block;"> <span style="font-size: 0.8em;">M M / D D / Y Y Y Y Y Y</span>          12 / 05 / 2014       </div>
City	State	Zip Code					
Carthage	TX	75633					
Purpose of Expenditure Salary	Category/Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">001</div>						
Name of Federal Candidate Ms. Mary L Landrieu	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House    District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate    State: <u>LA</u>						
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px; text-align: right;">554635.78</div>	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input checked="" type="checkbox"/> Other (specify) ▶ <u>Runoff</u>						

<b>(a) SUBTOTAL</b> of Itemized Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px; text-align: right;">110.00</div>
<b>(b) SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px; text-align: right;"> </div>
<b>(c) TOTAL</b> Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px; text-align: right;"> </div>

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

*Ms. Emily Buchanan*  
 \_\_\_\_\_  
 Signature

[Electronically Filed]    Date    

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



SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In 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: Taylor De Julian-Hernandez
Mailing Address: 284 Cr 1401
City: Carthage, State: TX, Zip Code: 75633
Purpose of Expenditure: Mileage, Category/Type: 002
Date of Public Distribution/Dissemination: 12/05/2014
Amount: 58.50
Transaction ID: 70c98466-7446-417e-a
Date of Disbursement or Obligation: 12/05/2014
Name of Federal Candidate: Ms. Mary L Landrieu, Support: [ ], Oppose: [X]
Office Sought: [ ] House, [X] Senate, District: 00, State: LA
Calendar Year-To-Date Per Election for Office Sought: 554635.78
Disbursement For: [ ] Primary, [ ] General, [X] Other (specify) Runoff

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
Date of Public Distribution/Dissemination: 12/05/2014
Amount: 77.50
Transaction ID: 06b4bb5d-901f-4ad7-9
Date of Disbursement or Obligation: 12/05/2014
Name of Federal Candidate: Ms. Mary L Landrieu, Support: [ ], Oppose: [X]
Office Sought: [ ] House, [X] Senate, District: 00, State: LA
Calendar Year-To-Date Per Election for Office Sought: 554635.78
Disbursement For: [ ] Primary, [ ] General, [X] Other (specify) Runoff

(a) SUBTOTAL of Itemized Independent Expenditures: 136.00
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL Independent Expenditures

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.
Ms. Emily Buchanan
[Electronically Filed]
Date: 05/18/2015
Signature

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>		FEC IDENTIFICATION NUMBER <b>C</b> C00530766
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		M M M / D D D / Y Y Y Y Y Y

Full Name of Payee <b>Jennifer F Gilbert</b>		Date of Public Distribution/Dissemination 12 / 05 / 2014
Mailing Address 180 McNeil Steep Hollow Rd		Amount 40.50
City Carriere	State MS	Zip Code 39426
Purpose of Expenditure Mileage	Category/Type 002	Transaction ID : 8aeaf49-9c1e-4348-8 Date of Disbursement or Obligation 12 / 05 / 2014
Name of Federal Candidate Ms. Mary L Landrieu	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: LA
Calendar Year-To-Date Per Election for Office Sought	554635.78	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input checked="" type="checkbox"/> Other (specify) ▶ Runoff

Full Name of Payee <b>ERIC TABARY</b>		Date of Public Distribution/Dissemination 12 / 05 / 2014
Mailing Address 6101 NORA ST		Amount 45.00
City METAIRIE	State LA	Zip Code 70003
Purpose of Expenditure Salary	Category/Type 001	Transaction ID : 8c258f77-68b9-4805-9 Date of Disbursement or Obligation 12 / 05 / 2014
Name of Federal Candidate Ms. Mary L Landrieu	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: LA
Calendar Year-To-Date Per Election for Office Sought	554635.78	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input checked="" type="checkbox"/> Other (specify) ▶ Runoff

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	85.50
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

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

*Ms. Emily Buchanan*  
Signature

[Electronically Filed] Date 05 / 18 / 2015

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

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

Full Name of Payee
ERIC TABARY
Mailing Address
6101 NORA ST
City
METAIRIE State
LA Zip Code
70003
Date of Public Distribution/Dissemination
12 / 05 / 2014
Amount
4.20
Transaction ID : 2f2a5844-e7fc-4dea-b
Date of Disbursement or Obligation
12 / 05 / 2014
Purpose of Expenditure
Mileage Category/
Type 002
Name of Federal Candidate
Ms. Mary L Landrieu Support Oppose
Office Sought: House Senate
District: 00 State: LA
Calendar Year-To-Date
Per Election for Office Sought
554635.78
Disbursement For: Primary General
2014 Other (specify) Runoff

Full Name of Payee
Christopher L Gilbert
Mailing Address
55 Lovell Johnson Rd
City
Picayune State
MS Zip Code
39466
Date of Public Distribution/Dissemination
12 / 05 / 2014
Amount
110.00
Transaction ID : 0535f4b4-9e5f-43f1-b
Date of Disbursement or Obligation
12 / 05 / 2014
Purpose of Expenditure
Salary Category/
Type 001
Name of Federal Candidate
Ms. Mary L Landrieu Support Oppose
Office Sought: House Senate
District: 00 State: LA
Calendar Year-To-Date
Per Election for Office Sought
554635.78
Disbursement For: Primary General
2014 Other (specify) Runoff

(a) SUBTOTAL of Itemized Independent Expenditures 114.20
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL Independent Expenditures

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

Signature Ms. Emily Buchanan [Electronically Filed] Date 05 / 18 / 2015

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>	<b>FEC IDENTIFICATION NUMBER</b> ▼ <b>C</b> C00530766
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span>	

Full Name of Payee <b>Christopher L Gilbert</b>	Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 12 / 05 / 2014
Mailing Address 55 Lovell Johnson Rd	Amount <span style="border: 1px solid black; padding: 2px;">56.10</span>
City Picayune	State MS
Zip Code 39466	<b>Transaction ID : a31a7ea9-3190-4d16-9</b>
Purpose of Expenditure Mileage	Category/Type <span style="border: 1px solid black; padding: 2px;">002</span>
Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 12 / 05 / 2014	Name of Federal Candidate Ms. Mary L Landrieu
<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>LA</u>
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">554635.78</span>	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input checked="" type="checkbox"/> Other (specify) ▶ <u>Runoff</u>

Full Name of Payee <b>Maegan E McDaniel</b>	Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 12 / 05 / 2014
Mailing Address 3009 Skelly St	Amount <span style="border: 1px solid black; padding: 2px;">120.00</span>
City Shreveport	State LA
Zip Code 71107	<b>Transaction ID : 20de887a-a1f8-4595-8</b>
Purpose of Expenditure Salary	Category/Type <span style="border: 1px solid black; padding: 2px;">001</span>
Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 12 / 05 / 2014	Name of Federal Candidate Ms. Mary L Landrieu
<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>LA</u>
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">554635.78</span>	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input checked="" type="checkbox"/> Other (specify) ▶ <u>Runoff</u>

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶	<span style="border: 1px solid black; padding: 2px;">176.10</span>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	<span style="border: 1px solid black; padding: 2px;"> </span>
(c) <b>TOTAL</b> Independent Expenditures..... ▶	<span style="border: 1px solid black; padding: 2px;"> </span>

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

*Ms. Emily Buchanan*

Signature \_\_\_\_\_ [Electronically Filed] Date M M / D D / Y Y Y Y Y Y  
05 / 18 / 2015

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>	<b>FEC IDENTIFICATION NUMBER ▼</b> <b>C</b> C00530766
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y</span>	

Full Name of Payee <b>Maegan E McDaniel</b>	Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y</span> 12 / 05 / 2014
Mailing Address 3009 Skelly St	Amount <span style="border: 1px solid black; padding: 2px;">17.40</span>
City Shreveport State LA Zip Code 71107	<b>Transaction ID : f6ac37d4-39cc-424e-8</b> Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y</span> 12 / 05 / 2014
Purpose of Expenditure Mileage	Category/Type <span style="border: 1px solid black; padding: 2px;">002</span>
Name of Federal Candidate Ms. Mary L Landrieu	Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>LA</u>
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">554635.78</span>	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input checked="" type="checkbox"/> Other (specify) <u>Runoff</u>

Full Name of Payee <b>Bobbie M Steinholt</b>	Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y</span> 12 / 05 / 2014
Mailing Address 3009 Skelly St	Amount <span style="border: 1px solid black; padding: 2px;">120.00</span>
City Shreveport State LA Zip Code 71107	<b>Transaction ID : c28bf1f7-61b6-4340-a</b> Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y</span> 12 / 05 / 2014
Purpose of Expenditure Salary	Category/Type <span style="border: 1px solid black; padding: 2px;">001</span>
Name of Federal Candidate Ms. Mary L Landrieu	Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>LA</u>
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">554635.78</span>	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input checked="" type="checkbox"/> Other (specify) <u>Runoff</u>

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures.....▶	<span style="border: 1px solid black; padding: 2px;">137.40</span>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures.....▶	<span style="border: 1px solid black; padding: 2px;"> </span>
(c) <b>TOTAL</b> Independent Expenditures.....▶	<span style="border: 1px solid black; padding: 2px;"> </span>

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

*Ms. Emily Buchanan*  
Signature [Electronically Filed] Date M M / D D / Y Y Y Y  
05 / 18 / 2015

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

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

Full Name of Payee Felicia A Jones
Mailing Address 4106 Martha St
City Shreveport State LA Zip Code 71109
Purpose of Expenditure Salary Category/Type 001
Date of Public Distribution/Dissemination 12/05/2014
Amount 60.00
Transaction ID : 1ca440d9-d2b8-49b0-8
Date of Disbursement or Obligation 12/05/2014
Name of Federal Candidate Ms. Mary L Landrieu Support Oppose
Office Sought: House Senate State: LA
Calendar Year-To-Date Per Election for Office Sought 554635.78
Disbursement For: Primary General Other (specify) Runoff

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
Date of Public Distribution/Dissemination 12/05/2014
Amount 7.50
Transaction ID : c15a9dc7-59ac-47f9-8
Date of Disbursement or Obligation 12/05/2014
Name of Federal Candidate Ms. Mary L Landrieu Support Oppose
Office Sought: House Senate State: LA
Calendar Year-To-Date Per Election for Office Sought 554635.78
Disbursement For: Primary General Other (specify) Runoff

(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 05/18/2015
Signature

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>	<b>FEC IDENTIFICATION NUMBER ▼</b> <div style="border: 1px solid black; padding: 2px;"> <span style="font-size: 1.2em; font-weight: bold; border: 1px solid black; display: inline-block; width: 15px; height: 15px; text-align: center; vertical-align: middle;">C</span> <span style="margin-left: 5px;">C00530766</span> </div>
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee <b>Michael Vidrine</b>	Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px;"> <span style="font-size: 0.8em;">M M / D D / Y Y Y Y Y Y</span>  <span style="font-size: 1.2em; font-weight: bold;">12 / 05 / 2014</span> </div>						
Mailing Address    1103 West Wilson Street	Amount <div style="border: 1px solid black; padding: 2px; text-align: right;"> <span style="font-size: 1.2em; font-weight: bold;">60.00</span> </div>						
<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:30%;">City</td> <td style="width:30%;">State</td> <td style="width:40%;">Zip Code</td> </tr> <tr> <td>Ville Platte</td> <td>LA</td> <td>70586</td> </tr> </table>	City	State	Zip Code	Ville Platte	LA	70586	<b>Transaction ID : 14d4f306-6391-4052-a</b> Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px;"> <span style="font-size: 0.8em;">M M / D D / Y Y Y Y Y Y</span>  <span style="font-size: 1.2em; font-weight: bold;">12 / 05 / 2014</span> </div>
City	State	Zip Code					
Ville Platte	LA	70586					
Purpose of Expenditure Salary	Category/Type <div style="border: 1px solid black; padding: 2px; text-align: center;">001</div>						
Name of Federal Candidate Ms. Mary L Landrieu	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House    District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate    State: <u>LA</u>						
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; text-align: right;">554635.78</div>	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input checked="" type="checkbox"/> Other (specify) ▶ <u>Runoff</u>						

Full Name of Payee <b>Michael Vidrine</b>	Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px;"> <span style="font-size: 0.8em;">M M / D D / Y Y Y Y Y Y</span>  <span style="font-size: 1.2em; font-weight: bold;">12 / 05 / 2014</span> </div>						
Mailing Address    1103 West Wilson Street	Amount <div style="border: 1px solid black; padding: 2px; text-align: right;"> <span style="font-size: 1.2em; font-weight: bold;">24.30</span> </div>						
<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:30%;">City</td> <td style="width:30%;">State</td> <td style="width:40%;">Zip Code</td> </tr> <tr> <td>Ville Platte</td> <td>LA</td> <td>70586</td> </tr> </table>	City	State	Zip Code	Ville Platte	LA	70586	<b>Transaction ID : 86f7de6c-0a4a-4f4f-9</b> Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px;"> <span style="font-size: 0.8em;">M M / D D / Y Y Y Y Y Y</span>  <span style="font-size: 1.2em; font-weight: bold;">12 / 05 / 2014</span> </div>
City	State	Zip Code					
Ville Platte	LA	70586					
Purpose of Expenditure Mileage	Category/Type <div style="border: 1px solid black; padding: 2px; text-align: center;">002</div>						
Name of Federal Candidate Ms. Mary L Landrieu	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House    District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate    State: <u>LA</u>						
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; text-align: right;">554635.78</div>	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input checked="" type="checkbox"/> Other (specify) ▶ <u>Runoff</u>						

<b>(a) SUBTOTAL</b> of Itemized Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; text-align: right;"> <span style="font-size: 1.2em; font-weight: bold;">84.30</span> </div>
<b>(b) SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	<div style="border: 1px solid black; padding: 2px; text-align: right;"> <span style="font-size: 1.2em; font-weight: bold;">0.00</span> </div>
<b>(c) TOTAL</b> Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; text-align: right;"> <span style="font-size: 1.2em; font-weight: bold;">84.30</span> </div>

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

*Ms. Emily Buchanan*

Signature \_\_\_\_\_ [Electronically Filed]    Date 

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

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>		FEC IDENTIFICATION NUMBER <b>C C00530766</b>
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		MM / DD / YYYY

Full Name of Payee <b>Elvis Spears</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>12 / 05 / 2014</b>
Mailing Address 2150 Hope St		Amount <b>80.00</b>
City New Orleans	State LA	Zip Code 70119
Purpose of Expenditure Salary	Category/Type <b>001</b>	Transaction ID : <b>9d0d974a-bdf7-4abc-b</b> Date of Disbursement or Obligation MM / DD / YYYY <b>12 / 05 / 2014</b>
Name of Federal Candidate Ms. Mary L Landrieu	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>LA</u>
Calendar Year-To-Date Per Election for Office Sought	<b>554635.78</b>	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input checked="" type="checkbox"/> Other (specify) ▶ <u>Runoff</u>

Full Name of Payee <b>Elvis Spears</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>12 / 05 / 2014</b>
Mailing Address 2150 Hope St		Amount <b>16.20</b>
City New Orleans	State LA	Zip Code 70119
Purpose of Expenditure Mileage	Category/Type <b>002</b>	Transaction ID : <b>4a83c270-4d23-437e-8</b> Date of Disbursement or Obligation MM / DD / YYYY <b>12 / 05 / 2014</b>
Name of Federal Candidate Ms. Mary L Landrieu	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>LA</u>
Calendar Year-To-Date Per Election for Office Sought	<b>554635.78</b>	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input checked="" type="checkbox"/> Other (specify) ▶ <u>Runoff</u>

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶	<b>96.20</b>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	
(c) <b>TOTAL</b> Independent Expenditures..... ▶	

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

Ms. Emily Buchanan [Electronically Filed] Date **05 / 18 / 2015**  
Signature



SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In 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: Debra Lindsey
Mailing Address: 119 Goldenwood Dr
City: Slidell, State: LA, Zip Code: 70461
Purpose of Expenditure: Salary, Category/Type: 001
Date of Public Distribution/Dissemination: 12/05/2014
Amount: 80.00
Transaction ID: ebb80c6d-1743-4bc0-a
Date of Disbursement or Obligation: 12/05/2014
Name of Federal Candidate: Ms. Mary L Landrieu, Support: [ ], Oppose: [X]
Office Sought: [ ] House, [X] Senate, District: 00, State: LA
Calendar Year-To-Date Per Election for Office Sought: 554635.78
Disbursement For: 2014, [X] Other (specify) Runoff

Full Name of Payee: Debra Lindsey
Mailing Address: 119 Goldenwood Dr
City: Slidell, State: LA, Zip Code: 70461
Purpose of Expenditure: Mileage, Category/Type: 002
Date of Public Distribution/Dissemination: 12/05/2014
Amount: 25.80
Transaction ID: d7f6e3bf-bcac-4631-b
Date of Disbursement or Obligation: 12/05/2014
Name of Federal Candidate: Ms. Mary L Landrieu, Support: [ ], Oppose: [X]
Office Sought: [ ] House, [X] Senate, District: 00, State: LA
Calendar Year-To-Date Per Election for Office Sought: 554635.78
Disbursement For: 2014, [X] Other (specify) Runoff

(a) SUBTOTAL of Itemized Independent Expenditures: 105.80
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL Independent Expenditures

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.
Ms. Emily Buchanan [Electronically Filed] Date 05/18/2015
Signature

**SCHEDULE E (FEC Form 3X)  
ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>	<b>FEC IDENTIFICATION NUMBER</b> ▼ <b>C</b> C00530766
---	--

Check if  24-hour report  48-hour report  New report  Amends report filed on  /  /

Full Name of Payee <b>Joshua E Sherman</b>		Date of Public Distribution/Dissemination 12 / 05 / 2014	
Mailing Address 119 Goldenwood Dr		Amount 80.00	
City Slidell	State LA	Zip Code 70461	Transaction ID : 0407edd3-5fcc-42f5-a Date of Disbursement or Obligation 12 / 05 / 2014
Purpose of Expenditure Salary	Category/Type 001	Name of Federal Candidate Ms. Mary L Landrieu	
Calendar Year-To-Date Per Election for Office Sought 554635.78		Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: LA Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input checked="" type="checkbox"/> Other (specify) ▶ Runoff	

Full Name of Payee <b>Philip Elkins</b>		Date of Public Distribution/Dissemination 12 / 05 / 2014	
Mailing Address 227 Lincoln Dr		Amount 70.00	
City Bossier City	State LA	Zip Code 71111	Transaction ID : 49cc8474-ae5c-4434-9 Date of Disbursement or Obligation 12 / 05 / 2014
Purpose of Expenditure Salary	Category/Type 001	Name of Federal Candidate Ms. Mary L Landrieu	
Calendar Year-To-Date Per Election for Office Sought 554635.78		Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: LA Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input checked="" type="checkbox"/> Other (specify) ▶ Runoff	

<b>(a) SUBTOTAL</b> of Itemized Independent Expenditures.....▶	150.00
<b>(b) SUBTOTAL</b> of Unitemized Independent Expenditures .....▶	[Empty]
<b>(c) TOTAL</b> Independent Expenditures.....▶	[Empty]

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

Ms. Emily Buchanan [Electronically Filed] Date 05 / 18 / 2015  
Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

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

Full Name of Payee
Philip Elkins
Mailing Address 227 Lincoln Dr
City Bossier City State LA Zip Code 71111
Purpose of Expenditure Mileage Category/Type 002
Date of Public Distribution/Dissemination 12/05/2014
Amount 9.54
Transaction ID : a13c047a-38c6-44cb-a
Date of Disbursement or Obligation 12/05/2014
Name of Federal Candidate Ms. Mary L Landrieu
Office Sought: Senate State: LA
Disbursement For: Other (specify) Runoff

Full Name of Payee
Billy Martin
Mailing Address 250 Js Brewton RD
City Goldonna State LA Zip Code 71031
Purpose of Expenditure Salary Category/Type 001
Date of Public Distribution/Dissemination 12/05/2014
Amount 70.00
Transaction ID : 1464f3b6-41e6-4ba3-a
Date of Disbursement or Obligation 12/05/2014
Name of Federal Candidate Ms. Mary L Landrieu
Office Sought: Senate State: LA
Disbursement For: Other (specify) Runoff

(a) SUBTOTAL of Itemized Independent Expenditures 79.54
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL Independent Expenditures

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.
Ms. Emily Buchanan [Electronically Filed] Date 05/18/2015
Signature

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>	<b>FEC IDENTIFICATION NUMBER</b> ▼ <b>C</b> C00530766
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee <b>Billy Martin</b>	Date of Public Distribution/Dissemination 12 / 05 / 2014
Mailing Address 250 Js Brewton RD	Amount 5.10
City State Zip Code Goldonna LA 71031	<b>Transaction ID : 276b94a6-db38-4d57-b</b> Date of Disbursement or Obligation 12 / 05 / 2014
Purpose of Expenditure Mileage	Category/Type 002
Name of Federal Candidate Ms. Mary L Landrieu	Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> Senate State: LA
Calendar Year-To-Date Per Election for Office Sought	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input checked="" type="checkbox"/> Other (specify) ▶ Runoff

Full Name of Payee <b>Carl Brent</b>	Date of Public Distribution/Dissemination 12 / 05 / 2014
Mailing Address 6718 Lake Willow Dr	Amount 80.00
City State Zip Code New Orleans LA 70126	<b>Transaction ID : 27c9eb78-f551-46bf-b</b> Date of Disbursement or Obligation 12 / 05 / 2014
Purpose of Expenditure Salary	Category/Type 001
Name of Federal Candidate Ms. Mary L Landrieu	Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> Senate State: LA
Calendar Year-To-Date Per Election for Office Sought	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input checked="" type="checkbox"/> Other (specify) ▶ Runoff

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶	85.10
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	
(c) <b>TOTAL</b> Independent Expenditures..... ▶	

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

*Ms. Emily Buchanan*      [Electronically Filed]      Date 05 / 18 / 2015

Signature \_\_\_\_\_

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

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

Full Name of Payee: Carl Brent
Mailing Address: 6718 Lake Willow Dr
City: New Orleans, State: LA, Zip Code: 70126
Purpose of Expenditure: Mileage, Category/Type: 002
Date of Public Distribution/Dissemination: 12/05/2014
Amount: 19.20
Transaction ID: 18081343-5e59-464f-9
Name of Federal Candidate: Ms. Mary L Landrieu, Support: [ ], Oppose: [X]
Office Sought: [ ] House, [X] Senate, District: 00, State: LA
Calendar Year-To-Date Per Election for Office Sought: 554635.78
Disbursement For: [X] Other (specify) Runoff

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
Date of Public Distribution/Dissemination: 12/05/2014
Amount: 100.00
Transaction ID: aa244da0-a8b7-4aeb-a
Name of Federal Candidate: Ms. Mary L Landrieu, Support: [ ], Oppose: [X]
Office Sought: [ ] House, [X] Senate, District: 00, State: LA
Calendar Year-To-Date Per Election for Office Sought: 554635.78
Disbursement For: [X] Other (specify) Runoff

(a) SUBTOTAL of Itemized Independent Expenditures: 119.20
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL Independent Expenditures

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

Signature: Ms. Emily Buchanan [Electronically Filed] Date: 05/18/2015

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>	<b>FEC IDENTIFICATION NUMBER</b> ▼ <b>C</b> C00530766
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee <b>Zachary Vidrine</b>	Date of Public Distribution/Dissemination 12 / 05 / 2014
Mailing Address 202 Rue Des Cajun	Amount 21.90
City Ville Platte      State LA      Zip Code 70586	<b>Transaction ID : 3e90a142-4c72-4a6b-8</b> Date of Disbursement or Obligation 12 / 05 / 2014
Purpose of Expenditure Mileage      Category/Type 002	Name of Federal Candidate Ms. Mary L Landriou <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 554635.78	Office Sought: <input type="checkbox"/> House      District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate      State: LA Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input checked="" type="checkbox"/> Other (specify) ▶      Runoff

Full Name of Payee <b>Christopher Marquess</b>	Date of Public Distribution/Dissemination 12 / 05 / 2014
Mailing Address 110 W Pecan St	Amount 50.00
City Ville Platte      State LA      Zip Code 70586	<b>Transaction ID : c19d56b9-c2b0-447f-a</b> Date of Disbursement or Obligation 12 / 05 / 2014
Purpose of Expenditure Salary      Category/Type 001	Name of Federal Candidate Ms. Mary L Landriou <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 554635.78	Office Sought: <input type="checkbox"/> House      District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate      State: LA Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input checked="" type="checkbox"/> Other (specify) ▶      Runoff

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶	71.90
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	
(c) <b>TOTAL</b> Independent Expenditures..... ▶	

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

*Ms. Emily Buchanan*      [Electronically Filed]      Date 05 / 18 / 2015

Signature \_\_\_\_\_

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

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

Full Name of Payee: Christopher Marquess
Mailing Address: 110 W Pecan St
City: Ville Platte, State: LA, Zip Code: 70586
Purpose of Expenditure: Mileage, Category/Type: 002
Amount: 38.40
Transaction ID: f1a1b9ff-2102-470b-b
Date of Disbursement or Obligation: 12/05/2014
Name of Federal Candidate: Ms. Mary L Landriau, Support: [ ], Oppose: [X]
Office Sought: [ ] House, [X] Senate, District: 00, State: LA
Disbursement For: [ ] Primary, [ ] General, [X] Other (specify) Runoff

Full Name of Payee: Gage Blank
Mailing Address: 5342 Eudora Dr
City: Addis, State: LA, Zip Code: 70710
Purpose of Expenditure: Salary, Category/Type: 001
Amount: 40.00
Transaction ID: cc365ae4-f4c6-4e70-8
Date of Disbursement or Obligation: 12/05/2014
Name of Federal Candidate: Ms. Mary L Landriau, Support: [ ], Oppose: [X]
Office Sought: [ ] House, [X] Senate, District: 00, State: LA
Disbursement For: [ ] Primary, [ ] General, [X] Other (specify) Runoff

(a) SUBTOTAL of Itemized Independent Expenditures: 78.40
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL Independent Expenditures

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.
Ms. Emily Buchanan
[Electronically Filed]
Date: 05/18/2015

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>	<b>FEC IDENTIFICATION NUMBER</b> ▼ <b>C</b> C00530766
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span>	

Full Name of Payee <b>Gage Blank</b>	Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 12 / 05 / 2014
Mailing Address 5342 Eudora Dr	Amount <span style="border: 1px solid black; padding: 2px;">7.80</span>
City State Zip Code Addis LA 70710	<b>Transaction ID : 6bfce5c2-a63d-4428-9</b> Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 12 / 05 / 2014
Purpose of Expenditure Mileage	Category/Type <span style="border: 1px solid black; padding: 2px;">002</span>
Name of Federal Candidate Ms. Mary L Landrieu	Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>LA</u>
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">554635.78</span>	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input checked="" type="checkbox"/> Other (specify) ▶ <u>Runoff</u>

Full Name of Payee <b>Alice K Salazar</b>	Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 12 / 05 / 2014
Mailing Address 605 W Houston St	Amount <span style="border: 1px solid black; padding: 2px;">80.00</span>
City State Zip Code Marshall TX 75633	<b>Transaction ID : 3f6432e8-77a9-4f8a-a</b> Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 12 / 05 / 2014
Purpose of Expenditure Salary	Category/Type <span style="border: 1px solid black; padding: 2px;">001</span>
Name of Federal Candidate Ms. Mary L Landrieu	Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>LA</u>
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">554635.78</span>	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input checked="" type="checkbox"/> Other (specify) ▶ <u>Runoff</u>

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶	<span style="border: 1px solid black; padding: 2px;">87.80</span>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	<span style="border: 1px solid black; padding: 2px;"> </span>
(c) <b>TOTAL</b> Independent Expenditures..... ▶	<span style="border: 1px solid black; padding: 2px;"> </span>

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

*Ms. Emily Buchanan* [Electronically Filed] Date M M / D D / Y Y Y Y Y Y  
05 / 18 / 2015

Signature



**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>	FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00530766
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee <b>Alice K Salazar</b>		Date of Public Distribution/Dissemination 12 / 05 / 2014	
Mailing Address 605 W Houston St		Amount 57.60	
City Marshall	State TX	Zip Code 75633	Transaction ID : 41df504c-3817-4b1a-b
Purpose of Expenditure Mileage	Category/ Type 002	Date of Disbursement or Obligation 12 / 05 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu		Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: LA	
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: 2014 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▶ Runoff	

Full Name of Payee <b>Evelyn Lesaicherre</b>		Date of Public Distribution/Dissemination 12 / 05 / 2014	
Mailing Address 629 Radiane Ave		Amount 80.00	
City Metairie	State LA	Zip Code 70001	Transaction ID : b7ce8275-7711-4857-a
Purpose of Expenditure Salary	Category/ Type 001	Date of Disbursement or Obligation 12 / 05 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu		Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: LA	
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: 2014 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▶ Runoff	

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures.....▶	137.60
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures .....▶	
(c) <b>TOTAL</b> Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or 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 \_\_\_\_\_ Date **05 / 18 / 2015**

[Electronically Filed]

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>		FEC IDENTIFICATION NUMBER <b>C C00530766</b>
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span>		

Full Name of Payee <b>Evelyn Lesaicherre</b>		Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> <b>12 / 05 / 2014</b>
Mailing Address <b>629 Radiance Ave</b>		Amount <span style="border: 1px solid black; padding: 2px;">7.20</span>
City <b>Metairie</b>	State <b>LA</b>	Zip Code <b>70001</b>
Purpose of Expenditure <b>Mileage</b>	Category/Type <span style="border: 1px solid black; padding: 2px;">002</span>	Transaction ID : <b>cae14f4b-04a3-4f4e-9</b> Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> <b>12 / 05 / 2014</b>
Name of Federal Candidate <b>Ms. Mary L Landrieu</b>	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>LA</u>
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">554635.78</span>	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input checked="" type="checkbox"/> Other (specify) <u>Runoff</u>	

Full Name of Payee <b>Brogan A Benoit</b>		Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> <b>12 / 05 / 2014</b>
Mailing Address <b>7144 South River Rd</b>		Amount <span style="border: 1px solid black; padding: 2px;">60.00</span>
City <b>Addis</b>	State <b>LA</b>	Zip Code <b>70710</b>
Purpose of Expenditure <b>Salary</b>	Category/Type <span style="border: 1px solid black; padding: 2px;">001</span>	Transaction ID : <b>764bb0a0-ce5e-4fde-8</b> Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> <b>12 / 05 / 2014</b>
Name of Federal Candidate <b>Ms. Mary L Landrieu</b>	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>LA</u>
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">554635.78</span>	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input checked="" type="checkbox"/> Other (specify) <u>Runoff</u>	

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures.....	<span style="border: 1px solid black; padding: 2px;">67.20</span>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures .....	<span style="border: 1px solid black; padding: 2px;"> </span>
(c) <b>TOTAL</b> Independent Expenditures.....	<span style="border: 1px solid black; padding: 2px;"> </span>

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

*Ms. Emily Buchanan*  
Signature

[Electronically Filed] Date M M / D D / Y Y Y Y Y Y  
**05 / 18 / 2015**

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>	<b>FEC IDENTIFICATION NUMBER</b> ▼ <b>C</b> C00530766
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee <b>Brogan A Benoit</b>	Date of Public Distribution/Dissemination 12 / 05 / 2014
Mailing Address 7144 South River Rd	Amount 8.10
City Addis State LA Zip Code 70710	<b>Transaction ID : 39eca81c-67a9-4e8c-a</b> Date of Disbursement or Obligation 12 / 05 / 2014
Purpose of Expenditure Mileage Category/Type 002	Name of Federal Candidate Ms. Mary L Landriau <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: LA
Calendar Year-To-Date Per Election for Office Sought 554635.78	Disbursement For: 2014 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▶ Runoff

Full Name of Payee <b>Philip Elkins</b>	Date of Public Distribution/Dissemination 12 / 06 / 2014
Mailing Address 227 Lincoln Dr	Amount 50.00
City Bossier City State LA Zip Code 71111	<b>Transaction ID : 13f52211-8d25-4cef-8</b> Date of Disbursement or Obligation 12 / 06 / 2014
Purpose of Expenditure Salary Category/Type 001	Name of Federal Candidate Ms. Mary L Landriau <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: LA
Calendar Year-To-Date Per Election for Office Sought 554635.78	Disbursement For: 2014 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▶ Runoff

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶	58.10
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	
(c) <b>TOTAL</b> Independent Expenditures..... ▶	

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

*Ms. Emily Buchanan* [Electronically Filed] Date 05 / 18 / 2015

Signature \_\_\_\_\_

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

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

Full Name of Payee
Philip Elkins
Mailing Address
227 Lincoln Dr
City
Bossier City State
LA Zip Code
71111
Purpose of Expenditure
Mileage Category/
Type 002
Name of Federal Candidate
Ms. Mary L Landrieu
Calendar Year-To-Date
Per Election for Office Sought
554635.78

Date of Public Distribution/Dissemination
12 / 06 / 2014
Amount
9.39
Transaction ID : 265e71db-305c-4296-a
Date of Disbursement or Obligation
12 / 06 / 2014
Office Sought:
House District: 00
Senate State: LA
Disbursement For:
Primary General
Other (specify) Runoff

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
Calendar Year-To-Date
Per Election for Office Sought
554635.78

Date of Public Distribution/Dissemination
12 / 06 / 2014
Amount
28.00
Transaction ID : fbbeaa99-12b6-40e2-8
Date of Disbursement or Obligation
12 / 06 / 2014
Office Sought:
House District: 00
Senate State: LA
Disbursement For:
Primary General
Other (specify) Runoff

(a) SUBTOTAL of Itemized Independent Expenditures 37.39
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL Independent Expenditures

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

Ms. Emily Buchanan
[Electronically Filed]
Date 05 / 18 / 2015
Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

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

Full Name of Payee Heather A Smith
Mailing Address 995 Clairborne Rd
City Calhoun State LA Zip Code 71225
Purpose of Expenditure Mileage Category/Type 002
Date of Public Distribution/Dissemination 12/06/2014
Amount 6.30
Transaction ID : ed64851e-daea-4bfa-a
Date of Disbursement or Obligation 12/06/2014
Name of Federal Candidate Ms. Mary L Landrieu
Office Sought: Senate State: LA
Disbursement For: Other (specify) Runoff

Full Name of Payee Scott Smith
Mailing Address 405 Pennsylvania St
City New Roads State LA Zip Code 70760
Purpose of Expenditure Salary Category/Type 001
Date of Public Distribution/Dissemination 12/06/2014
Amount 3.00
Transaction ID : 458cce0a-22fe-41ce-9
Date of Disbursement or Obligation 12/06/2014
Name of Federal Candidate Ms. Mary L Landrieu
Office Sought: Senate State: LA
Disbursement For: Other (specify) Runoff

(a) SUBTOTAL of Itemized Independent Expenditures 9.30
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL Independent Expenditures

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

Ms. Emily Buchanan [Electronically Filed] Date 05/18/2015
Signature

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>	<b>FEC IDENTIFICATION NUMBER ▼</b> <div style="border: 1px solid black; padding: 2px; display: inline-block;"> <b>C</b> C00530766       </div>
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee <b>Scott Smith</b>	Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px; display: inline-block;">           12 / 06 / 2014         </div>						
Mailing Address    405 Pennsylvania St	Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">           18.00         </div>						
<table style="width:100%; border: none;"> <tr> <td style="width:33%;">City</td> <td style="width:33%;">State</td> <td style="width:33%;">Zip Code</td> </tr> <tr> <td>New Roads</td> <td>LA</td> <td>70760</td> </tr> </table>		City	State	Zip Code	New Roads	LA	70760
City		State	Zip Code				
New Roads	LA	70760					
Purpose of Expenditure Mileage	Category/Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">002</div>						
Name of Federal Candidate Ms. Mary L Landrieu	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose						
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block;">554635.78</div>	Office Sought: <input type="checkbox"/> House    District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate    State: <u>LA</u>						
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input checked="" type="checkbox"/> Other (specify) ▶ <u>Runoff</u>							

**Transaction ID : 98e9d520-c87d-4c44-a**  
Date of Disbursement or Obligation

12 / 06 / 2014

Full Name of Payee <b>Beau Autin</b>	Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px; display: inline-block;">           12 / 06 / 2014         </div>						
Mailing Address    345 Auroura Ave	Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">           40.00         </div>						
<table style="width:100%; border: none;"> <tr> <td style="width:33%;">City</td> <td style="width:33%;">State</td> <td style="width:33%;">Zip Code</td> </tr> <tr> <td>Metairie</td> <td>LA</td> <td>70006</td> </tr> </table>		City	State	Zip Code	Metairie	LA	70006
City		State	Zip Code				
Metairie	LA	70006					
Purpose of Expenditure Salary	Category/Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">001</div>						
Name of Federal Candidate Ms. Mary L Landrieu	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose						
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block;">554635.78</div>	Office Sought: <input type="checkbox"/> House    District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate    State: <u>LA</u>						
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input checked="" type="checkbox"/> Other (specify) ▶ <u>Runoff</u>							

**Transaction ID : 1b941d44-de26-4de9-8**  
Date of Disbursement or Obligation

12 / 06 / 2014

<b>(a) SUBTOTAL</b> of Itemized Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;">58.00</div>
<b>(b) SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;"> </div>
<b>(c) TOTAL</b> Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;"> </div>

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

Ms. Emily Buchanan  
Signature

[Electronically Filed]

Date    

05 / 18 / 2015

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In 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
Beau Autin

Date of Public Distribution/Dissemination
12 / 06 / 2014

Mailing Address
345 Auroura Ave

Amount
1.95
Transaction ID : 266a65f8-4fad-4f80-a

City State Zip Code
Metairie LA 70006

Date of Disbursement or Obligation
12 / 06 / 2014

Purpose of Expenditure
Mileage
Category/Type 002

Name of Federal Candidate
Ms. Mary L Landrieu
Support Oppose

Office Sought: House Senate
District: 00 State: LA

Calendar Year-To-Date
Per Election for Office Sought
554635.78

Disbursement For: Primary General
2014 Other (specify) Runoff

Full Name of Payee
Gary W Fuhrmann

Date of Public Distribution/Dissemination
12 / 06 / 2014

Mailing Address
9425 Jessica Drive

Amount
67.50
Transaction ID : 168fa7bb-f166-4296-8

City State Zip Code
Shreveport LA 71106

Date of Disbursement or Obligation
12 / 06 / 2014

Purpose of Expenditure
Salary
Category/Type 001

Name of Federal Candidate
Ms. Mary L Landrieu
Support Oppose

Office Sought: House Senate
District: 00 State: LA

Calendar Year-To-Date
Per Election for Office Sought
554635.78

Disbursement For: Primary General
2014 Other (specify) Runoff

(a) SUBTOTAL of Itemized Independent Expenditures 69.45
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL Independent Expenditures

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

Signature Ms. Emily Buchanan Date 05 / 18 / 2015 [Electronically Filed]

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

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

Full Name of Payee
Gary W Fuhrmann
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
Oppose
Calendar Year-To-Date
Per Election for Office Sought
554635.78

Date of Public Distribution/Dissemination
12 / 06 / 2014
Amount
9.60
Transaction ID : 96201fc5-4f60-4b15-9
Date of Disbursement or Obligation
12 / 06 / 2014
Office Sought:
House District: 00
Senate State: LA
Disbursement For:
Primary General
Other (specify) Runoff

Full Name of Payee
Windy Hageman
Mailing Address
5521 Randolph St.
City
Marrero State
LA Zip Code
70072
Purpose of Expenditure
Salary Category/
Type 001
Name of Federal Candidate
Ms. Mary L Landrieu
Support
Oppose
Calendar Year-To-Date
Per Election for Office Sought
554635.78

Date of Public Distribution/Dissemination
12 / 06 / 2014
Amount
57.50
Transaction ID : 42958035-e633-4933-8
Date of Disbursement or Obligation
12 / 06 / 2014
Office Sought:
House District: 00
Senate State: LA
Disbursement For:
Primary General
Other (specify) Runoff

(a) SUBTOTAL of Itemized Independent Expenditures 67.10
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL Independent Expenditures

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

Ms. Emily Buchanan
[Electronically Filed]
Date 05 / 18 / 2015
Signature



SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

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

Full Name of Payee: Jeanne Tribou
Mailing Address: 22369 Ponderosa Dr.
City: Mandeville, State: LA, Zip Code: 70471
Purpose of Expenditure: Salary, Category/Type: 001
Date of Public Distribution/Dissemination: 12/06/2014
Amount: 70.00
Transaction ID: 7fab6d6e-f7c7-42f3-a
Name of Federal Candidate: Ms. Mary L Landrieu, Support: [ ], Oppose: [X]
Office Sought: [ ] House, [X] Senate, District: 00, State: LA
Calendar Year-To-Date Per Election for Office Sought: 554635.78
Disbursement For: [ ] Primary, [ ] General, [X] Other (specify) Runoff

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
Date of Public Distribution/Dissemination: 12/06/2014
Amount: 12.60
Transaction ID: a3782937-d58a-4df7-8
Name of Federal Candidate: Ms. Mary L Landrieu, Support: [ ], Oppose: [X]
Office Sought: [ ] House, [X] Senate, District: 00, State: LA
Calendar Year-To-Date Per Election for Office Sought: 554635.78
Disbursement For: [ ] Primary, [ ] General, [X] Other (specify) Runoff

(a) SUBTOTAL of Itemized Independent Expenditures: 82.60
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL Independent Expenditures

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.
Ms. Emily Buchanan [Electronically Filed] Date 05/18/2015
Signature

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>	<b>FEC IDENTIFICATION NUMBER</b> ▼ <b>C</b> C00530766
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y</span>	

Full Name of Payee <b>Gregory Green</b>	Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y</span> 12 / 06 / 2014
Mailing Address 2506 Bolch Street	Amount <span style="border: 1px solid black; padding: 2px;">50.00</span>
City Shreveport State LA Zip Code 71104	<b>Transaction ID : b6d418ec-4ff3-484a-a</b> Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y</span> 12 / 06 / 2014
Purpose of Expenditure Salary Category/Type 001	
Name of Federal Candidate Ms. Mary L Landriau <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: LA
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">554635.78</span>	Disbursement For: 2014 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▶ Runoff

Full Name of Payee <b>Gregory Green</b>	Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y</span> 12 / 06 / 2014
Mailing Address 2506 Bolch Street	Amount <span style="border: 1px solid black; padding: 2px;">11.70</span>
City Shreveport State LA Zip Code 71104	<b>Transaction ID : 81ecd70f-6fa8-423d-a</b> Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y</span> 12 / 06 / 2014
Purpose of Expenditure Mileage Category/Type 002	
Name of Federal Candidate Ms. Mary L Landriau <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: LA
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">554635.78</span>	Disbursement For: 2014 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▶ Runoff

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶	<span style="border: 1px solid black; padding: 2px;">61.70</span>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	<span style="border: 1px solid black; padding: 2px;"> </span>
(c) <b>TOTAL</b> Independent Expenditures..... ▶	<span style="border: 1px solid black; padding: 2px;"> </span>

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

*Ms. Emily Buchanan* [Electronically Filed] Date M M / D D / Y Y Y Y  
05 / 18 / 2015

Signature \_\_\_\_\_

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

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

Full Name of Payee Lilly Green
Mailing Address 205 Medallion Circle
City Shreveport State LA Zip Code 71119
Purpose of Expenditure Salary Category/Type 001
Date of Public Distribution/Dissemination 12/06/2014
Amount 20.00
Transaction ID : 6e7364a5-a742-48be-9
Date of Disbursement or Obligation 12/06/2014
Name of Federal Candidate Ms. Mary L Landrieu
Office Sought: Senate State: LA
Disbursement For: Other (specify) Runoff

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
Date of Public Distribution/Dissemination 12/06/2014
Amount 12.30
Transaction ID : da25dfa9-f620-4952-9
Date of Disbursement or Obligation 12/06/2014
Name of Federal Candidate Ms. Mary L Landrieu
Office Sought: Senate State: LA
Disbursement For: Other (specify) Runoff

(a) SUBTOTAL of Itemized Independent Expenditures 32.30
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL Independent Expenditures

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

Ms. Emily Buchanan
[Electronically Filed]
Date 05/18/2015
Signature

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>		<b>FEC IDENTIFICATION NUMBER ▼</b> <b>C</b> C00530766
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		

Full Name of Payee <b>Alice K Salazar</b>		Date of Public Distribution/Dissemination 12 / 06 / 2014	
Mailing Address 605 W Houston St		Amount 120.00	
City Marshall	State TX	Zip Code 75633	<b>Transaction ID : 64d2b3ea-bf00-44dc-a</b>
Purpose of Expenditure Salary	Category/ Type 001	Date of Disbursement or Obligation 12 / 06 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: LA
Calendar Year-To-Date Per Election for Office Sought 554635.78		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input checked="" type="checkbox"/> Other (specify) ▶ Runoff	

Full Name of Payee <b>Alice K Salazar</b>		Date of Public Distribution/Dissemination 12 / 06 / 2014	
Mailing Address 605 W Houston St		Amount 80.10	
City Marshall	State TX	Zip Code 75633	<b>Transaction ID : 13052fae-60ff-49e8-9</b>
Purpose of Expenditure Mileage	Category/ Type 002	Date of Disbursement or Obligation 12 / 06 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: LA
Calendar Year-To-Date Per Election for Office Sought 554635.78		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input checked="" type="checkbox"/> Other (specify) ▶ Runoff	

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶	200.10
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	
(c) <b>TOTAL</b> Independent Expenditures..... ▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or 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 \_\_\_\_\_ Date 05 / 18 / 2015

[Electronically Filed]

**SCHEDULE E (FEC Form 3X)  
ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>	FEC IDENTIFICATION NUMBER ▼ C C00530766					
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <table style="display: inline-table; margin-left: 10px;"> <tr><td style="border: 1px solid black; padding: 2px;">M M M</td><td>/</td><td style="border: 1px solid black; padding: 2px;">D D D</td><td>/</td><td style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</td></tr> </table>		M M M	/	D D D	/	Y Y Y Y Y Y
M M M	/	D D D	/	Y Y Y Y Y Y		

Full Name of Payee <b>Evelyn Lesaicherre</b>  Mailing Address 629 Radiance Ave  City State Zip Code Metairie LA 70001	Date of Public Distribution/Dissemination 12 / 06 / 2014  Amount 80.00  <b>Transaction ID : 285f1b8a-659b-4be7-a</b> Date of Disbursement or Obligation 12 / 06 / 2014
Purpose of Expenditure Salary                                  Category/Type 001	Name of Federal Candidate Ms. Mary L Landrieu <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose  Office Sought: <input type="checkbox"/> House    District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate    State: LA
Calendar Year-To-Date Per Election for Office Sought 554635.78	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input checked="" type="checkbox"/> Other (specify) ►                                  Runoff

Full Name of Payee <b>Evelyn Lesaicherre</b>  Mailing Address 629 Radiance Ave  City State Zip Code Metairie LA 70001	Date of Public Distribution/Dissemination 12 / 06 / 2014  Amount 4.50  <b>Transaction ID : a4823fdd-975a-41a1-9</b> Date of Disbursement or Obligation 12 / 06 / 2014
Purpose of Expenditure Mileage                                  Category/Type 002	Name of Federal Candidate Ms. Mary L Landrieu <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose  Office Sought: <input type="checkbox"/> House    District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate    State: LA
Calendar Year-To-Date Per Election for Office Sought 554635.78	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input checked="" type="checkbox"/> Other (specify) ►                                  Runoff

<b>(a) SUBTOTAL</b> of Itemized Independent Expenditures..... ►	84.50
<b>(b) SUBTOTAL</b> of Unitemized Independent Expenditures..... ►	
<b>(c) TOTAL</b> Independent Expenditures..... ►	

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

*Ms. Emily Buchanan*

Signature \_\_\_\_\_ *[Electronically Filed]*      Date 05 / 18 / 2015

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>	<b>FEC IDENTIFICATION NUMBER</b> ▼ <b>C</b> C00530766
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <span style="margin-left: 20px;">M M M / D D D / Y Y Y Y Y Y</span>	

Full Name of Payee <b>Christopher L Gilbert</b>	Date of Public Distribution/Dissemination <span style="margin-left: 20px;">M M M / D D D / Y Y Y Y Y Y</span> <b>12 / 06 / 2014</b>
Mailing Address 55 Lovell Johnson Rd	Amount <span style="margin-left: 20px;">M M M M M M</span> <b>110.00</b>
City Picayune	State MS
Zip Code 39466	<b>Transaction ID : 8a710e48-3189-4b2e-a</b>
Purpose of Expenditure Salary	Date of Disbursement or Obligation <span style="margin-left: 20px;">M M M / D D D / Y Y Y Y Y Y</span> <b>12 / 06 / 2014</b>
Category/Type 001	Name of Federal Candidate Ms. Mary L Landrieu
Name of Federal Candidate Ms. Mary L Landrieu	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate	District: <u>00</u> State: <u>LA</u>
Calendar Year-To-Date Per Election for Office Sought <span style="margin-left: 20px;">M M M M M M</span> <b>554635.78</b>	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input checked="" type="checkbox"/> Other (specify) ▶ <u>Runoff</u>

Full Name of Payee <b>Christopher L Gilbert</b>	Date of Public Distribution/Dissemination <span style="margin-left: 20px;">M M M / D D D / Y Y Y Y Y Y</span> <b>12 / 06 / 2014</b>
Mailing Address 55 Lovell Johnson Rd	Amount <span style="margin-left: 20px;">M M M M M M</span> <b>57.60</b>
City Picayune	State MS
Zip Code 39466	<b>Transaction ID : 7d2465cb-c805-4146-b</b>
Purpose of Expenditure Mileage	Date of Disbursement or Obligation <span style="margin-left: 20px;">M M M / D D D / Y Y Y Y Y Y</span> <b>12 / 06 / 2014</b>
Category/Type 002	Name of Federal Candidate Ms. Mary L Landrieu
Name of Federal Candidate Ms. Mary L Landrieu	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate	District: <u>00</u> State: <u>LA</u>
Calendar Year-To-Date Per Election for Office Sought <span style="margin-left: 20px;">M M M M M M</span> <b>554635.78</b>	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input checked="" type="checkbox"/> Other (specify) ▶ <u>Runoff</u>

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶	<span style="margin-left: 20px;">M M M M M M</span> <b>167.60</b>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	<span style="margin-left: 20px;">M M M M M M</span>
(c) <b>TOTAL</b> Independent Expenditures..... ▶	<span style="margin-left: 20px;">M M M M M M</span>

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

*Ms. Emily Buchanan*

Signature \_\_\_\_\_ [Electronically Filed] Date M M M / D D D / Y Y Y Y Y Y  
**05 / 18 / 2015**

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

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

Full Name of Payee: Jennifer F Gilbert
Mailing Address: 180 McNeil Steep Hollow Rd
City: Carriere, State: MS, Zip Code: 39426
Purpose of Expenditure: Salary, Category/Type: 001
Date of Public Distribution/Dissemination: 12/06/2014
Amount: 65.00
Transaction ID: 4f9d1311-d2f9-4266-b
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: 554635.78
Disbursement For: [ ] Primary, [ ] General, [X] Other (specify) Runoff

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
Date of Public Distribution/Dissemination: 12/06/2014
Amount: 39.90
Transaction ID: 70ca9a86-68da-4866-b
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: 554635.78
Disbursement For: [ ] Primary, [ ] General, [X] Other (specify) Runoff

(a) SUBTOTAL of Itemized Independent Expenditures: 104.90
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL Independent Expenditures

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

Signature: Ms. Emily Buchanan [Electronically Filed] Date: 05/18/2015

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full)
Women Speak Out PAC
FEC IDENTIFICATION NUMBER
C C00530766

Check if 24-hour report 48-hour report New report Amends report filed on

Full Name of Payee: Christopher Marquess
Mailing Address: 110 W Pecan St
City: Ville Platte, State: LA, Zip Code: 70586
Purpose of Expenditure: Salary, Category/Type: 001
Date of Public Distribution/Dissemination: 12/06/2014
Amount: 85.00
Transaction ID: 7b42e4af-99c2-4f85-a
Date of Disbursement or Obligation: 12/06/2014
Name of Federal Candidate: Ms. Mary L Landriau, Support: [ ], Oppose: [X]
Office Sought: [ ] House, [X] Senate, District: 00, State: LA
Calendar Year-To-Date Per Election for Office Sought: 554635.78
Disbursement For: 2014, [X] Other (specify) Runoff

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
Date of Public Distribution/Dissemination: 12/06/2014
Amount: 42.60
Transaction ID: b6a8c1cd-8f8e-45b0-a
Date of Disbursement or Obligation: 12/06/2014
Name of Federal Candidate: Ms. Mary L Landriau, Support: [ ], Oppose: [X]
Office Sought: [ ] House, [X] Senate, District: 00, State: LA
Calendar Year-To-Date Per Election for Office Sought: 554635.78
Disbursement For: 2014, [X] Other (specify) Runoff

(a) SUBTOTAL of Itemized Independent Expenditures..... 127.60
(b) SUBTOTAL of Unitemized Independent Expenditures .....
(c) TOTAL Independent Expenditures.....

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

Ms. Emily Buchanan
[Electronically Filed]
Date: 05/18/2015
Signature



**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>	<b>FEC IDENTIFICATION NUMBER</b> ▼ <b>C</b> C00530766
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee <b>Ryan Drake</b>	Date of Public Distribution/Dissemination 12 / 06 / 2014
Mailing Address 29637 Park St	Amount 60.00
City Walker      State LA      Zip Code 70785	<b>Transaction ID : 0021bf20-5297-4f79-b</b>
Purpose of Expenditure Salary      Category/Type 001	Date of Disbursement or Obligation 12 / 06 / 2014
Name of Federal Candidate Ms. Mary L Landrieu <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House    District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate    State: LA
Calendar Year-To-Date Per Election for Office Sought 554635.78	Disbursement For: 2014 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▶      Runoff

Full Name of Payee <b>Ryan Drake</b>	Date of Public Distribution/Dissemination 12 / 06 / 2014
Mailing Address 29637 Park St	Amount 20.40
City Walker      State LA      Zip Code 70785	<b>Transaction ID : 91b7aa0e-f7b0-490f-8</b>
Purpose of Expenditure Mileage      Category/Type 002	Date of Disbursement or Obligation 12 / 06 / 2014
Name of Federal Candidate Ms. Mary L Landrieu <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House    District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate    State: LA
Calendar Year-To-Date Per Election for Office Sought 554635.78	Disbursement For: 2014 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▶      Runoff

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶	80.40
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	
(c) <b>TOTAL</b> Independent Expenditures..... ▶	

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

*Ms. Emily Buchanan*      **[Electronically Filed]**      Date 05 / 18 / 2015

Signature \_\_\_\_\_

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

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

Full Name of Payee: Carl Brent
Mailing Address: 6718 Lake Willow Dr
City: New Orleans, State: LA, Zip Code: 70126
Purpose of Expenditure: Salary, Category/Type: 001
Date of Public Distribution/Dissemination: 12/06/2014
Amount: 80.00
Transaction ID: e0ba15bf-54ad-45b0-a
Name of Federal Candidate: Ms. Mary L Landrieu, Support: [ ], Oppose: [X]
Office Sought: [ ] President, [X] Senate, District: 00, State: LA
Disbursement For: [ ] Primary, [ ] General, [X] Other (specify) Runoff

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
Date of Public Distribution/Dissemination: 12/06/2014
Amount: 36.60
Transaction ID: 09f4a90c-e740-40f1-9
Name of Federal Candidate: Ms. Mary L Landrieu, Support: [ ], Oppose: [X]
Office Sought: [ ] President, [X] Senate, District: 00, State: LA
Disbursement For: [ ] Primary, [ ] General, [X] Other (specify) Runoff

(a) SUBTOTAL of Itemized Independent Expenditures..... 116.60
(b) SUBTOTAL of Unitemized Independent Expenditures .....
(c) TOTAL Independent Expenditures.....

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.
Ms. Emily Buchanan [Electronically Filed] Date 05/18/2015
Signature

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>	<b>FEC IDENTIFICATION NUMBER</b> ▼ <b>C</b> C00530766
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee <b>Brogan A Benoit</b>	Date of Public Distribution/Dissemination MM / DD / YYYY 12 / 06 / 2014
Mailing Address 7144 South River Rd	Amount 15.00
City Addis State Zip Code LA 70710	Transaction ID : 11096ff3-8609-4e8d-9
Purpose of Expenditure Salary Category/Type 001	Date of Disbursement or Obligation MM / DD / YYYY 12 / 06 / 2014
Name of Federal Candidate Ms. Mary L Landrieu <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: LA
Calendar Year-To-Date Per Election for Office Sought 554635.78	Disbursement For: 2014 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▶ Runoff

Full Name of Payee <b>Brogan A Benoit</b>	Date of Public Distribution/Dissemination MM / DD / YYYY 12 / 06 / 2014
Mailing Address 7144 South River Rd	Amount 3.60
City Addis State Zip Code LA 70710	Transaction ID : 76e74abc-01ff-4954-9
Purpose of Expenditure Mileage Category/Type 002	Date of Disbursement or Obligation MM / DD / YYYY 12 / 06 / 2014
Name of Federal Candidate Ms. Mary L Landrieu <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: LA
Calendar Year-To-Date Per Election for Office Sought 554635.78	Disbursement For: 2014 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▶ Runoff

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures.....▶	18.60
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures.....▶	
(c) <b>TOTAL</b> Independent Expenditures.....▶	

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*Ms. Emily Buchanan*      *[Electronically Filed]*      Date **05 / 18 / 2015**

Signature \_\_\_\_\_

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>	<b>FEC IDENTIFICATION NUMBER ▼</b> <div style="border: 1px solid black; padding: 2px;"> <span style="font-size: 1.2em; font-weight: bold; border: 1px solid black; display: inline-block; width: 20px; height: 20px; vertical-align: middle;">C</span> C00530766       </div>
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee <b>Felicia A Jones</b>	Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px;"> <span style="font-size: 0.8em;">M M / D D / Y Y Y Y</span>          12 / 06 / 2014       </div>			
Mailing Address    4106 Martha St	Amount <div style="border: 1px solid black; padding: 2px; text-align: right;"> <span style="font-size: 0.8em;">M M / D D / Y Y Y Y</span>          90.00       </div>			
<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:33%;">City Shreveport</td> <td style="width:33%;">State LA</td> <td style="width:33%;">Zip Code 71109</td> </tr> </table>	City Shreveport	State LA	Zip Code 71109	<b>Transaction ID : a12b4c30-2b9f-42a8-a</b> Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px;"> <span style="font-size: 0.8em;">M M / D D / Y Y Y Y</span>          12 / 06 / 2014       </div>
City Shreveport	State LA	Zip Code 71109		
Purpose of Expenditure Salary	Category/Type <div style="border: 1px solid black; padding: 2px; text-align: center;">001</div>			
Name of Federal Candidate Ms. Mary L Landrieu	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House    District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate    State: <u>LA</u>			
Calendar Year-To-Date Per Election for Office Sought	<div style="border: 1px solid black; padding: 2px; text-align: right;"> <span style="font-size: 0.8em;">M M / D D / Y Y Y Y</span>          554635.78       </div>			
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input checked="" type="checkbox"/> Other (specify) ▶    Runoff				

Full Name of Payee <b>Felicia A Jones</b>	Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px;"> <span style="font-size: 0.8em;">M M / D D / Y Y Y Y</span>          12 / 06 / 2014       </div>			
Mailing Address    4106 Martha St	Amount <div style="border: 1px solid black; padding: 2px; text-align: right;"> <span style="font-size: 0.8em;">M M / D D / Y Y Y Y</span>          11.10       </div>			
<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:33%;">City Shreveport</td> <td style="width:33%;">State LA</td> <td style="width:33%;">Zip Code 71109</td> </tr> </table>	City Shreveport	State LA	Zip Code 71109	<b>Transaction ID : dc67781a-72ce-442b-b</b> Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px;"> <span style="font-size: 0.8em;">M M / D D / Y Y Y Y</span>          12 / 06 / 2014       </div>
City Shreveport	State LA	Zip Code 71109		
Purpose of Expenditure Mileage	Category/Type <div style="border: 1px solid black; padding: 2px; text-align: center;">002</div>			
Name of Federal Candidate Ms. Mary L Landrieu	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House    District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate    State: <u>LA</u>			
Calendar Year-To-Date Per Election for Office Sought	<div style="border: 1px solid black; padding: 2px; text-align: right;"> <span style="font-size: 0.8em;">M M / D D / Y Y Y Y</span>          554635.78       </div>			
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input checked="" type="checkbox"/> Other (specify) ▶    Runoff				

<b>(a) SUBTOTAL</b> of Itemized Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; text-align: right;"> <span style="font-size: 0.8em;">M M / D D / Y Y Y Y</span>          101.10       </div>
<b>(b) SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	<div style="border: 1px solid black; padding: 2px; text-align: right;"> <span style="font-size: 0.8em;">M M / D D / Y Y Y Y</span>          00.00       </div>
<b>(c) TOTAL</b> Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; text-align: right;"> <span style="font-size: 0.8em;">M M / D D / Y Y Y Y</span>          101.10       </div>

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

*Ms. Emily Buchanan*  
 \_\_\_\_\_  
 Signature

[Electronically Filed]    Date M M / D D / Y Y Y Y  
 05 / 18 / 2015

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>	<b>FEC IDENTIFICATION NUMBER</b> ▼ <b>C</b> C00530766
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span>	

Full Name of Payee <b>Zachary Vidrine</b>	Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 12 / 06 / 2014
Mailing Address 202 Rue Des Cajun	Amount <span style="border: 1px solid black; padding: 2px;">90.00</span>
City State Zip Code Ville Platte LA 70586	<b>Transaction ID : f65b3bae-f711-43f3-8</b> Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 12 / 06 / 2014
Purpose of Expenditure Salary	Category/Type <span style="border: 1px solid black; padding: 2px;">001</span>
Name of Federal Candidate Ms. Mary L Landrieu	Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>LA</u>
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">554635.78</span>	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input checked="" type="checkbox"/> Other (specify) ▶ <u>Runoff</u>

Full Name of Payee <b>Zachary Vidrine</b>	Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 12 / 06 / 2014
Mailing Address 202 Rue Des Cajun	Amount <span style="border: 1px solid black; padding: 2px;">25.80</span>
City State Zip Code Ville Platte LA 70586	<b>Transaction ID : 5fcb573c-d993-4320-8</b> Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 12 / 06 / 2014
Purpose of Expenditure Mileage	Category/Type <span style="border: 1px solid black; padding: 2px;">002</span>
Name of Federal Candidate Ms. Mary L Landrieu	Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>LA</u>
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">554635.78</span>	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input checked="" type="checkbox"/> Other (specify) ▶ <u>Runoff</u>

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶	<span style="border: 1px solid black; padding: 2px;">115.80</span>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	<span style="border: 1px solid black; padding: 2px;"> </span>
(c) <b>TOTAL</b> Independent Expenditures..... ▶	<span style="border: 1px solid black; padding: 2px;"> </span>

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

*Ms. Emily Buchanan*

Signature \_\_\_\_\_ [Electronically Filed] Date M M / D D / Y Y Y Y Y Y  
05 / 18 / 2015

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

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

Full Name of Payee Michael 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 Oppose
Calendar Year-To-Date Per Election for Office Sought 554635.78

Date of Public Distribution/Dissemination 12/06/2014
Amount 90.00
Transaction ID : da1b20a9-fff3-4871-b
Date of Disbursement or Obligation 12/06/2014
Office Sought: House Senate State: LA
Disbursement For: Primary General Other (specify) Runoff

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 Oppose
Calendar Year-To-Date Per Election for Office Sought 554635.78

Date of Public Distribution/Dissemination 12/06/2014
Amount 35.40
Transaction ID : b839e852-59ca-49e2-b
Date of Disbursement or Obligation 12/06/2014
Office Sought: House Senate State: LA
Disbursement For: Primary General Other (specify) Runoff

(a) SUBTOTAL of Itemized Independent Expenditures 125.40
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL Independent Expenditures

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.
Ms. Emily Buchanan [Electronically Filed] Date 05/18/2015
Signature

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>	<b>FEC IDENTIFICATION NUMBER ▼</b> <div style="border: 1px solid black; padding: 2px; display: inline-block;"> <span style="font-size: 1.2em; font-weight: bold; margin-right: 5px;">C</span> C00530766                 </div>
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee <b>ERIC TABARY</b>		Date of Public Distribution/Dissemination MM / DD / YYYY 12 / 06 / 2014	
Mailing Address 6101 NORA ST		Amount 80.00	
City METAIRIE	State LA	Zip Code 70003	Transaction ID : 3711a19d-0d4f-40bb-a Date of Disbursement or Obligation MM / DD / YYYY 12 / 06 / 2014
Purpose of Expenditure Salary	Category/ Type 001	Name of Federal Candidate Ms. Mary L Landrieu	
Calendar Year-To-Date Per Election for Office Sought 554635.78		Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: LA Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input checked="" type="checkbox"/> Other (specify) ▶ Runoff	

Full Name of Payee <b>ERIC TABARY</b>		Date of Public Distribution/Dissemination MM / DD / YYYY 12 / 06 / 2014	
Mailing Address 6101 NORA ST		Amount 1.80	
City METAIRIE	State LA	Zip Code 70003	Transaction ID : 81bf1c8e-8f43-4b70-a Date of Disbursement or Obligation MM / DD / YYYY 12 / 06 / 2014
Purpose of Expenditure Mileage	Category/ Type 002	Name of Federal Candidate Ms. Mary L Landrieu	
Calendar Year-To-Date Per Election for Office Sought 554635.78		Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: LA Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input checked="" type="checkbox"/> Other (specify) ▶ Runoff	

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶	81.80
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	
(c) <b>TOTAL</b> Independent Expenditures..... ▶	

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

*Ms. Emily Buchanan*  
 \_\_\_\_\_  
 Signature

[Electronically Filed]

Date MM / DD / YYYY  
 05 / 18 / 2015

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In 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: 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: 12/06/2014
Amount: 80.00
Transaction ID: 40281159-add8-48bf-a
Name of Federal Candidate: Ms. Mary L Landrieu, Support: [ ], Oppose: [X]
Office Sought: [ ] House, [X] Senate, District: 00, State: LA
Calendar Year-To-Date Per Election for Office Sought: 554635.78
Disbursement For: [ ] Primary, [ ] General, [X] Other (specify) Runoff

Full Name of Payee: Jessica R Resendiz
Mailing Address: 9685 Paula St
City: Keithville, State: LA, Zip Code: 71047
Purpose of Expenditure: Salary, Category/Type: 001
Date of Public Distribution/Dissemination: 12/04/2014
Amount: 60.00
Transaction ID: dcf5911-884b-42fe-9
Name of Federal Candidate: Ms. Mary L Landrieu, Support: [ ], Oppose: [X]
Office Sought: [ ] House, [X] Senate, District: 00, State: LA
Calendar Year-To-Date Per Election for Office Sought: 554635.78
Disbursement For: [ ] Primary, [ ] General, [X] Other (specify) Runoff

(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 05/18/2015
Signature



SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In 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
Jessica R Resendiz
Mailing Address
9685 Paula St
City
Keithville State
LA Zip Code
71047
Purpose of Expenditure
Mileage Category/
Type 002
Date of Public Distribution/Dissemination
12 / 04 / 2014
Amount
26.70
Transaction ID : f12b09f6-7df7-49f7-a
Date of Disbursement or Obligation
12 / 04 / 2014
Name of Federal Candidate
Ms. Mary L Landrieu Support Oppose
Office Sought: House Senate State: LA
Calendar Year-To-Date
Per Election for Office Sought
554635.78
Disbursement For: Primary General
Other (specify) Runoff

Full Name of Payee
Ana L Esquivel
Mailing Address
284 Cr 1401
City
Carthage State
TX Zip Code
75633
Purpose of Expenditure
Salary Category/
Type 001
Date of Public Distribution/Dissemination
12 / 04 / 2014
Amount
100.00
Transaction ID : cb3cf3eb-b649-41a7-9
Date of Disbursement or Obligation
12 / 04 / 2014
Name of Federal Candidate
Ms. Mary L Landrieu Support Oppose
Office Sought: House Senate State: LA
Calendar Year-To-Date
Per Election for Office Sought
554635.78
Disbursement For: Primary General
Other (specify) Runoff

Table with 2 columns: Description and Amount.
(a) SUBTOTAL of Itemized Independent Expenditures 126.70
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL Independent Expenditures 256489.88

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 Ms. Emily Buchanan [Electronically Filed] Date 05 / 18 / 2015