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

Schedule E)	PAGE 1 OF 1 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
WOMEN VOTE!	
	C C00473918
Check if X 24-hour report 48-hour report New report Amends report filed	d on M M M / D D / Y Y Y Y Y Y Y
Full Name of Payee	Date of Public Distribution/Dissemination
Pivot Group	04 24 2014
Mailing Address 1720 I St., NW	Amount
Ste 550	10000 00
City State Zip Code Washington DC 20006	18608.22 Transaction ID : SE-6206
g	Date of Disbursement or Obligation
Purpose of Expenditure Mailhouse Category/ Type	M = M / D = D / Y = Y = Y
Name of Federal Candidate Support Offic	e Sought: X House District: 12
Alma Adams Oppose	President Senate State: NC
Calendar Year-To-Date Per Election for Office Sought Disb. 2014	ursement For:
Full Name of Payee	Date of Public Distribution/Dissemination
Mailing Address	
Mailing Address	Amount
City State Zip Code	
State Zip Gode	
Durance of Europediture	Date of Disbursement or Obligation
Purpose of Expenditure Category/ Type	M = M / D = D / Y = Y = Y
Name of Federal Candidate Support Office	e Sought: House District:
Oppose	President Senate State:
Calendar Year-To-Date Disb	ursement For: Primary General
Per Election for Office Sought	Other (specify)
(a) SUBTOTAL of Itemized Independent Expenditures	18608.22
(1) 02 10 11 2 0 10 11 20 11 10 10 10 10 10 10 10 10 10 10 10 10	10000122
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	18608.22
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.	
	04 24 2014
Signature	