

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES
(Schedule E)PAGE 1 OF 1
FOR SE OF FORM 24/48

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

Full Name of Payee Anthony Buchanan		Date of Public Distribution/Dissemination MM / DD / YYYY 06 / 30 / 2014	
Mailing Address 1090 McHone Rd		Amount 20.00	
City Spruce Pine	State NC	Zip Code 28777	Transaction ID : d2f96b63-500e-4811-a
Purpose of Expenditure Salary	Category/Type 001	Date of Disbursement or Obligation MM / DD / YYYY 06 / 30 / 2014	
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	
Office Sought: ☐ President ☒ Senate		District: 00 State: NC	
Calendar Year-To-Date Per Election for Office Sought 137065.74		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	

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

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

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.

Ms. Emily Buchanan

[Electronically Filed]

Date

MM / DD / YYYY
07 / 01 / 2014

Signature