

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

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

Full Name of Payee Billy Martin
Mailing Address 250 JS Brewton rd
City goldonna State LA Zip Code 71031
Purpose of Expenditure Salary Category/Type 001
Name of Federal Candidate Ms. Kay Hagan [] Support [X] Oppose
Calendar Year-To-Date Per Election for Office Sought 1070184.43

Date of Public Distribution/Dissemination 10 / 28 / 2014
Amount 40.00
Transaction ID : fdb2708b-65f3-4d58-b
Date of Disbursement or Obligation 10 / 28 / 2014
Office Sought: [] House District: 00 [] President [X] Senate State: NC
Disbursement For: [] Primary [X] General 2014 [] Other (specify)

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. Kay Hagan [] Support [X] Oppose
Calendar Year-To-Date Per Election for Office Sought 1070184.43

Date of Public Distribution/Dissemination 10 / 28 / 2014
Amount 3.60
Transaction ID : d95e1b34-929e-418a-a
Date of Disbursement or Obligation 10 / 28 / 2014
Office Sought: [] House District: 00 [] President [X] Senate State: NC
Disbursement For: [] Primary [X] General 2014 [] Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures..... 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 10 / 30 / 2014
Signature

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

Full Name of Payee Jordyn Kilbury
Mailing Address 5416 S Santa Fe Street
City Wichita State KS Zip Code 67216
Purpose of Expenditure Salary Category/Type 001
Name of Federal Candidate Mr. Greg Orman [] Support [X] Oppose
Calendar Year-To-Date Per Election for Office Sought 190677.60

Date of Public Distribution/Dissemination 10 / 28 / 2014
Amount 100.00
Transaction ID : cbb34591-63a7-47df-a
Date of Disbursement or Obligation 10 / 28 / 2014
Office Sought: [] House District: 00 [] President [X] Senate State: KS
Disbursement For: [] Primary [X] General 2014 [] Other (specify)

Full Name of Payee Jordyn Kilbury
Mailing Address 5416 S Santa Fe Street
City Wichita State KS Zip Code 67216
Purpose of Expenditure Mileage Category/Type 002
Name of Federal Candidate Mr. Greg Orman [] Support [X] Oppose
Calendar Year-To-Date Per Election for Office Sought 190677.60

Date of Public Distribution/Dissemination 10 / 28 / 2014
Amount 12.30
Transaction ID : 68fd5ce1-a0c2-4853-a
Date of Disbursement or Obligation 10 / 28 / 2014
Office Sought: [] House District: 00 [] President [X] Senate State: KS
Disbursement For: [] Primary [X] General 2014 [] Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures 112.30
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL Independent Expenditures

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Full Name of Payee Eric J Smith
Mailing Address 4967 Dysartville
City Morganton State NC Zip Code 28655
Purpose of Expenditure Salary Category/Type 001
Name of Federal Candidate Ms. Kay Hagan [] Support [X] Oppose
Calendar Year-To-Date Per Election for Office Sought 1070184.43

Date of Public Distribution/Dissemination 10 / 28 / 2014
Amount 80.00
Transaction ID : 68f3d300-20e3-4c21-b
Date of Disbursement or Obligation 10 / 28 / 2014
Office Sought: [] House District: 00 [] President [X] Senate State: NC
Disbursement For: [] Primary [X] General 2014 [] Other (specify)

Full Name of Payee Jennifer E Smith
Mailing Address 4967 Dysartville Rd
City Morganton State NC Zip Code 28655
Purpose of Expenditure Salary Category/Type 001
Name of Federal Candidate Ms. Kay Hagan [] Support [X] Oppose
Calendar Year-To-Date Per Election for Office Sought 1070184.43

Date of Public Distribution/Dissemination 10 / 28 / 2014
Amount 80.00
Transaction ID : 9343519c-b477-417e-9
Date of Disbursement or Obligation 10 / 28 / 2014
Office Sought: [] House District: 00 [] President [X] Senate State: NC
Disbursement For: [] Primary [X] General 2014 [] Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures 160.00
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL Independent Expenditures

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.
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Full Name of Payee Jennifer E Smith
Mailing Address 4967 Dysartsville Rd
City Morganton State NC Zip Code 28655
Purpose of Expenditure Mileage Category/Type 002

Date of Public Distribution/Dissemination 10 / 28 / 2014
Amount 8.70
Transaction ID : 7d3f6602-6722-43ec-9
Date of Disbursement or Obligation 10 / 28 / 2014

Name of Federal Candidate Ms. Kay Hagan
Support [] Oppose [X]
Office Sought: [] President [X] Senate
District: 00 State: NC
Calendar Year-To-Date Per Election for Office Sought 1070184.43

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

Full Name of Payee Ashlee G Anderson
Mailing Address 2226 Enloe St
City Fayetteville State NC Zip Code 28306
Purpose of Expenditure Salary Category/Type 001

Date of Public Distribution/Dissemination 10 / 28 / 2014
Amount 25.00
Transaction ID : f74202e1-e6e8-4c17-a
Date of Disbursement or Obligation 10 / 28 / 2014

Name of Federal Candidate Ms. Kay Hagan
Support [] Oppose [X]
Office Sought: [] President [X] Senate
District: 00 State: NC
Calendar Year-To-Date Per Election for Office Sought 1070184.43

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

(a) SUBTOTAL of Itemized Independent Expenditures 33.70
(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

Signature

[Electronically Filed]

Date

10 / 30 / 2014

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

Full Name of Payee Ashlee G Anderson
Mailing Address 2226 Enloe St
City Fayetteville State NC Zip Code 28306
Purpose of Expenditure Mileage Category/Type 002

Date of Public Distribution/Dissemination 10 / 28 / 2014
Amount 4.56
Transaction ID : 1f234e0a-b0a1-4013-9
Date of Disbursement or Obligation 10 / 28 / 2014

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

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

Full Name of Payee Sharon t Craig
Mailing Address 1410 Bushville Dr
City Lenoir State NC Zip Code 28645
Purpose of Expenditure Salary Category/Type 001

Date of Public Distribution/Dissemination 10 / 28 / 2014
Amount 20.00
Transaction ID : b9a2c8f0-6de9-4b89-b
Date of Disbursement or Obligation 10 / 28 / 2014

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

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

(a) SUBTOTAL of Itemized Independent Expenditures 24.56
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL Independent Expenditures

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

Full Name of Payee Sharon t Craig
Mailing Address 1410 Bushville Dr
City Lenoir State NC Zip Code 28645
Purpose of Expenditure Mileage Category/Type 002
Name of Federal Candidate Ms. Kay Hagan [] Support [X] Oppose
Calendar Year-To-Date Per Election for Office Sought 1070184.43

Date of Public Distribution/Dissemination 10 / 28 / 2014
Amount 6.00
Transaction ID : 433c71c8-2eef-429e-a
Date of Disbursement or Obligation 10 / 28 / 2014
Office Sought: [] House District: 00 [] President [X] Senate State: NC
Disbursement For: [] Primary [X] General 2014 [] Other (specify)

Full Name of Payee James Kindstedt
Mailing Address 5510 Dogwood Dr
City Winston Salem State NC Zip Code 27105
Purpose of Expenditure Salary Category/Type 001
Name of Federal Candidate Ms. Kay Hagan [] Support [X] Oppose
Calendar Year-To-Date Per Election for Office Sought 1070184.43

Date of Public Distribution/Dissemination 10 / 28 / 2014
Amount 38.70
Transaction ID : b28d5646-febb-4946-a
Date of Disbursement or Obligation 10 / 28 / 2014
Office Sought: [] House District: 00 [] President [X] Senate State: NC
Disbursement For: [] Primary [X] General 2014 [] Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures 44.70
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL Independent Expenditures

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NAME OF COMMITTEE (In Full) Women Speak Out PAC
FEC IDENTIFICATION NUMBER C C00530766
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Full Name of Payee James Kindstedt
Mailing Address 5510 Dogwood Dr
City Winston Salem State NC Zip Code 27105
Purpose of Expenditure Mileage Category/Type 002
Name of Federal Candidate Ms. Kay Hagan [] Support [X] Oppose
Calendar Year-To-Date Per Election for Office Sought 1070184.43

Date of Public Distribution/Dissemination 10 / 28 / 2014
Amount 14.04
Transaction ID : 619f80de-a139-44b1-9
Date of Disbursement or Obligation 10 / 28 / 2014
Office Sought: [] House District: 00 [] President [X] Senate State: NC
Disbursement For: [] Primary [X] General 2014 [] Other (specify)

Full Name of Payee Joanna Kindstedt
Mailing Address 2134 Tobaccoville Rd
City Rural Hall State NC Zip Code 27045
Purpose of Expenditure Salary Category/Type 001
Name of Federal Candidate Ms. Kay Hagan [] Support [X] Oppose
Calendar Year-To-Date Per Election for Office Sought 1070184.43

Date of Public Distribution/Dissemination 10 / 28 / 2014
Amount 38.70
Transaction ID : 68ad90b4-557f-48d4-8
Date of Disbursement or Obligation 10 / 28 / 2014
Office Sought: [] House District: 00 [] President [X] Senate State: NC
Disbursement For: [] Primary [X] General 2014 [] Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures 52.74
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL Independent Expenditures

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

Full Name of Payee Judith A Murphy
Mailing Address PO Box 37
City East Bend State NC Zip Code 27018
Purpose of Expenditure Salary Category/Type 001

Date of Public Distribution/Dissemination 10 / 28 / 2014
Amount 54.50
Transaction ID : ee804648-88ba-4674-9
Date of Disbursement or Obligation 10 / 28 / 2014

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

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

Full Name of Payee Claud B Murphy JR
Mailing Address PO Box 37
City East Bend State NC Zip Code 27018
Purpose of Expenditure Salary Category/Type 001

Date of Public Distribution/Dissemination 10 / 28 / 2014
Amount 54.50
Transaction ID : a1d5c522-d05a-40c6-8
Date of Disbursement or Obligation 10 / 28 / 2014

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

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

(a) SUBTOTAL of Itemized Independent Expenditures 109.00
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL Independent Expenditures

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

Full Name of Payee: Claud B Murphy JR
Mailing Address: PO Box 37
City: East Bend, State: NC, Zip Code: 27018
Purpose of Expenditure: Mileage, Category/Type: 002
Name of Federal Candidate: Ms. Kay Hagan, [X] Oppose
Calendar Year-To-Date Per Election for Office Sought: 1070184.43

Date of Public Distribution/Dissemination: 10/28/2014
Amount: 12.90
Transaction ID: cfee2b24-c447-4acc-b
Date of Disbursement or Obligation: 10/28/2014
Office Sought: [] House, [X] Senate, District: 00, State: NC
Disbursement For: [] Primary, [X] General, [] Other (specify)

Full Name of Payee: Ashlee G Anderson
Mailing Address: 2226 Enloe St
City: Fayetteville, State: NC, Zip Code: 28306
Purpose of Expenditure: Salary, Category/Type: 001
Name of Federal Candidate: Ms. Kay Hagan, [X] Oppose
Calendar Year-To-Date Per Election for Office Sought: 1070184.43

Date of Public Distribution/Dissemination: 10/28/2014
Amount: 32.00
Transaction ID: 9e57783c-f3d5-4831-8
Date of Disbursement or Obligation: 10/28/2014
Office Sought: [] House, [X] Senate, District: 00, State: NC
Disbursement For: [] Primary, [X] General, [] Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures: 44.90
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL Independent Expenditures

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.
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NAME OF COMMITTEE (In Full) Women Speak Out PAC
FEC IDENTIFICATION NUMBER C C00530766
Check if [X] 24-hour report [] 48-hour report [X] New report [] Amends report filed on

Full Name of Payee Ashlee G Anderson
Mailing Address 2226 Enloe St
City Fayetteville State NC Zip Code 28306
Purpose of Expenditure Mileage Category/Type 002
Name of Federal Candidate Ms. Kay Hagan [] Support [X] Oppose
Calendar Year-To-Date Per Election for Office Sought 1070184.43

Date of Public Distribution/Dissemination 10 / 28 / 2014
Amount 13.38
Transaction ID : 86dcfa98-c4d5-43c6-a
Date of Disbursement or Obligation 10 / 28 / 2014
Office Sought: [] House District: 00 [] President [X] Senate State: NC
Disbursement For: [] Primary [X] General 2014 [] Other (specify)

Full Name of Payee Joseph R Rys
Mailing Address 160 #50 Pompano Dr
City New Bern State NC Zip Code 28560
Purpose of Expenditure Salary Category/Type 001
Name of Federal Candidate Ms. Kay Hagan [] Support [X] Oppose
Calendar Year-To-Date Per Election for Office Sought 1070184.43

Date of Public Distribution/Dissemination 10 / 28 / 2014
Amount 47.50
Transaction ID : a7a6359b-cf91-41f5-8
Date of Disbursement or Obligation 10 / 28 / 2014
Office Sought: [] House District: 00 [] President [X] Senate State: NC
Disbursement For: [] Primary [X] General 2014 [] Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures 60.88
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL Independent Expenditures

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

Full Name of Payee Joseph R Rys
Mailing Address 160 #50 Pompano Dr
City New Bern State NC Zip Code 28560
Purpose of Expenditure Mileage Category/Type 002
Name of Federal Candidate Ms. Kay Hagan [] Support [X] Oppose
Calendar Year-To-Date Per Election for Office Sought 1070184.43

Date of Public Distribution/Dissemination 10 / 28 / 2014
Amount 10.05
Transaction ID : dae47ad6-3214-4aee-b
Date of Disbursement or Obligation 10 / 28 / 2014
Office Sought: [] House District: 00 [] President [X] Senate State: NC
Disbursement For: [] Primary [X] General 2014 [] Other (specify)

Full Name of Payee Jessica A Felix
Mailing Address 873 Stoneykirk Dr
City Fayetteville State NC Zip Code 28314
Purpose of Expenditure Salary Category/Type 001
Name of Federal Candidate Ms. Kay Hagan [] Support [X] Oppose
Calendar Year-To-Date Per Election for Office Sought 1070184.43

Date of Public Distribution/Dissemination 10 / 28 / 2014
Amount 22.50
Transaction ID : 7b21f423-be76-4659-8
Date of Disbursement or Obligation 10 / 28 / 2014
Office Sought: [] House District: 00 [] President [X] Senate State: NC
Disbursement For: [] Primary [X] General 2014 [] Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures 32.55
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL Independent Expenditures

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

Full Name of Payee Jessica A Felix
Mailing Address 873 Stoneykirk Dr
City Fayetteville State NC Zip Code 28314
Purpose of Expenditure Salary Category/Type 001
Name of Federal Candidate Ms. Kay Hagan [] Support [X] Oppose
Calendar Year-To-Date Per Election for Office Sought 1070184.43

Date of Public Distribution/Dissemination 10 / 28 / 2014
Amount 22.00
Transaction ID : c5c5b907-8a77-4ecf-9
Date of Disbursement or Obligation 10 / 28 / 2014
Office Sought: [] House District: 00 [] President [X] Senate State: NC
Disbursement For: [] Primary [X] General 2014 [] Other (specify)

Full Name of Payee Alisha A Hauser
Mailing Address 199 Raven Circle
City Wilkesboro State NC Zip Code 28697
Purpose of Expenditure Salary Category/Type 001
Name of Federal Candidate Ms. Kay Hagan [] Support [X] Oppose
Calendar Year-To-Date Per Election for Office Sought 1070184.43

Date of Public Distribution/Dissemination 10 / 28 / 2014
Amount 42.50
Transaction ID : 94b3c6c5-beae-48ba-9
Date of Disbursement or Obligation 10 / 28 / 2014
Office Sought: [] House District: 00 [] President [X] Senate State: NC
Disbursement For: [] Primary [X] General 2014 [] Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures 64.50
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL Independent Expenditures

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.
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FEC IDENTIFICATION NUMBER C C00530766
Check if [X] 24-hour report [] 48-hour report [X] New report [] Amends report filed on

Full Name of Payee Alisha A Hauser
Mailing Address 199 Raven Circle
City Wilkesboro State NC Zip Code 28697
Purpose of Expenditure Mileage Category/Type 002
Name of Federal Candidate Ms. Kay Hagan [] Support [X] Oppose
Calendar Year-To-Date Per Election for Office Sought 1070184.43

Date of Public Distribution/Dissemination 10 / 28 / 2014
Amount 9.27
Transaction ID : 2ea290b1-eddd-4d10-8
Date of Disbursement or Obligation 10 / 28 / 2014
Office Sought: [] House District: 00 [] President [X] Senate State: NC
Disbursement For: [] Primary [X] General 2014 [] Other (specify)

Full Name of Payee Casey Stockton
Mailing Address 105 South Dale St
City Spruce Pine State NC Zip Code 28777
Purpose of Expenditure Salary Category/Type 001
Name of Federal Candidate Ms. Kay Hagan [] Support [X] Oppose
Calendar Year-To-Date Per Election for Office Sought 1070184.43

Date of Public Distribution/Dissemination 10 / 28 / 2014
Amount 55.00
Transaction ID : ab97a020-97ac-49b3-9
Date of Disbursement or Obligation 10 / 28 / 2014
Office Sought: [] House District: 00 [] President [X] Senate State: NC
Disbursement For: [] Primary [X] General 2014 [] Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures 64.27
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL Independent Expenditures

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

Full Name of Payee Mary Johnson
Mailing Address 105 South Dale St
City Spruce Pine State NC Zip Code 28777
Purpose of Expenditure Salary Category/Type 001
Name of Federal Candidate Ms. Kay Hagan [] Support [X] Oppose
Calendar Year-To-Date Per Election for Office Sought 1070184.43

Date of Public Distribution/Dissemination 10 / 28 / 2014
Amount 55.00
Transaction ID : 672aa998-2cb7-4d3b-9
Date of Disbursement or Obligation 10 / 28 / 2014
Office Sought: [] House District: 00 [] President [X] Senate State: NC
Disbursement For: [] Primary [X] General 2014 [] Other (specify)

Full Name of Payee Toni A Persinger-Buckler
Mailing Address 5330 Nestleway Dr
City Clemmons State NC Zip Code 27012
Purpose of Expenditure Salary Category/Type 001
Name of Federal Candidate Ms. Kay Hagan [] Support [X] Oppose
Calendar Year-To-Date Per Election for Office Sought 1070184.43

Date of Public Distribution/Dissemination 10 / 28 / 2014
Amount 55.00
Transaction ID : a4f4b8d4-2224-4848-9
Date of Disbursement or Obligation 10 / 28 / 2014
Office Sought: [] House District: 00 [] President [X] Senate State: NC
Disbursement For: [] Primary [X] General 2014 [] Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures 110.00
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL Independent Expenditures

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Ms. Emily Buchanan [Electronically Filed] Date 10 / 30 / 2014
Signature

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

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

Full Name of Payee Toni A Persinger-Buckler
Mailing Address 5330 Nestleway Dr
City Clemmons State NC Zip Code 27012
Purpose of Expenditure Mileage Category/Type 002
Date of Public Distribution/Dissemination 10/28/2014
Amount 11.10
Transaction ID : 06548836-5f05-4f4e-a
Date of Disbursement or Obligation 10/28/2014
Name of Federal Candidate Ms. Kay Hagan [] Support [X] Oppose
Office Sought: [] House District: 00 [] President [X] Senate State: NC
Calendar Year-To-Date Per Election for Office Sought 1070184.43
Disbursement For: [] Primary [X] General 2014 [] Other (specify)

Full Name of Payee Dwayne C Smith
Mailing Address 900 Bramblegate Rd
City Hope Mills State NC Zip Code 28348
Purpose of Expenditure Salary Category/Type 001
Date of Public Distribution/Dissemination 10/28/2014
Amount 50.00
Transaction ID : db7eb5cd-37d8-4097-a
Date of Disbursement or Obligation 10/28/2014
Name of Federal Candidate Ms. Kay Hagan [] Support [X] Oppose
Office Sought: [] House District: 00 [] President [X] Senate State: NC
Calendar Year-To-Date Per Election for Office Sought 1070184.43
Disbursement For: [] Primary [X] General 2014 [] Other (specify)

(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 10/30/2014
Signature

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

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

Full Name of Payee Dwayne C Smith
Mailing Address 900 Bramblegate Rd
City Hope Mills State NC Zip Code 28348
Purpose of Expenditure Mileage Category/Type 002
Name of Federal Candidate Ms. Kay Hagan [] Support [X] Oppose
Calendar Year-To-Date Per Election for Office Sought 1070184.43

Date of Public Distribution/Dissemination 10 / 28 / 2014
Amount 18.30
Transaction ID : 763bdaa0-8ed9-4591-8
Date of Disbursement or Obligation 10 / 28 / 2014
Office Sought: [] House District: 00 [] President [X] Senate State: NC
Disbursement For: [] Primary [X] General 2014 [] Other (specify)

Full Name of Payee Logan B Piper
Mailing Address 3205 Pebble Beach Rd
City Conway State AR Zip Code 72034
Purpose of Expenditure Salary Category/Type 001
Name of Federal Candidate Mr. Mark L Pryor [] Support [X] Oppose
Calendar Year-To-Date Per Election for Office Sought 214365.41

Date of Public Distribution/Dissemination 10 / 28 / 2014
Amount 32.00
Transaction ID : d9647526-5adb-45d8-b
Date of Disbursement or Obligation 10 / 28 / 2014
Office Sought: [] House District: 00 [] President [X] Senate State: AR
Disbursement For: [] Primary [X] General 2014 [] Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures 50.30
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL Independent Expenditures

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.
Ms. Emily Buchanan [Electronically Filed] Date 10 / 30 / 2014
Signature

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

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

Full Name of Payee Logan B Piper
Mailing Address 3205 Pebble Beach Rd
City Conway State AR Zip Code 72034
Purpose of Expenditure Mileage Category/Type 002
Name of Federal Candidate Mr. Mark L Pryor [] Support [X] Oppose
Calendar Year-To-Date Per Election for Office Sought 214365.41

Date of Public Distribution/Dissemination 10 / 28 / 2014
Amount 19.74
Transaction ID : 1bf962c4-b932-43f8-a
Date of Disbursement or Obligation 10 / 28 / 2014
Office Sought: [] House District: 00 [] President [X] Senate State: AR
Disbursement For: [] Primary [X] General 2014 [] Other (specify)

Full Name of Payee Grant Fitzgerald
Mailing Address 109 Carpathion Way
City Raleigh State NC Zip Code 27615
Purpose of Expenditure Salary Category/Type 001
Name of Federal Candidate Ms. Kay Hagan [] Support [X] Oppose
Calendar Year-To-Date Per Election for Office Sought 1070184.43

Date of Public Distribution/Dissemination 10 / 28 / 2014
Amount 40.00
Transaction ID : fec102ce-fb3f-4b05-8
Date of Disbursement or Obligation 10 / 28 / 2014
Office Sought: [] House District: 00 [] President [X] Senate State: NC
Disbursement For: [] Primary [X] General 2014 [] Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures 59.74
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL Independent Expenditures

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.
Ms. Emily Buchanan [Electronically Filed] Date 10 / 30 / 2014
Signature

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

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

Full Name of Payee Grant Fitzgerald
Mailing Address 109 Carpathion Way
City Raleigh State NC Zip Code 27615
Purpose of Expenditure Mileage Category/Type 002
Name of Federal Candidate Ms. Kay Hagan [] Support [X] Oppose
Calendar Year-To-Date Per Election for Office Sought 1070184.43

Date of Public Distribution/Dissemination 10 / 28 / 2014
Amount 6.90
Transaction ID : 72acfc22-7fee-4118-9
Date of Disbursement or Obligation 10 / 28 / 2014
Office Sought: [] House District: 00 [] President [X] Senate State: NC
Disbursement For: [] Primary [X] General 2014 [] Other (specify)

Full Name of Payee Misty A Ledford
Mailing Address 44 Bell St
City Spruce Pine State NC Zip Code 28777
Purpose of Expenditure Salary Category/Type 001
Name of Federal Candidate Ms. Kay Hagan [] Support [X] Oppose
Calendar Year-To-Date Per Election for Office Sought 1070184.43

Date of Public Distribution/Dissemination 10 / 28 / 2014
Amount 60.00
Transaction ID : 6bf4f936-49ed-49c6-a
Date of Disbursement or Obligation 10 / 28 / 2014
Office Sought: [] House District: 00 [] President [X] Senate State: NC
Disbursement For: [] Primary [X] General 2014 [] Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures 66.90
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL Independent Expenditures

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.
Ms. Emily Buchanan [Electronically Filed] Date 10 / 30 / 2014
Signature

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

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

Full Name of Payee Misty A Ledford
Mailing Address 44 Bell St
City Spruce Pine State NC Zip Code 28777
Purpose of Expenditure Mileage Category/Type 002
Name of Federal Candidate Ms. Kay Hagan [] Support [X] Oppose
Calendar Year-To-Date Per Election for Office Sought 1070184.43

Date of Public Distribution/Dissemination 10 / 28 / 2014
Amount 22.80
Transaction ID : 67c258b2-6d00-4881-9
Date of Disbursement or Obligation 10 / 28 / 2014
Office Sought: [] House District: 00 [] President [X] Senate State: NC
Disbursement For: [] Primary [X] General 2014 [] Other (specify)

Full Name of Payee William M Criswell
Mailing Address 115 Burns Mitchell Drive
City Belmont State NC Zip Code 28012
Purpose of Expenditure Salary Category/Type 001
Name of Federal Candidate Ms. Kay Hagan [] Support [X] Oppose
Calendar Year-To-Date Per Election for Office Sought 1070184.43

Date of Public Distribution/Dissemination 10 / 28 / 2014
Amount 85.00
Transaction ID : 62eec291-4c23-4451-8
Date of Disbursement or Obligation 10 / 28 / 2014
Office Sought: [] House District: 00 [] President [X] Senate State: NC
Disbursement For: [] Primary [X] General 2014 [] Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures 107.80
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL Independent Expenditures

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.
Ms. Emily Buchanan [Electronically Filed] Date 10 / 30 / 2014
Signature

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

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

Full Name of Payee William M Criswell
Mailing Address 115 Burns Mitchell Drive
City Belmont State NC Zip Code 28012
Purpose of Expenditure Mileage Category/Type 002
Name of Federal Candidate Ms. Kay Hagan [] Support [X] Oppose
Calendar Year-To-Date Per Election for Office Sought 1070184.43

Date of Public Distribution/Dissemination 10 / 28 / 2014
Amount 13.80
Transaction ID : 62d308cd-fea4-4663-8
Date of Disbursement or Obligation 10 / 28 / 2014
Office Sought: [] House District: 00 [] President [X] Senate State: NC
Disbursement For: [] Primary [X] General 2014 [] Other (specify)

Full Name of Payee Christine R McDonald
Mailing Address 3751 N Jeanette Ave
City Wichita State KS Zip Code 67204
Purpose of Expenditure Salary Category/Type 001
Name of Federal Candidate Mr. Greg Orman [] Support [X] Oppose
Calendar Year-To-Date Per Election for Office Sought 190677.60

Date of Public Distribution/Dissemination 10 / 28 / 2014
Amount 22.00
Transaction ID : 36d3daa5-c848-4b39-9
Date of Disbursement or Obligation 10 / 28 / 2014
Office Sought: [] House District: 00 [] President [X] Senate State: KS
Disbursement For: [] Primary [X] General 2014 [] Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures 35.80
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL Independent Expenditures

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

Ms. Emily Buchanan [Electronically Filed] Date 10 / 30 / 2014
Signature

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

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

Full Name of Payee Christine R McDonald
Mailing Address 3751 N Jeanette Ave
City Wichita State KS Zip Code 67204
Purpose of Expenditure Mileage Category/Type 002
Name of Federal Candidate Mr. Greg Orman [] Support [X] Oppose
Calendar Year-To-Date Per Election for Office Sought 190677.60

Date of Public Distribution/Dissemination 10 / 28 / 2014
Amount 9.30
Transaction ID : 95b2abcc-eb26-4f8f-9
Date of Disbursement or Obligation 10 / 28 / 2014
Office Sought: [] House District: 00 [] President [X] Senate State: KS
Disbursement For: [] Primary [X] General 2014 [] Other (specify)

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 [X] Oppose
Calendar Year-To-Date Per Election for Office Sought 217987.97

Date of Public Distribution/Dissemination 10 / 28 / 2014
Amount 61.50
Transaction ID : 42a9ea16-208e-426e-8
Date of Disbursement or Obligation 10 / 28 / 2014
Office Sought: [] House District: 00 [] President [X] Senate State: LA
Disbursement For: [] Primary [X] General 2014 [] Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures 70.80
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL Independent Expenditures

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.
Ms. Emily Buchanan [Electronically Filed] Date 10 / 30 / 2014
Signature

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

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

Full Name of Payee 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 [X] Oppose
Calendar Year-To-Date Per Election for Office Sought 217987.97

Date of Public Distribution/Dissemination 10 / 28 / 2014
Amount 15.00
Transaction ID : 907b9b07-8efa-4bbb-a
Date of Disbursement or Obligation 10 / 28 / 2014
Office Sought: [] House District: 00 [] President [X] Senate State: LA
Disbursement For: [] Primary [X] General 2014 [] Other (specify)

Full Name of Payee Nicholas O Wilcox
Mailing Address 1981 Cherokee St
City Baton Rouge State LA Zip Code 70806
Purpose of Expenditure Salary Category/Type 001
Name of Federal Candidate Ms. Mary L Landrieu [] Support [X] Oppose
Calendar Year-To-Date Per Election for Office Sought 217987.97

Date of Public Distribution/Dissemination 10 / 28 / 2014
Amount 36.00
Transaction ID : 2873ea18-a448-4eff-a
Date of Disbursement or Obligation 10 / 28 / 2014
Office Sought: [] House District: 00 [] President [X] Senate State: LA
Disbursement For: [] Primary [X] General 2014 [] Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures 51.00
(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.
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24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES (Schedule E)

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

Full Name of Payee Heather A Smith
Mailing Address 995 Clairborne Rd
City Calhoun State LA Zip Code 71225
Purpose of Expenditure Salary Category/Type 001
Name of Federal Candidate Ms. Mary L Landrieu [] Support [X] Oppose
Calendar Year-To-Date Per Election for Office Sought 217987.97

Date of Public Distribution/Dissemination 10 / 28 / 2014
Amount 38.00
Transaction ID : 8389dc7e-0882-4ed6-8
Date of Disbursement or Obligation 10 / 28 / 2014
Office Sought: [] House District: 00 [] President [X] Senate State: LA
Disbursement For: [] Primary [X] General 2014 [] Other (specify)

Full Name of Payee Heather A Smith
Mailing Address 995 Clairborne Rd
City Calhoun State LA Zip Code 71225
Purpose of Expenditure Mileage Category/Type 002
Name of Federal Candidate Ms. Mary L Landrieu [] Support [X] Oppose
Calendar Year-To-Date Per Election for Office Sought 217987.97

Date of Public Distribution/Dissemination 10 / 28 / 2014
Amount 10.20
Transaction ID : 8f0cb320-c9c2-4834-9
Date of Disbursement or Obligation 10 / 28 / 2014
Office Sought: [] House District: 00 [] President [X] Senate State: LA
Disbursement For: [] Primary [X] General 2014 [] Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures 48.20
(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.
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Signature

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

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

Full Name of Payee Daniel M Quackenbush
Mailing Address 12062 NC 902 Hwy
City Bear Creek State NC Zip Code 27207
Purpose of Expenditure Salary Category/Type 001
Name of Federal Candidate Ms. Kay Hagan [] Support [X] Oppose
Calendar Year-To-Date Per Election for Office Sought 1070184.43

Date of Public Distribution/Dissemination 10 / 28 / 2014
Amount 70.00
Transaction ID : 3fba5ff5-dbd7-4348-9
Date of Disbursement or Obligation 10 / 28 / 2014
Office Sought: [] House District: 00 [] President [X] Senate State: NC
Disbursement For: [] Primary [X] General 2014 [] Other (specify)

Full Name of Payee Daniel M Quackenbush
Mailing Address 12062 NC 902 Hwy
City Bear Creek State NC Zip Code 27207
Purpose of Expenditure Mileage Category/Type 002
Name of Federal Candidate Ms. Kay Hagan [] Support [X] Oppose
Calendar Year-To-Date Per Election for Office Sought 1070184.43

Date of Public Distribution/Dissemination 10 / 28 / 2014
Amount 33.90
Transaction ID : 71cb69ae-c78f-4aad-b
Date of Disbursement or Obligation 10 / 28 / 2014
Office Sought: [] House District: 00 [] President [X] Senate State: NC
Disbursement For: [] Primary [X] General 2014 [] Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures 103.90
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL Independent Expenditures

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.
Ms. Emily Buchanan [Electronically Filed] Date 10 / 30 / 2014
Signature

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

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

Full Name of Payee Jessica A Felix
Mailing Address 873 Stoneykirk Dr
City Fayetteville State NC Zip Code 28314
Purpose of Expenditure Salary Category/Type 001
Name of Federal Candidate Ms. Kay Hagan [] Support [X] Oppose
Calendar Year-To-Date Per Election for Office Sought 1070184.43

Date of Public Distribution/Dissemination 10 / 28 / 2014
Amount 15.00
Transaction ID : 0bc9b007-6f83-4e81-b
Date of Disbursement or Obligation 10 / 28 / 2014
Office Sought: [] House District: 00 [] President [X] Senate State: NC
Disbursement For: [] Primary [X] General 2014 [] Other (specify)

Full Name of Payee Bethlehem R Romm
Mailing Address 2609 Bluestrem Dr
City Lawrence State KS Zip Code 66047
Purpose of Expenditure Salary Category/Type 001
Name of Federal Candidate Mr. Greg Orman [] Support [X] Oppose
Calendar Year-To-Date Per Election for Office Sought 190677.60

Date of Public Distribution/Dissemination 10 / 28 / 2014
Amount 30.00
Transaction ID : b4a51270-c62c-435a-8
Date of Disbursement or Obligation 10 / 28 / 2014
Office Sought: [] House District: 00 [] President [X] Senate State: KS
Disbursement For: [] Primary [X] General 2014 [] Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures 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 10 / 30 / 2014
Signature

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

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

Full Name of Payee Bethlehem R Romm
Mailing Address 2609 Bluestrem Dr
City Lawrence State KS Zip Code 66047
Purpose of Expenditure Mileage Category/Type 002
Name of Federal Candidate Mr. Greg Orman [] Support [X] Oppose
Calendar Year-To-Date Per Election for Office Sought 190677.60

Date of Public Distribution/Dissemination 10 / 28 / 2014
Amount 4.50
Transaction ID : 7f3e975c-d558-4f85-9
Date of Disbursement or Obligation 10 / 28 / 2014
Office Sought: [] House District: 00 [] President [X] Senate State: KS
Disbursement For: [] Primary [X] General 2014 [] Other (specify)

Full Name of Payee Jennifer F Gilbert
Mailing Address 180 McNeil Steep Hollow Rd
City Carriere State MS Zip Code 39426
Purpose of Expenditure Salary Category/Type 001
Name of Federal Candidate Ms. Mary L Landrieu [] Support [X] Oppose
Calendar Year-To-Date Per Election for Office Sought 217987.97

Date of Public Distribution/Dissemination 10 / 28 / 2014
Amount 72.50
Transaction ID : 57a102f4-e345-4179-a
Date of Disbursement or Obligation 10 / 28 / 2014
Office Sought: [] House District: 00 [] President [X] Senate State: LA
Disbursement For: [] Primary [X] General 2014 [] Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures 77.00
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL Independent Expenditures

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.
Ms. Emily Buchanan [Electronically Filed] Date 10 / 30 / 2014
Signature

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

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

Full Name of Payee Jennifer F Gilbert
Mailing Address 180 McNeil Steep Hollow Rd
City Carriere State MS Zip Code 39426
Purpose of Expenditure Mileage Category/Type 002
Name of Federal Candidate Ms. Mary L Landrieu [] Support [X] Oppose
Calendar Year-To-Date Per Election for Office Sought 217987.97

Date of Public Distribution/Dissemination 10 / 28 / 2014
Amount 47.70
Transaction ID : 6f2a5fce-72c8-4f6f-b
Date of Disbursement or Obligation 10 / 28 / 2014
Office Sought: [] House District: 00 [] President [X] Senate State: LA
Disbursement For: [] Primary [X] General 2014 [] Other (specify)

Full Name of Payee Sommer E Cox
Mailing Address 1519 Walshtown Rd
City Boomer State NC Zip Code 28606
Purpose of Expenditure Salary Category/Type 001
Name of Federal Candidate Ms. Kay Hagan [] Support [X] Oppose
Calendar Year-To-Date Per Election for Office Sought 1070184.43

Date of Public Distribution/Dissemination 10 / 28 / 2014
Amount 52.50
Transaction ID : 8d0644db-9a4e-4440-9
Date of Disbursement or Obligation 10 / 28 / 2014
Office Sought: [] House District: 00 [] President [X] Senate State: NC
Disbursement For: [] Primary [X] General 2014 [] Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures 100.20
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL Independent Expenditures

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.
Ms. Emily Buchanan [Electronically Filed] Date 10 / 30 / 2014
Signature

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

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

Full Name of Payee Sommer E Cox
Mailing Address 1519 Walshtown Rd
City Boomer State NC Zip Code 28606
Purpose of Expenditure Mileage Category/Type 002
Name of Federal Candidate Ms. Kay Hagan [] Support [X] Oppose
Calendar Year-To-Date Per Election for Office Sought 1070184.43

Date of Public Distribution/Dissemination 10 / 28 / 2014
Amount 8.10
Transaction ID : b26dd84c-e1dd-426d-9
Date of Disbursement or Obligation 10 / 28 / 2014
Office Sought: [] House District: 00 [] President [X] Senate State: NC
Disbursement For: [] Primary [X] General 2014 [] Other (specify)

Full Name of Payee John K Necaise III
Mailing Address 1905 Franklin Ave
City New Orleans State LA Zip Code 70117
Purpose of Expenditure Salary Category/Type 001
Name of Federal Candidate Ms. Mary L Landrieu [] Support [X] Oppose
Calendar Year-To-Date Per Election for Office Sought 217987.97

Date of Public Distribution/Dissemination 10 / 28 / 2014
Amount 35.00
Transaction ID : a16a3639-5b8f-4729-8
Date of Disbursement or Obligation 10 / 28 / 2014
Office Sought: [] House District: 00 [] President [X] Senate State: LA
Disbursement For: [] Primary [X] General 2014 [] Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures 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 10 / 30 / 2014
Signature

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

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

Full Name of Payee John K Necaie III
Mailing Address 1905 Franklin Ave
City New Orleans State LA Zip Code 70117
Purpose of Expenditure Mileage Category/Type 002
Name of Federal Candidate Ms. Mary L Landrieu [] Support [X] Oppose
Calendar Year-To-Date Per Election for Office Sought 217987.97

Date of Public Distribution/Dissemination 10 / 28 / 2014
Amount 16.41
Transaction ID : 35abc349-7591-4959-8
Date of Disbursement or Obligation 10 / 28 / 2014
Office Sought: [] House District: 00 [] President [X] Senate State: LA
Disbursement For: [] Primary [X] General 2014 [] Other (specify)

Full Name of Payee Andrew Sricklin
Mailing Address 2026 West Nettleton Avenue Apt 2
City Jonesboro State AR Zip Code 72401
Purpose of Expenditure Salary Category/Type 001
Name of Federal Candidate Mr. Mark L Pryor [] Support [X] Oppose
Calendar Year-To-Date Per Election for Office Sought 214365.41

Date of Public Distribution/Dissemination 10 / 28 / 2014
Amount 20.00
Transaction ID : e80136c8-b12d-4394-8
Date of Disbursement or Obligation 10 / 28 / 2014
Office Sought: [] House District: 00 [] President [X] Senate State: AR
Disbursement For: [] Primary [X] General 2014 [] Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures 36.41
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL Independent Expenditures

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.
Ms. Emily Buchanan [Electronically Filed] Date 10 / 30 / 2014
Signature

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

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

Full Name of Payee Andrew Stricklin
Mailing Address 2026 West Nettleton Avenue Apt 2
City Jonesboro State AR Zip Code 72401
Purpose of Expenditure Mileage Category/Type 002
Name of Federal Candidate Mr. Mark L Pryor [] Support [X] Oppose
Calendar Year-To-Date Per Election for Office Sought 214365.41

Date of Public Distribution/Dissemination 10 / 28 / 2014
Amount 14.40
Transaction ID : 94475beb-4524-4c3e-9
Date of Disbursement or Obligation 10 / 28 / 2014
Office Sought: [] House District: 00 [] President [X] Senate State: AR
Disbursement For: [] Primary [X] General 2014 [] Other (specify)

Full Name of Payee Thomas A Gawdun
Mailing Address 2207 SE 64th St
City Topeka State KS Zip Code 66605
Purpose of Expenditure Salary Category/Type 001
Name of Federal Candidate Mr. Greg Orman [] Support [X] Oppose
Calendar Year-To-Date Per Election for Office Sought 190677.60

Date of Public Distribution/Dissemination 10 / 28 / 2014
Amount 40.00
Transaction ID : 890e5cba-9404-4be9-8
Date of Disbursement or Obligation 10 / 28 / 2014
Office Sought: [] House District: 00 [] President [X] Senate State: KS
Disbursement For: [] Primary [X] General 2014 [] Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures 54.40
(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 10 / 30 / 2014

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

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

Full Name of Payee Thomas A Gawdun
Mailing Address 2207 SE 64th St
City Topeka State KS Zip Code 66605
Purpose of Expenditure Mileage Category/Type 002
Name of Federal Candidate Mr. Greg Orman [] Support [X] Oppose
Calendar Year-To-Date Per Election for Office Sought 190677.60

Date of Public Distribution/Dissemination 10 / 28 / 2014
Amount 2.61
Transaction ID : b6d57ff5-e5f1-44e5-9
Date of Disbursement or Obligation 10 / 28 / 2014
Office Sought: [] House District: 00 [] President [X] Senate State: KS
Disbursement For: [] Primary [X] General 2014 [] Other (specify)

Full Name of Payee Joshua J Huffman
Mailing Address 211 Dixie Ave
City Harrisonburg State VA Zip Code 22801
Purpose of Expenditure Salary Category/Type 001
Name of Federal Candidate Mr. Greg Orman [] Support [X] Oppose
Calendar Year-To-Date Per Election for Office Sought 190677.60

Date of Public Distribution/Dissemination 10 / 28 / 2014
Amount 60.00
Transaction ID : 3ef243f2-bbd5-43a6-9
Date of Disbursement or Obligation 10 / 28 / 2014
Office Sought: [] House District: 00 [] President [X] Senate State: KS
Disbursement For: [] Primary [X] General 2014 [] Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures 62.61
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL Independent Expenditures

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.
Ms. Emily Buchanan [Electronically Filed] Date 10 / 30 / 2014
Signature

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

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

Full Name of Payee Jeffrey S Hauge
Mailing Address 211 N Ashley Park
City Wichita State KS Zip Code 67212
Purpose of Expenditure Salary Category/Type 001
Name of Federal Candidate Mr. Greg Orman [] Support [X] Oppose
Calendar Year-To-Date Per Election for Office Sought 190677.60

Date of Public Distribution/Dissemination 10 / 28 / 2014
Amount 35.00
Transaction ID : d06af25f-5db2-4e0a-9
Date of Disbursement or Obligation 10 / 28 / 2014
Office Sought: [] House District: 00 [] President [X] Senate State: KS
Disbursement For: [] Primary [X] General 2014 [] Other (specify)

Full Name of Payee Jeffrey S Hauge
Mailing Address 211 N Ashley Park
City Wichita State KS Zip Code 67212
Purpose of Expenditure Mileage Category/Type 002
Name of Federal Candidate Mr. Greg Orman [] Support [X] Oppose
Calendar Year-To-Date Per Election for Office Sought 190677.60

Date of Public Distribution/Dissemination 10 / 28 / 2014
Amount 4.20
Transaction ID : b2d4d3e9-738a-48bc-b
Date of Disbursement or Obligation 10 / 28 / 2014
Office Sought: [] House District: 00 [] President [X] Senate State: KS
Disbursement For: [] Primary [X] General 2014 [] Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures 39.20
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL Independent Expenditures

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.
Ms. Emily Buchanan [Electronically Filed] Date 10 / 30 / 2014
Signature

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

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

Full Name of Payee Rielly McMillion
Mailing Address 2501 Boone Trail
City N Wilksboro State NC Zip Code 28659
Purpose of Expenditure Salary Category/Type 001
Name of Federal Candidate Ms. Kay Hagan [] Support [X] Oppose
Calendar Year-To-Date Per Election for Office Sought 1070184.43

Date of Public Distribution/Dissemination 10 / 28 / 2014
Amount 24.20
Transaction ID : afc432a0-640b-4a83-8
Date of Disbursement or Obligation 10 / 28 / 2014
Office Sought: [] House District: 00 [] President [X] Senate State: NC
Disbursement For: [] Primary [X] General 2014 [] Other (specify)

Full Name of Payee Dylan J Sparks
Mailing Address 915 East Market Ave
City Searcy State AR Zip Code 72149
Purpose of Expenditure Salary Category/Type 001
Name of Federal Candidate Mr. Mark L Pryor [] Support [X] Oppose
Calendar Year-To-Date Per Election for Office Sought 214365.41

Date of Public Distribution/Dissemination 10 / 28 / 2014
Amount 100.00
Transaction ID : 1792806a-00be-457f-a
Date of Disbursement or Obligation 10 / 28 / 2014
Office Sought: [] House District: 00 [] President [X] Senate State: AR
Disbursement For: [] Primary [X] General 2014 [] Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures 124.20
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL Independent Expenditures

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.
Ms. Emily Buchanan [Electronically Filed] Date 10 / 30 / 2014
Signature

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

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

Full Name of Payee Dylan J Sparks
Mailing Address 915 East Market Ave
City Searcy State AR Zip Code 72149
Purpose of Expenditure Mileage Category/Type 002
Name of Federal Candidate Mr. Mark L Pryor [] Support [X] Oppose
Calendar Year-To-Date Per Election for Office Sought 214365.41

Date of Public Distribution/Dissemination 10 / 28 / 2014
Amount 146.40
Transaction ID : 6396d0a2-f14c-4c1e-a
Date of Disbursement or Obligation 10 / 28 / 2014
Office Sought: [] House District: 00 [] President [X] Senate State: AR
Disbursement For: [] Primary [X] General 2014 [] Other (specify)

Full Name of Payee Zachary R McCleese
Mailing Address 323 Rolling Pines Dr
City Spring Lake State NC Zip Code 28390
Purpose of Expenditure Salary Category/Type 001
Name of Federal Candidate Mr. Mark L Pryor [] Support [X] Oppose
Calendar Year-To-Date Per Election for Office Sought 214365.41

Date of Public Distribution/Dissemination 10 / 28 / 2014
Amount 40.00
Transaction ID : 8518ead3-fcfb-4704-a
Date of Disbursement or Obligation 10 / 28 / 2014
Office Sought: [] House District: 00 [] President [X] Senate State: AR
Disbursement For: [] Primary [X] General 2014 [] Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures 186.40
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL Independent Expenditures

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.
Ms. Emily Buchanan [Electronically Filed] Date 10 / 30 / 2014
Signature

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

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

Full Name of Payee Zachary R McCleese
Mailing Address 323 Rolling Pines Dr
City Spring Lake State NC Zip Code 28390
Purpose of Expenditure Mileage Category/Type 002
Name of Federal Candidate Mr. Mark L Pryor [] Support [X] Oppose
Calendar Year-To-Date Per Election for Office Sought 214365.41

Date of Public Distribution/Dissemination 10 / 28 / 2014
Amount 12.90
Transaction ID : 7496736a-50ff-4093-9
Date of Disbursement or Obligation 10 / 28 / 2014
Office Sought: [] House District: 00 [] President [X] Senate State: AR
Disbursement For: [] Primary [X] General 2014 [] Other (specify)

Full Name of Payee Antoinette Franklin
Mailing Address 8822 Apple St
City New Orleans State LA Zip Code 70188
Purpose of Expenditure Salary Category/Type 001
Name of Federal Candidate Ms. Mary L Landrieu [] Support [X] Oppose
Calendar Year-To-Date Per Election for Office Sought 217987.97

Date of Public Distribution/Dissemination 10 / 28 / 2014
Amount 60.00
Transaction ID : 97209b9e-31ec-45e6-b
Date of Disbursement or Obligation 10 / 28 / 2014
Office Sought: [] House District: 00 [] President [X] Senate State: LA
Disbursement For: [] Primary [X] General 2014 [] Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures 72.90
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL Independent Expenditures

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.
Ms. Emily Buchanan [Electronically Filed] Date 10 / 30 / 2014
Signature

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

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

Full Name of Payee Antoinette Franklin
Mailing Address 8822 Apple St
City New Orleans State LA Zip Code 70188
Purpose of Expenditure Mileage Category/Type 002
Name of Federal Candidate Ms. Mary L Landrieu [] Support [X] Oppose
Calendar Year-To-Date Per Election for Office Sought 217987.97

Date of Public Distribution/Dissemination 10 / 28 / 2014
Amount 9.00
Transaction ID : dddd2e94-8a7d-4ba5-b
Date of Disbursement or Obligation 10 / 28 / 2014
Office Sought: [] House District: 00 [] President [X] Senate State: LA
Disbursement For: [] Primary [X] General 2014 [] Other (specify)

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
Name of Federal Candidate Ms. Mary L Landrieu [] Support [X] Oppose
Calendar Year-To-Date Per Election for Office Sought 217987.97

Date of Public Distribution/Dissemination 10 / 28 / 2014
Amount 80.00
Transaction ID : e5eed9d1-fb88-44eb-8
Date of Disbursement or Obligation 10 / 28 / 2014
Office Sought: [] House District: 00 [] President [X] Senate State: LA
Disbursement For: [] Primary [X] General 2014 [] Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures 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 10 / 30 / 2014
Signature

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

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

Full Name of Payee Tammay Williams
Mailing Address 924 N. Prieur St
City New Orleans State LA Zip Code 70116
Purpose of Expenditure Mileage Category/Type 002
Date of Public Distribution/Dissemination 10/28/2014
Amount 15.00
Transaction ID : d4f86368-078b-4a9b-9
Date of Disbursement or Obligation 10/28/2014
Name of Federal Candidate Ms. Mary L Landrieu [] Support [X] Oppose
Office Sought: [] House District: 00 [] President [X] Senate State: LA
Calendar Year-To-Date Per Election for Office Sought 217987.97
Disbursement For: [] Primary [X] General 2014 [] Other (specify)

Full Name of Payee Kenny Wallis
Mailing Address 6412 Osage Dr
City North Little rock State AR Zip Code 72116
Purpose of Expenditure Salary Category/Type 001
Date of Public Distribution/Dissemination 10/28/2014
Amount 25.00
Transaction ID : 76186b53-98b9-4b53-9
Date of Disbursement or Obligation 10/28/2014
Name of Federal Candidate Mr. Mark L Pryor [] Support [X] Oppose
Office Sought: [] House District: 00 [] President [X] Senate State: AR
Calendar Year-To-Date Per Election for Office Sought 214365.41
Disbursement For: [] Primary [X] General 2014 [] Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures 40.00
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL Independent Expenditures

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.
Ms. Emily Buchanan [Electronically Filed] Date 10/30/2014
Signature

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

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

Full Name of Payee Kenny Wallis
Mailing Address 6412 Osage Dr
City North Little rock State AR Zip Code 72116
Purpose of Expenditure Mileage Category/Type 002
Name of Federal Candidate Mr. Mark L Pryor [] Support [X] Oppose
Calendar Year-To-Date Per Election for Office Sought 214365.41

Date of Public Distribution/Dissemination 10 / 28 / 2014
Amount 4.26
Transaction ID : 88f680c1-c331-430c-b
Date of Disbursement or Obligation 10 / 28 / 2014
Office Sought: [] House District: 00 [] President [X] Senate State: AR
Disbursement For: [] Primary [X] General 2014 [] Other (specify)

Full Name of Payee Lisa Booth
Mailing Address 1434 South Avenue
City Eden State NC Zip Code 27288
Purpose of Expenditure Salary Category/Type 001
Name of Federal Candidate Ms. Kay Hagan [] Support [X] Oppose
Calendar Year-To-Date Per Election for Office Sought 1070184.43

Date of Public Distribution/Dissemination 10 / 28 / 2014
Amount 100.00
Transaction ID : e0c5e265-7cf5-4624-8
Date of Disbursement or Obligation 10 / 28 / 2014
Office Sought: [] House District: 00 [] President [X] Senate State: NC
Disbursement For: [] Primary [X] General 2014 [] Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures 104.26
(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 10 / 30 / 2014
Signature

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

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

Full Name of Payee Lisa Booth
Mailing Address 1434 South Avenue
City Eden State NC Zip Code 27288
Purpose of Expenditure Mileage Category/Type 002
Name of Federal Candidate Ms. Kay Hagan [] Support [X] Oppose
Calendar Year-To-Date Per Election for Office Sought 1070184.43

Date of Public Distribution/Dissemination 10 / 28 / 2014
Amount 23.40
Transaction ID : 2fe96a43-688d-4fd4-8
Date of Disbursement or Obligation 10 / 28 / 2014
Office Sought: [] House District: 00 [] President [X] Senate State: NC
Disbursement For: [] Primary [X] General 2014 [] Other (specify)

Full Name of Payee Brittany Jones
Mailing Address 338 Wayne Drive
City Shreveport State LA Zip Code 71105
Purpose of Expenditure Salary Category/Type 001
Name of Federal Candidate Ms. Mary L Landrieu [] Support [X] Oppose
Calendar Year-To-Date Per Election for Office Sought 217987.97

Date of Public Distribution/Dissemination 10 / 28 / 2014
Amount 7.00
Transaction ID : 8b507172-4f62-4822-9
Date of Disbursement or Obligation 10 / 28 / 2014
Office Sought: [] House District: 00 [] President [X] Senate State: LA
Disbursement For: [] Primary [X] General 2014 [] Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures 30.40
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL Independent Expenditures

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.
Ms. Emily Buchanan [Electronically Filed] Date 10 / 30 / 2014
Signature

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

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

Full Name of Payee Luke S Buren
Mailing Address 415 E Carroll
City Macomb State IL Zip Code 61455
Purpose of Expenditure Salary Category/Type 001
Name of Federal Candidate Mr. Mark L Pryor [] Support [X] Oppose
Calendar Year-To-Date Per Election for Office Sought 214365.41

Date of Public Distribution/Dissemination 10 / 28 / 2014
Amount 22.50
Transaction ID : c7b851c1-8dca-4fb9-a
Date of Disbursement or Obligation 10 / 28 / 2014
Office Sought: [] House District: 00 [] President [X] Senate State: AR
Disbursement For: [] Primary [X] General 2014 [] Other (specify)

Full Name of Payee Luke S Buren
Mailing Address 415 E Carroll
City Macomb State IL Zip Code 61455
Purpose of Expenditure Mileage Category/Type 002
Name of Federal Candidate Mr. Mark L Pryor [] Support [X] Oppose
Calendar Year-To-Date Per Election for Office Sought 214365.41

Date of Public Distribution/Dissemination 10 / 28 / 2014
Amount 13.68
Transaction ID : d43bf11e-d737-4e74-8
Date of Disbursement or Obligation 10 / 28 / 2014
Office Sought: [] House District: 00 [] President [X] Senate State: AR
Disbursement For: [] Primary [X] General 2014 [] Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures 36.18
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL Independent Expenditures

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.
Ms. Emily Buchanan [Electronically Filed] Date 10 / 30 / 2014
Signature

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

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

Full Name of Payee Cieslie A Benner
Mailing Address 2081 Knob Hill Rd
City Azle State TX Zip Code 76020
Purpose of Expenditure Salary Category/Type 001
Name of Federal Candidate Mr. Mark L Pryor [] Support [X] Oppose
Calendar Year-To-Date Per Election for Office Sought 214365.41

Date of Public Distribution/Dissemination 10 / 28 / 2014
Amount 45.00
Transaction ID : 96922e6f-5bd8-4fce-b
Date of Disbursement or Obligation 10 / 28 / 2014
Office Sought: [] House District: 00 [] President [X] Senate State: AR
Disbursement For: [] Primary [X] General 2014 [] Other (specify)

Full Name of Payee Cieslie A Benner
Mailing Address 2081 Knob Hill Rd
City Azle State TX Zip Code 76020
Purpose of Expenditure Mileage Category/Type 002
Name of Federal Candidate Mr. Mark L Pryor [] Support [X] Oppose
Calendar Year-To-Date Per Election for Office Sought 214365.41

Date of Public Distribution/Dissemination 10 / 28 / 2014
Amount 47.40
Transaction ID : 47055b10-a954-45a8-9
Date of Disbursement or Obligation 10 / 28 / 2014
Office Sought: [] House District: 00 [] President [X] Senate State: AR
Disbursement For: [] Primary [X] General 2014 [] Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures 92.40
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL Independent Expenditures

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.
Ms. Emily Buchanan [Electronically Filed] Date 10 / 30 / 2014
Signature

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

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

Full Name of Payee Amber N Robbins
Mailing Address 1074 A Cottrell Hill Rd Apt A
City Lenior State NC Zip Code 28645
Purpose of Expenditure Salary Category/Type 001
Name of Federal Candidate Ms. Kay Hagan [] Support [X] Oppose
Calendar Year-To-Date Per Election for Office Sought 1070184.43

Date of Public Distribution/Dissemination 10 / 28 / 2014
Amount 20.00
Transaction ID : f4a51330-2b0f-429f-8
Date of Disbursement or Obligation 10 / 28 / 2014
Office Sought: [] House District: 00 [] President [X] Senate State: NC
Disbursement For: [] Primary [X] General 2014 [] Other (specify)

Full Name of Payee Aleksandra B Padua
Mailing Address 110 Bridge gate Dr
City Cary State NC Zip Code 27519
Purpose of Expenditure Salary Category/Type 001
Name of Federal Candidate Ms. Kay Hagan [] Support [X] Oppose
Calendar Year-To-Date Per Election for Office Sought 1070184.43

Date of Public Distribution/Dissemination 10 / 28 / 2014
Amount 40.00
Transaction ID : 1353f947-70b7-401f-8
Date of Disbursement or Obligation 10 / 28 / 2014
Office Sought: [] House District: 00 [] President [X] Senate State: NC
Disbursement For: [] Primary [X] General 2014 [] Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures 60.00
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL Independent Expenditures

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.
Ms. Emily Buchanan [Electronically Filed] Date 10 / 30 / 2014
Signature

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

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

Full Name of Payee Aleksandra B Padua
Mailing Address 110 Bridge gate Dr
City Cary State NC Zip Code 27519
Purpose of Expenditure Mileage Category/Type 002
Name of Federal Candidate Ms. Kay Hagan [] Support [X] Oppose
Calendar Year-To-Date Per Election for Office Sought 1070184.43

Date of Public Distribution/Dissemination 10 / 28 / 2014
Amount 12.06
Transaction ID : d49e3ec3-6639-405d-b
Date of Disbursement or Obligation 10 / 28 / 2014
Office Sought: [] House District: 00 [] President [X] Senate State: NC
Disbursement For: [] Primary [X] General 2014 [] Other (specify)

Full Name of Payee Melissa D Turner
Mailing Address 9653 Nations Dr
City Springdale State AR Zip Code 72762
Purpose of Expenditure Salary Category/Type 001
Name of Federal Candidate Mr. Mark L Pryor [] Support [X] Oppose
Calendar Year-To-Date Per Election for Office Sought 214365.41

Date of Public Distribution/Dissemination 10 / 28 / 2014
Amount 22.50
Transaction ID : d454c630-98ec-48a4-b
Date of Disbursement or Obligation 10 / 28 / 2014
Office Sought: [] House District: 00 [] President [X] Senate State: AR
Disbursement For: [] Primary [X] General 2014 [] Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures 34.56
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL Independent Expenditures

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.
Ms. Emily Buchanan [Electronically Filed] Date 10 / 30 / 2014
Signature

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

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

Full Name of Payee Lorri Anderson
Mailing Address 7214 Duchamp Dr
City Charlotte State NC Zip Code 23215
Purpose of Expenditure Salary Category/Type 001
Name of Federal Candidate Ms. Kay Hagan [] Support [X] Oppose
Calendar Year-To-Date Per Election for Office Sought 1070184.43

Date of Public Distribution/Dissemination 10 / 28 / 2014
Amount 35.00
Transaction ID : dca0d832-935b-416d-a
Date of Disbursement or Obligation 10 / 28 / 2014
Office Sought: [] House District: 00 [] President [X] Senate State: NC
Disbursement For: [] Primary [X] General 2014 [] Other (specify)

Full Name of Payee Lorri Anderson
Mailing Address 7214 Duchamp Dr
City Charlotte State NC Zip Code 23215
Purpose of Expenditure Mileage Category/Type 002
Name of Federal Candidate Ms. Kay Hagan [] Support [X] Oppose
Calendar Year-To-Date Per Election for Office Sought 1070184.43

Date of Public Distribution/Dissemination 10 / 28 / 2014
Amount 2.70
Transaction ID : 39b6ea3a-7992-4cf1-a
Date of Disbursement or Obligation 10 / 28 / 2014
Office Sought: [] House District: 00 [] President [X] Senate State: NC
Disbursement For: [] Primary [X] General 2014 [] Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures 37.70
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL Independent Expenditures

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.
Ms. Emily Buchanan [Electronically Filed] Date 10 / 30 / 2014
Signature

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

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

Full Name of Payee Erissia Anderson
Mailing Address 11005 Oak Forest Pkwy Dr Apt F
City Saint Louis State MO Zip Code 63146
Purpose of Expenditure Salary Category/Type 001
Name of Federal Candidate Mr. Mark L Pryor [] Support [X] Oppose
Calendar Year-To-Date Per Election for Office Sought 214365.41

Date of Public Distribution/Dissemination 10 / 28 / 2014
Amount 25.00
Transaction ID : 0503ed7b-9a5b-43ff-9
Date of Disbursement or Obligation 10 / 28 / 2014
Office Sought: [] House District: 00 [] President [X] Senate State: AR
Disbursement For: [] Primary [X] General 2014 [] Other (specify)

Full Name of Payee Erissia Anderson
Mailing Address 11005 Oak Forest Pkwy Dr Apt F
City Saint Louis State MO Zip Code 63146
Purpose of Expenditure Mileage Category/Type 002
Name of Federal Candidate Mr. Mark L Pryor [] Support [X] Oppose
Calendar Year-To-Date Per Election for Office Sought 214365.41

Date of Public Distribution/Dissemination 10 / 28 / 2014
Amount 11.40
Transaction ID : 8dcc5a79-19ee-44f1-b
Date of Disbursement or Obligation 10 / 28 / 2014
Office Sought: [] House District: 00 [] President [X] Senate State: AR
Disbursement For: [] Primary [X] General 2014 [] Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures..... 36.40
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL Independent Expenditures.....

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.
Ms. Emily Buchanan [Electronically Filed] Date 10 / 30 / 2014
Signature

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

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

Full Name of Payee Nathan D Stevens
Mailing Address 9653 Nations Dr
City Springdale State AR Zip Code 72762
Purpose of Expenditure Salary Category/Type 001
Name of Federal Candidate Mr. Mark L Pryor [] Support [X] Oppose
Calendar Year-To-Date Per Election for Office Sought 214365.41

Date of Public Distribution/Dissemination 10 / 28 / 2014
Amount 25.00
Transaction ID : f889aaa-cdc3-429b-8
Date of Disbursement or Obligation 10 / 28 / 2014
Office Sought: [] House District: 00 [] President [X] Senate State: AR
Disbursement For: [] Primary [X] General 2014 [] Other (specify)

Full Name of Payee Lisa A Funck
Mailing Address 23901 W Hwy 66
City Calumet State OK Zip Code 73014
Purpose of Expenditure Salary Category/Type 001
Name of Federal Candidate Mr. Mark L Pryor [] Support [X] Oppose
Calendar Year-To-Date Per Election for Office Sought 214365.41

Date of Public Distribution/Dissemination 10 / 28 / 2014
Amount 45.00
Transaction ID : 9ccd2bd9-7b44-4227-a
Date of Disbursement or Obligation 10 / 28 / 2014
Office Sought: [] House District: 00 [] President [X] Senate State: AR
Disbursement For: [] Primary [X] General 2014 [] Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures 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 10 / 30 / 2014
Signature

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

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

Full Name of Payee Laura U Logie
Mailing Address 2565 Shire Circle
City Harrisonburg State VA Zip Code 22801
Purpose of Expenditure Salary Category/Type 001
Name of Federal Candidate Mr. Greg Orman [] Support [X] Oppose
Calendar Year-To-Date Per Election for Office Sought 190677.60

Date of Public Distribution/Dissemination 10 / 28 / 2014
Amount 50.00
Transaction ID : ac000fa5-5e0d-4551-b
Date of Disbursement or Obligation 10 / 28 / 2014
Office Sought: [] House District: 00 [] President [X] Senate State: KS
Disbursement For: [] Primary [X] General 2014 [] Other (specify)

Full Name of Payee Karen Congema
Mailing Address 813 Worthington Way
City Wilmington State NC Zip Code 28411
Purpose of Expenditure Salary Category/Type 001
Name of Federal Candidate Ms. Kay Hagan [] Support [X] Oppose
Calendar Year-To-Date Per Election for Office Sought 1070184.43

Date of Public Distribution/Dissemination 10 / 28 / 2014
Amount 12.50
Transaction ID : 93dd18e2-b300-41ce-9
Date of Disbursement or Obligation 10 / 28 / 2014
Office Sought: [] House District: 00 [] President [X] Senate State: NC
Disbursement For: [] Primary [X] General 2014 [] Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures 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 10 / 30 / 2014
Signature

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

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

Full Name of Payee Karen Congema
Mailing Address 813 Worthington Way
City Wilmington State NC Zip Code 28411
Purpose of Expenditure Mileage Category/Type 002
Name of Federal Candidate Ms. Kay Hagan [] Support [X] Oppose
Calendar Year-To-Date Per Election for Office Sought 1070184.43

Date of Public Distribution/Dissemination 10 / 28 / 2014
Amount 4.80
Transaction ID : bed3edd4-569d-428d-a
Date of Disbursement or Obligation 10 / 28 / 2014
Office Sought: [] House District: 00 [] President [X] Senate State: NC
Disbursement For: [] Primary [X] General 2014 [] Other (specify)

Full Name of Payee Amy J McMillion
Mailing Address 1325 S Collegiate Dr Apt 202G
City Wilkesboro State NC Zip Code 28697
Purpose of Expenditure Salary Category/Type 001
Name of Federal Candidate Ms. Kay Hagan [] Support [X] Oppose
Calendar Year-To-Date Per Election for Office Sought 1070184.43

Date of Public Distribution/Dissemination 10 / 28 / 2014
Amount 24.20
Transaction ID : 3e0254f8-2318-4280-8
Date of Disbursement or Obligation 10 / 28 / 2014
Office Sought: [] House District: 00 [] President [X] Senate State: NC
Disbursement For: [] Primary [X] General 2014 [] Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures 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 10 / 30 / 2014
Signature

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

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

Full Name of Payee Amy J McMillion
Mailing Address 1325 S Collegiate Dr Apt 202G
City Wilkesboro State NC Zip Code 28697
Purpose of Expenditure Mileage Category/Type 002
Name of Federal Candidate Ms. Kay Hagan [] Support [X] Oppose
Calendar Year-To-Date Per Election for Office Sought 1070184.43

Date of Public Distribution/Dissemination 10 / 28 / 2014
Amount 3.90
Transaction ID : 5bfafbca-3ec4-4f22-8
Date of Disbursement or Obligation 10 / 28 / 2014
Office Sought: [] House District: 00 [] President [X] Senate State: NC
Disbursement For: [] Primary [X] General 2014 [] Other (specify)

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
Name of Federal Candidate Ms. Mary L Landrieu [] Support [X] Oppose
Calendar Year-To-Date Per Election for Office Sought 217987.97

Date of Public Distribution/Dissemination 10 / 28 / 2014
Amount 60.00
Transaction ID : 6ac0116c-c87d-4bb2-b
Date of Disbursement or Obligation 10 / 28 / 2014
Office Sought: [] House District: 00 [] President [X] Senate State: LA
Disbursement For: [] Primary [X] General 2014 [] Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures 63.90
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL Independent Expenditures

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.
Ms. Emily Buchanan [Electronically Filed] Date 10 / 30 / 2014
Signature

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

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

Full Name of Payee 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 [X] Oppose
Calendar Year-To-Date Per Election for Office Sought 217987.97

Date of Public Distribution/Dissemination 10 / 28 / 2014
Amount 12.90
Transaction ID : c1490197-a15b-4e0d-b
Date of Disbursement or Obligation 10 / 28 / 2014
Office Sought: [] House District: 00 [] President [X] Senate State: LA
Disbursement For: [] Primary [X] General 2014 [] Other (specify)

Full Name of Payee Kyler A Jost
Mailing Address 1830 College Height Rd
City Manhattan State KS Zip Code 66502
Purpose of Expenditure Salary Category/Type 001
Name of Federal Candidate Mr. Greg Orman [] Support [X] Oppose
Calendar Year-To-Date Per Election for Office Sought 190677.60

Date of Public Distribution/Dissemination 10 / 28 / 2014
Amount 25.00
Transaction ID : eed21138-b249-4be2-a
Date of Disbursement or Obligation 10 / 28 / 2014
Office Sought: [] House District: 00 [] President [X] Senate State: KS
Disbursement For: [] Primary [X] General 2014 [] Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures 37.90
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL Independent Expenditures

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.
Ms. Emily Buchanan [Electronically Filed] Date 10 / 30 / 2014
Signature

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

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

Full Name of Payee: Kyler A Jost
Mailing Address: 1830 College Height Rd
City: Manhattan, State: KS, Zip Code: 66502
Purpose of Expenditure: Mileage, Category/Type: 002
Name of Federal Candidate: Mr. Greg Orman, Support: [], Oppose: [X]
Calendar Year-To-Date Per Election for Office Sought: 190677.60

Date of Public Distribution/Dissemination: 10/28/2014
Amount: 4.80
Transaction ID: 5eed2654-22c6-463d-9
Date of Disbursement or Obligation: 10/28/2014
Office Sought: [] House, [X] Senate, District: 00, State: KS
Disbursement For: [] Primary, [X] General, [] Other (specify)

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: [X]
Calendar Year-To-Date Per Election for Office Sought: 217987.97

Date of Public Distribution/Dissemination: 10/28/2014
Amount: 80.00
Transaction ID: 91fecdd4-2085-4e9a-a
Date of Disbursement or Obligation: 10/28/2014
Office Sought: [] House, [X] Senate, District: 00, State: LA
Disbursement For: [] Primary, [X] General, [] Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures: 84.80
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL Independent Expenditures

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.
Ms. Emily Buchanan [Electronically Filed] Date: 10/30/2014
Signature

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

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

Full Name of Payee Felicia A Jones
Mailing Address 4106 Martha St
City Shreveport State LA Zip Code 71109
Purpose of Expenditure Mileage Category/Type 002
Name of Federal Candidate Ms. Mary L Landrieu [] Support [X] Oppose
Calendar Year-To-Date Per Election for Office Sought 217987.97

Date of Public Distribution/Dissemination 10 / 28 / 2014
Amount 9.60
Transaction ID : df1db953-c8b3-44c4-9
Date of Disbursement or Obligation 10 / 28 / 2014
Office Sought: [] House District: 00 [] President [X] Senate State: LA
Disbursement For: [] Primary [X] General 2014 [] Other (specify)

Full Name of Payee Carla K Pilgreen
Mailing Address 212 Stonecliff Dr
City West Monro State LA Zip Code 71291
Purpose of Expenditure Salary Category/Type 001
Name of Federal Candidate Ms. Mary L Landrieu [] Support [X] Oppose
Calendar Year-To-Date Per Election for Office Sought 217987.97

Date of Public Distribution/Dissemination 10 / 28 / 2014
Amount 40.00
Transaction ID : 36e81952-d3d3-43f7-9
Date of Disbursement or Obligation 10 / 28 / 2014
Office Sought: [] House District: 00 [] President [X] Senate State: LA
Disbursement For: [] Primary [X] General 2014 [] Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures 49.60
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL Independent Expenditures

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.
Ms. Emily Buchanan [Electronically Filed] Date 10 / 30 / 2014
Signature

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

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

Full Name of Payee Carla K Pilgreen
Mailing Address 212 Stonecliff Dr
City West Monro State LA Zip Code 71291
Purpose of Expenditure Mileage Category/Type 002
Name of Federal Candidate Ms. Mary L Landrieu [] Support [X] Oppose
Calendar Year-To-Date Per Election for Office Sought 217987.97

Date of Public Distribution/Dissemination 10 / 28 / 2014
Amount 11.40
Transaction ID : 8387f60c-b427-4330-8
Date of Disbursement or Obligation 10 / 28 / 2014
Office Sought: [] House District: 00 [] President [X] Senate State: LA
Disbursement For: [] Primary [X] General 2014 [] Other (specify)

Full Name of Payee Diane Smith
Mailing Address 4006 Wolkswalk Place
City Raleigh State NC Zip Code 27610
Purpose of Expenditure Salary Category/Type 001
Name of Federal Candidate Ms. Kay Hagan [] Support [X] Oppose
Calendar Year-To-Date Per Election for Office Sought 1070184.43

Date of Public Distribution/Dissemination 10 / 28 / 2014
Amount 14.50
Transaction ID : 134a6004-4b24-4d89-a
Date of Disbursement or Obligation 10 / 28 / 2014
Office Sought: [] House District: 00 [] President [X] Senate State: NC
Disbursement For: [] Primary [X] General 2014 [] Other (specify)

Table with 2 columns: Description and Amount. (a) SUBTOTAL of Itemized Independent Expenditures 25.90, (b) SUBTOTAL of Unitemized Independent Expenditures, (c) TOTAL Independent Expenditures

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.
Ms. Emily Buchanan [Electronically Filed] Date 10 / 30 / 2014
Signature

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

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

Full Name of Payee Diane Smith
Mailing Address 4006 Wolkswalk Place
City Raleigh State NC Zip Code 27610
Purpose of Expenditure Mileage Category/Type 002
Name of Federal Candidate Ms. Kay Hagan [] Support [X] Oppose
Calendar Year-To-Date Per Election for Office Sought 1070184.43

Date of Public Distribution/Dissemination 10 / 28 / 2014
Amount 6.00
Transaction ID : cb6e0e0c-fd97-44d9-a
Date of Disbursement or Obligation 10 / 28 / 2014
Office Sought: [] House District: 00 [] President [X] Senate State: NC
Disbursement For: [] Primary [X] General 2014 [] Other (specify)

Full Name of Payee Peggy A Sides
Mailing Address 2183 Spokane Rd
City Fayetteville State NC Zip Code 28304
Purpose of Expenditure Salary Category/Type 001
Name of Federal Candidate Ms. Kay Hagan [] Support [X] Oppose
Calendar Year-To-Date Per Election for Office Sought 1070184.43

Date of Public Distribution/Dissemination 10 / 28 / 2014
Amount 60.00
Transaction ID : 2e6906ca-efeb-4e59-b
Date of Disbursement or Obligation 10 / 28 / 2014
Office Sought: [] House District: 00 [] President [X] Senate State: NC
Disbursement For: [] Primary [X] General 2014 [] Other (specify)

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

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.
Ms. Emily Buchanan [Electronically Filed] Date 10 / 30 / 2014
Signature

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

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

Full Name of Payee Peggy A Sides
Mailing Address 2183 Spokane Rd
City Fayetteville State NC Zip Code 28304
Purpose of Expenditure Mileage Category/Type 002
Date of Public Distribution/Dissemination 10/28/2014
Amount 12.00
Transaction ID : 69cc4502-311a-4e7e-8
Date of Disbursement or Obligation 10/28/2014
Name of Federal Candidate Ms. Kay Hagan [] Support [X] Oppose
Office Sought: [] House District: 00 [] President [X] Senate State: NC
Calendar Year-To-Date Per Election for Office Sought 1070184.43
Disbursement For: [] Primary [X] General 2014 [] Other (specify)

Full Name of Payee Gary W Fuhrmann
Mailing Address 9425 Jessica Drive
City Shreveport State LA Zip Code 71106
Purpose of Expenditure Salary Category/Type 001
Date of Public Distribution/Dissemination 10/28/2014
Amount 30.00
Transaction ID : 070837a9-c340-4b13-b
Date of Disbursement or Obligation 10/28/2014
Name of Federal Candidate Ms. Mary L Landrieu [] Support [X] Oppose
Office Sought: [] House District: 00 [] President [X] Senate State: LA
Calendar Year-To-Date Per Election for Office Sought 217987.97
Disbursement For: [] Primary [X] General 2014 [] Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures 42.00
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL Independent Expenditures

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.
Ms. Emily Buchanan [Electronically Filed] Date 10/30/2014
Signature

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

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

Full Name of Payee Gary W Fuhrmann
Mailing Address 9425 Jessica Drive
City Shreveport State LA Zip Code 71106
Purpose of Expenditure Mileage Category/Type 002
Name of Federal Candidate Ms. Mary L Landrieu [] Support [X] Oppose
Calendar Year-To-Date Per Election for Office Sought 217987.97

Date of Public Distribution/Dissemination 10 / 28 / 2014
Amount 14.70
Transaction ID : 1f56caee-7848-417e-b
Date of Disbursement or Obligation 10 / 28 / 2014
Office Sought: [] House District: 00 [] President [X] Senate State: LA
Disbursement For: [] Primary [X] General 2014 [] Other (specify)

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
Name of Federal Candidate Ms. Mary L Landrieu [] Support [X] Oppose
Calendar Year-To-Date Per Election for Office Sought 217987.97

Date of Public Distribution/Dissemination 10 / 28 / 2014
Amount 35.00
Transaction ID : 05bbacf5-1286-41d8-a
Date of Disbursement or Obligation 10 / 28 / 2014
Office Sought: [] House District: 00 [] President [X] Senate State: LA
Disbursement For: [] Primary [X] General 2014 [] Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures 49.70
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL Independent Expenditures

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.
Ms. Emily Buchanan [Electronically Filed] Date 10 / 30 / 2014
Signature

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

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

Full Name of Payee Krista J Smith
Mailing Address 41176 Bertville Rd
City Gonzales State LA Zip Code 70737
Purpose of Expenditure Mileage Category/Type 002
Name of Federal Candidate Ms. Mary L Landrieu [] Support [X] Oppose
Calendar Year-To-Date Per Election for Office Sought 217987.97

Date of Public Distribution/Dissemination 10 / 28 / 2014
Amount 6.48
Transaction ID : b17339c7-4a1c-4af3-8
Date of Disbursement or Obligation 10 / 28 / 2014
Office Sought: [] House District: 00 [] President [X] Senate State: LA
Disbursement For: [] Primary [X] General 2014 [] Other (specify)

Full Name of Payee Patricia F Arnold
Mailing Address 1117 Clipper Dr
City Slidell State LA Zip Code 70458
Purpose of Expenditure Salary Category/Type 001
Name of Federal Candidate Ms. Mary L Landrieu [] Support [X] Oppose
Calendar Year-To-Date Per Election for Office Sought 217987.97

Date of Public Distribution/Dissemination 10 / 28 / 2014
Amount 25.00
Transaction ID : 082119f6-ef95-4f89-b
Date of Disbursement or Obligation 10 / 28 / 2014
Office Sought: [] House District: 00 [] President [X] Senate State: LA
Disbursement For: [] Primary [X] General 2014 [] Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures 31.48
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL Independent Expenditures

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.
Ms. Emily Buchanan [Electronically Filed] Date 10 / 30 / 2014
Signature

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

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

Full Name of Payee Patricia F Arnold
Mailing Address 1117 Clipper Dr
City Slidell State LA Zip Code 70458
Purpose of Expenditure Mileage Category/Type 002
Name of Federal Candidate Ms. Mary L Landrieu [] Support [X] Oppose
Calendar Year-To-Date Per Election for Office Sought 217987.97

Date of Public Distribution/Dissemination 10 / 28 / 2014
Amount 1.02
Transaction ID : d64578d3-ee0-4ea8-8
Date of Disbursement or Obligation 10 / 28 / 2014
Office Sought: [] House District: 00 [] President [X] Senate State: LA
Disbursement For: [] Primary [X] General 2014 [] Other (specify)

Full Name of Payee Jacob T Craig
Mailing Address 1410 Bushville Dr
City Lenoir State NC Zip Code 28645
Purpose of Expenditure Salary Category/Type 001
Name of Federal Candidate Ms. Kay Hagan [] Support [X] Oppose
Calendar Year-To-Date Per Election for Office Sought 1070184.43

Date of Public Distribution/Dissemination 10 / 28 / 2014
Amount 50.00
Transaction ID : ee869b22-27c4-4969-8
Date of Disbursement or Obligation 10 / 28 / 2014
Office Sought: [] House District: 00 [] President [X] Senate State: NC
Disbursement For: [] Primary [X] General 2014 [] Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures 51.02
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL Independent Expenditures

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.
Ms. Emily Buchanan [Electronically Filed] Date 10 / 30 / 2014
Signature

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

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

Full Name of Payee Josh R Arnold
Mailing Address 1531 N Ridgewood Dr
City Wichita State KS Zip Code 67208
Purpose of Expenditure Salary Category/Type 001
Name of Federal Candidate Mr. Greg Orman [] Support [X] Oppose
Calendar Year-To-Date Per Election for Office Sought 190677.60

Date of Public Distribution/Dissemination 10 / 28 / 2014
Amount 27.50
Transaction ID : bed82e8c-0552-49be-a
Date of Disbursement or Obligation 10 / 28 / 2014
Office Sought: [] House District: 00 [] President [X] Senate State: KS
Disbursement For: [] Primary [X] General 2014 [] Other (specify)

Full Name of Payee Josh R Arnold
Mailing Address 1531 N Ridgewood Dr
City Wichita State KS Zip Code 67208
Purpose of Expenditure Mileage Category/Type 002
Name of Federal Candidate Mr. Greg Orman [] Support [X] Oppose
Calendar Year-To-Date Per Election for Office Sought 190677.60

Date of Public Distribution/Dissemination 10 / 28 / 2014
Amount 10.05
Transaction ID : dde8f961-a218-4f59-8
Date of Disbursement or Obligation 10 / 28 / 2014
Office Sought: [] House District: 00 [] President [X] Senate State: KS
Disbursement For: [] Primary [X] General 2014 [] Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures 37.55
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL Independent Expenditures

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.
Ms. Emily Buchanan [Electronically Filed] Date 10 / 30 / 2014
Signature

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

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

Full Name of Payee Ashlee G Anderson
Mailing Address 2226 Enloe St
City Fayetteville State NC Zip Code 28306
Purpose of Expenditure Salary Category/Type 001

Date of Public Distribution/Dissemination 10 / 28 / 2014
Amount 25.00
Transaction ID : 578629fd-33f9-401e-8
Date of Disbursement or Obligation 10 / 28 / 2014

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

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

Full Name of Payee Mary R Kirkland
Mailing Address 504 Green Meadow Dr
City Boyd State TX Zip Code 76023
Purpose of Expenditure Salary Category/Type 001

Date of Public Distribution/Dissemination 10 / 28 / 2014
Amount 60.00
Transaction ID : 73896194-01fb-4497-8
Date of Disbursement or Obligation 10 / 28 / 2014

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

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

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

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.
Ms. Emily Buchanan [Electronically Filed] Date 10 / 30 / 2014
Signature

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

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

Full Name of Payee Noah J Smith
Mailing Address 41174 Bertville Rd
City Gonzales State LA Zip Code 70737
Purpose of Expenditure Salary Category/Type 001
Name of Federal Candidate Ms. Mary L Landrieu [] Support [X] Oppose
Calendar Year-To-Date Per Election for Office Sought 217987.97

Date of Public Distribution/Dissemination 10 / 28 / 2014
Amount 35.00
Transaction ID : c676c548-0362-4431-9
Date of Disbursement or Obligation 10 / 28 / 2014
Office Sought: [] House District: 00 [] President [X] Senate State: LA
Disbursement For: [] Primary [X] General 2014 [] Other (specify)

Full Name of Payee Christopher L Gilbert
Mailing Address 55 Lovell Johnson Rd
City Picayune State MS Zip Code 39466
Purpose of Expenditure Salary Category/Type 001
Name of Federal Candidate Ms. Mary L Landrieu [] Support [X] Oppose
Calendar Year-To-Date Per Election for Office Sought 217987.97

Date of Public Distribution/Dissemination 10 / 28 / 2014
Amount 70.00
Transaction ID : 78df2512-55a6-4c43-8
Date of Disbursement or Obligation 10 / 28 / 2014
Office Sought: [] House District: 00 [] President [X] Senate State: LA
Disbursement For: [] Primary [X] General 2014 [] Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures 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
Signature

[Electronically Filed]

Date 10 / 30 / 2014

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

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

Full Name of Payee Christopher L Gilbert
Mailing Address 55 Lovell Johnson Rd
City Picayune State MS Zip Code 39466
Purpose of Expenditure Mileage Category/Type 002
Name of Federal Candidate Ms. Mary L Landrieu [] Support [X] Oppose
Calendar Year-To-Date Per Election for Office Sought 217987.97

Date of Public Distribution/Dissemination 10 / 28 / 2014
Amount 28.80
Transaction ID : d6f8bfe8-e938-4f90-9
Date of Disbursement or Obligation 10 / 28 / 2014
Office Sought: [] House District: 00 [] President [X] Senate State: LA
Disbursement For: [] Primary [X] General 2014 [] Other (specify)

Full Name of Payee Marilyn A Holt
Mailing Address 314 Tumbleweed Dr
City Winston Salem State NC Zip Code 27127
Purpose of Expenditure Salary Category/Type 001
Name of Federal Candidate Ms. Kay Hagan [] Support [X] Oppose
Calendar Year-To-Date Per Election for Office Sought 1070184.43

Date of Public Distribution/Dissemination 10 / 28 / 2014
Amount 30.00
Transaction ID : 102b7b02-c4d8-441e-9
Date of Disbursement or Obligation 10 / 28 / 2014
Office Sought: [] House District: 00 [] President [X] Senate State: NC
Disbursement For: [] Primary [X] General 2014 [] Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures 58.80
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL Independent Expenditures

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.
Ms. Emily Buchanan [Electronically Filed] Date 10 / 30 / 2014
Signature

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

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

Full Name of Payee Marilyn A Holt
Mailing Address 314 Tumbleweed Dr
City Winston Salem State NC Zip Code 27127
Purpose of Expenditure Mileage Category/Type 002
Name of Federal Candidate Ms. Kay Hagan [] Support [X] Oppose
Calendar Year-To-Date Per Election for Office Sought 1070184.43

Date of Public Distribution/Dissemination 10 / 28 / 2014
Amount 10.80
Transaction ID : 76a42b55-164c-42da-a
Date of Disbursement or Obligation 10 / 28 / 2014
Office Sought: [] House District: 00 [] President [X] Senate State: NC
Disbursement For: [] Primary [X] General 2014 [] Other (specify)

Full Name of Payee Julie M Gentry
Mailing Address 314 S Main St
City Roxboro State NC Zip Code 27573
Purpose of Expenditure Salary Category/Type 001
Name of Federal Candidate Ms. Kay Hagan [] Support [X] Oppose
Calendar Year-To-Date Per Election for Office Sought 1070184.43

Date of Public Distribution/Dissemination 10 / 28 / 2014
Amount 77.50
Transaction ID : 17e54b58-fdc8-4408-8
Date of Disbursement or Obligation 10 / 28 / 2014
Office Sought: [] House District: 00 [] President [X] Senate State: NC
Disbursement For: [] Primary [X] General 2014 [] Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures 88.30
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL Independent Expenditures

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.
Ms. Emily Buchanan [Electronically Filed] Date 10 / 30 / 2014
Signature

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

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

Full Name of Payee Julie M Gentry
Mailing Address 314 S Main St
City Roxboro State NC Zip Code 27573
Purpose of Expenditure Mileage Category/Type 002
Date of Public Distribution/Dissemination 10/28/2014
Amount 17.58
Transaction ID : b8010182-331c-48d6-b
Date of Disbursement or Obligation 10/28/2014
Name of Federal Candidate Ms. Kay Hagan [] Support [X] Oppose
Office Sought: [] House District: 00 [] President [X] Senate State: NC
Calendar Year-To-Date Per Election for Office Sought 1070184.43
Disbursement For: [] Primary [X] General 2014 [] Other (specify)

Full Name of Payee Ruthie M Thompson
Mailing Address 286 Wrenn Drive
City Lexington State NC Zip Code 27292
Purpose of Expenditure Salary Category/Type 001
Date of Public Distribution/Dissemination 10/28/2014
Amount 30.00
Transaction ID : ef4fe865-7082-43aa-8
Date of Disbursement or Obligation 10/28/2014
Name of Federal Candidate Ms. Kay Hagan [] Support [X] Oppose
Office Sought: [] House District: 00 [] President [X] Senate State: NC
Calendar Year-To-Date Per Election for Office Sought 1070184.43
Disbursement For: [] Primary [X] General 2014 [] Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures 47.58
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL Independent Expenditures

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

Ms. Emily Buchanan [Electronically Filed] Date 10/30/2014
Signature

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

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

Full Name of Payee Ruthie M Thompson
Mailing Address 286 Wrenn Drive
City Lexington State NC Zip Code 27292
Purpose of Expenditure Mileage Category/Type 002

Date of Public Distribution/Dissemination 10 / 28 / 2014
Amount 4.20
Transaction ID : 252ccc66-196d-4f1e-9
Date of Disbursement or Obligation 10 / 28 / 2014

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

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

Full Name of Payee Chelsea E Cornett
Mailing Address 6279 Marathon Edenton Rd
City Blanchester State OH Zip Code 45107
Purpose of Expenditure Salary Category/Type 001

Date of Public Distribution/Dissemination 10 / 28 / 2014
Amount 50.00
Transaction ID : efcfb1f5-d79b-4d1d-8
Date of Disbursement or Obligation 10 / 28 / 2014

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

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

(a) SUBTOTAL of Itemized Independent Expenditures 54.20
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL Independent Expenditures

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

Ms. Emily Buchanan [Electronically Filed] Date 10 / 30 / 2014
Signature

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

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

Full Name of Payee Mattie Harris
Mailing Address 3654 Tara St
City springdale State AR Zip Code 72762
Purpose of Expenditure Salary Category/Type 001
Date of Public Distribution/Dissemination 10/28/2014
Amount 60.00
Transaction ID : 970f7a71-03de-4add-a
Date of Disbursement or Obligation 10/28/2014
Name of Federal Candidate Mr. Mark L Pryor [] Support [X] Oppose
Office Sought: [] House District: 00 [] President [X] Senate State: AR
Calendar Year-To-Date Per Election for Office Sought 214365.41
Disbursement For: [] Primary [X] General 2014 [] Other (specify)

Full Name of Payee Patrice Wolfe
Mailing Address 9909 Treasure Hill Rd
City Little Rock State AR Zip Code 72205
Purpose of Expenditure Salary Category/Type 001
Date of Public Distribution/Dissemination 10/28/2014
Amount 20.00
Transaction ID : a75e6dc5-e98c-407e-8
Date of Disbursement or Obligation 10/28/2014
Name of Federal Candidate Mr. Mark L Pryor [] Support [X] Oppose
Office Sought: [] House District: 00 [] President [X] Senate State: AR
Calendar Year-To-Date Per Election for Office Sought 214365.41
Disbursement For: [] Primary [X] General 2014 [] Other (specify)

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

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.
Ms. Emily Buchanan [Electronically Filed] Date 10/30/2014
Signature

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

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

Full Name of Payee Patrice Wolfe
Mailing Address 9909 Treasure Hill Rd
City Little Rock State AR Zip Code 72205
Purpose of Expenditure Mileage Category/Type 002

Date of Public Distribution/Dissemination 10 / 28 / 2014
Amount 15.00
Transaction ID : 7d5d5bae-1876-4ea5-a
Date of Disbursement or Obligation 10 / 28 / 2014

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

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

Full Name of Payee Barbara A Williams
Mailing Address 3002 Darden Rd Apt A
City Greensboro State NC Zip Code 27407
Purpose of Expenditure Salary Category/Type 001

Date of Public Distribution/Dissemination 10 / 28 / 2014
Amount 75.00
Transaction ID : 4d509029-f084-4ee3-a
Date of Disbursement or Obligation 10 / 28 / 2014

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

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

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

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

Ms. Emily Buchanan [Electronically Filed] Date 10 / 30 / 2014
Signature

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

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

Full Name of Payee Kinsey E Beck
Mailing Address 103 Glenhaven Ct
City Harvest State AL Zip Code 35749
Purpose of Expenditure Salary Category/Type 001
Name of Federal Candidate Mr. Mark L Pryor [] Support [X] Oppose
Calendar Year-To-Date Per Election for Office Sought 214365.41

Date of Public Distribution/Dissemination 10 / 28 / 2014
Amount 40.00
Transaction ID : cfdb4729-7cf7-44aa-b
Date of Disbursement or Obligation 10 / 28 / 2014
Office Sought: [] House District: 00 [] President [X] Senate State: AR
Disbursement For: [] Primary [X] General 2014 [] Other (specify)

Full Name of Payee Kinsey E Beck
Mailing Address 103 Glenhaven Ct
City Harvest State AL Zip Code 35749
Purpose of Expenditure Mileage Category/Type 002
Name of Federal Candidate Mr. Mark L Pryor [] Support [X] Oppose
Calendar Year-To-Date Per Election for Office Sought 214365.41

Date of Public Distribution/Dissemination 10 / 28 / 2014
Amount 4.80
Transaction ID : ca840daa-b306-4825-9
Date of Disbursement or Obligation 10 / 28 / 2014
Office Sought: [] House District: 00 [] President [X] Senate State: AR
Disbursement For: [] Primary [X] General 2014 [] Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures 44.80
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL Independent Expenditures

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

Ms. Emily Buchanan [Electronically Filed] Date 10 / 30 / 2014
Signature

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

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

Full Name of Payee Jeremiah A Margeson
Mailing Address 6624 Devon Drive
City Liberty Township State OH Zip Code 45044
Purpose of Expenditure Salary Category/Type 001
Name of Federal Candidate Mr. Mark L Pryor [] Support [X] Oppose
Calendar Year-To-Date Per Election for Office Sought 214365.41

Date of Public Distribution/Dissemination 10 / 28 / 2014
Amount 50.00
Transaction ID : 852e01ca-6a32-443b-a
Date of Disbursement or Obligation 10 / 28 / 2014
Office Sought: [] House District: 00 [] President [X] Senate State: AR
Disbursement For: [] Primary [X] General 2014 [] Other (specify)

Full Name of Payee Jeremiah A Margeson
Mailing Address 6624 Devon Drive
City Liberty Township State OH Zip Code 45044
Purpose of Expenditure Mileage Category/Type 002
Name of Federal Candidate Mr. Mark L Pryor [] Support [X] Oppose
Calendar Year-To-Date Per Election for Office Sought 214365.41

Date of Public Distribution/Dissemination 10 / 28 / 2014
Amount 39.00
Transaction ID : 17e24522-1d81-4952-b
Date of Disbursement or Obligation 10 / 28 / 2014
Office Sought: [] House District: 00 [] President [X] Senate State: AR
Disbursement For: [] Primary [X] General 2014 [] Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures 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 10 / 30 / 2014
Signature

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

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

Full Name of Payee Christopher Marquess
Mailing Address 110 W Pecan St
City Ville Platte State LA Zip Code 70586
Purpose of Expenditure Salary Category/Type 001
Name of Federal Candidate Ms. Mary L Landrieu [] Support [X] Oppose
Calendar Year-To-Date Per Election for Office Sought 217987.97

Date of Public Distribution/Dissemination 10 / 28 / 2014
Amount 50.00
Transaction ID : 1978bf01-fe30-4412-a
Date of Disbursement or Obligation 10 / 28 / 2014
Office Sought: [] House District: 00 [] President [X] Senate State: LA
Disbursement For: [] Primary [X] General 2014 [] Other (specify)

Full Name of Payee Christopher Marquess
Mailing Address 110 W Pecan St
City Ville Platte State LA Zip Code 70586
Purpose of Expenditure Mileage Category/Type 002
Name of Federal Candidate Ms. Mary L Landrieu [] Support [X] Oppose
Calendar Year-To-Date Per Election for Office Sought 217987.97

Date of Public Distribution/Dissemination 10 / 28 / 2014
Amount 38.40
Transaction ID : bd623c17-a674-485e-8
Date of Disbursement or Obligation 10 / 28 / 2014
Office Sought: [] House District: 00 [] President [X] Senate State: LA
Disbursement For: [] Primary [X] General 2014 [] Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures 88.40
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL Independent Expenditures

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.
Ms. Emily Buchanan [Electronically Filed] Date 10 / 30 / 2014
Signature

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

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

Full Name of Payee Michael A Toomey
Mailing Address 4120 Bon Aire Dr Apt 6307
City Monroe State LA Zip Code 71212
Purpose of Expenditure Salary Category/Type 001
Name of Federal Candidate Ms. Mary L Landrieu [] Support [X] Oppose
Calendar Year-To-Date Per Election for Office Sought 217987.97

Date of Public Distribution/Dissemination 10 / 28 / 2014
Amount 42.50
Transaction ID : c19424a4-83dc-4173-8
Date of Disbursement or Obligation 10 / 28 / 2014
Office Sought: [] House District: 00 [] President [X] Senate State: LA
Disbursement For: [] Primary [X] General 2014 [] Other (specify)

Full Name of Payee Michael A Toomey
Mailing Address 4120 Bon Aire Dr Apt 6307
City Monroe State LA Zip Code 71212
Purpose of Expenditure Mileage Category/Type 002
Name of Federal Candidate Ms. Mary L Landrieu [] Support [X] Oppose
Calendar Year-To-Date Per Election for Office Sought 217987.97

Date of Public Distribution/Dissemination 10 / 28 / 2014
Amount 4.50
Transaction ID : 9ced391a-dc8c-4269-b
Date of Disbursement or Obligation 10 / 28 / 2014
Office Sought: [] House District: 00 [] President [X] Senate State: LA
Disbursement For: [] Primary [X] General 2014 [] Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures 47.00
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL Independent Expenditures

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.
Ms. Emily Buchanan [Electronically Filed] Date 10 / 30 / 2014
Signature

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

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

Full Name of Payee Cayenne C Corbin
Mailing Address 1851 S Laura St
City Wichita State KS Zip Code 67211
Purpose of Expenditure Salary Category/Type 001

Date of Public Distribution/Dissemination 10 / 28 / 2014
Amount 35.00
Transaction ID : 29200d35-f7db-439e-a
Date of Disbursement or Obligation 10 / 28 / 2014

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

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

Full Name of Payee Cayenne C Corbin
Mailing Address 1851 S Laura St
City Wichita State KS Zip Code 67211
Purpose of Expenditure Mileage Category/Type 002

Date of Public Distribution/Dissemination 10 / 28 / 2014
Amount 6.00
Transaction ID : 0ba015b3-511f-4d26-9
Date of Disbursement or Obligation 10 / 28 / 2014

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

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

(a) SUBTOTAL of Itemized Independent Expenditures.....▶ 41.00
(b) SUBTOTAL of Unitemized Independent Expenditures▶
(c) TOTAL Independent Expenditures.....▶

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.
Ms. Emily Buchanan [Electronically Filed] Date 10 / 30 / 2014
Signature

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

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

Full Name of Payee Alice K Salazar
Mailing Address 605 W Houston St
City Marshall State TX Zip Code 75633
Purpose of Expenditure Salary Category/Type 001
Name of Federal Candidate Ms. Mary L Landrieu [] Support [X] Oppose
Calendar Year-To-Date Per Election for Office Sought 217987.97

Date of Public Distribution/Dissemination 10 / 28 / 2014
Amount 80.00
Transaction ID : aa50e8a3-4942-4e6b-b
Date of Disbursement or Obligation 10 / 28 / 2014
Office Sought: [] House District: 00 [] President [X] Senate State: LA
Disbursement For: [] Primary [X] General 2014 [] Other (specify)

Full Name of Payee Alice K Salazar
Mailing Address 605 W Houston St
City Marshall State TX Zip Code 75633
Purpose of Expenditure Mileage Category/Type 002
Name of Federal Candidate Ms. Mary L Landrieu [] Support [X] Oppose
Calendar Year-To-Date Per Election for Office Sought 217987.97

Date of Public Distribution/Dissemination 10 / 28 / 2014
Amount 48.00
Transaction ID : f5c019b7-f655-4dde-b
Date of Disbursement or Obligation 10 / 28 / 2014
Office Sought: [] House District: 00 [] President [X] Senate State: LA
Disbursement For: [] Primary [X] General 2014 [] Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures 128.00
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL Independent Expenditures

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.
Ms. Emily Buchanan [Electronically Filed] Date 10 / 30 / 2014
Signature

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

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

Full Name of Payee Adam L Clark
Mailing Address 1851 S Laura St
City Wichita State KS Zip Code 67211
Purpose of Expenditure Salary Category/Type 001
Name of Federal Candidate Mr. Greg Orman [] Support [X] Oppose
Calendar Year-To-Date Per Election for Office Sought 190677.60

Date of Public Distribution/Dissemination 10 / 28 / 2014
Amount 35.00
Transaction ID : 1518b12f-7dd3-42fd-a
Date of Disbursement or Obligation 10 / 28 / 2014
Office Sought: [] House District: 00 [] President [X] Senate State: KS
Disbursement For: [] Primary [X] General 2014 [] Other (specify)

Full Name of Payee Adam L Clark
Mailing Address 1851 S Laura St
City Wichita State KS Zip Code 67211
Purpose of Expenditure Mileage Category/Type 002
Name of Federal Candidate Mr. Greg Orman [] Support [X] Oppose
Calendar Year-To-Date Per Election for Office Sought 190677.60

Date of Public Distribution/Dissemination 10 / 28 / 2014
Amount 6.00
Transaction ID : dc2d1e8b-2a76-4869-9
Date of Disbursement or Obligation 10 / 28 / 2014
Office Sought: [] House District: 00 [] President [X] Senate State: KS
Disbursement For: [] Primary [X] General 2014 [] Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures 41.00
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL Independent Expenditures

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.
Ms. Emily Buchanan [Electronically Filed] Date 10 / 30 / 2014
Signature

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

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

Full Name of Payee Krystal A Wilson
Mailing Address 448 Judson Dr
City Wake Forest State NC Zip Code 27587
Purpose of Expenditure Salary Category/Type 001
Name of Federal Candidate Ms. Kay Hagan [] Support [X] Oppose
Calendar Year-To-Date Per Election for Office Sought 1070184.43

Date of Public Distribution/Dissemination 10 / 28 / 2014
Amount 22.50
Transaction ID : 20f569f5-1985-404e-b
Date of Disbursement or Obligation 10 / 28 / 2014
Office Sought: [] House District: 00 [] President [X] Senate State: NC
Disbursement For: [] Primary [X] General 2014 [] Other (specify)

Full Name of Payee Adena V Smith
Mailing Address 450 Judson Dr
City Wake Forest State NC Zip Code 27587
Purpose of Expenditure Salary Category/Type 001
Name of Federal Candidate Ms. Kay Hagan [] Support [X] Oppose
Calendar Year-To-Date Per Election for Office Sought 1070184.43

Date of Public Distribution/Dissemination 10 / 28 / 2014
Amount 22.50
Transaction ID : 6414d216-ee80-4d11-a
Date of Disbursement or Obligation 10 / 28 / 2014
Office Sought: [] House District: 00 [] President [X] Senate State: NC
Disbursement For: [] Primary [X] General 2014 [] Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures 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 10 / 30 / 2014
Signature

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

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

Full Name of Payee Adena V Smith
Mailing Address 450 Judson Dr
City Wake Forest State NC Zip Code 27587
Purpose of Expenditure Mileage Category/Type 002
Name of Federal Candidate Ms. Kay Hagan [] Support [X] Oppose
Calendar Year-To-Date Per Election for Office Sought 1070184.43

Date of Public Distribution/Dissemination 10 / 28 / 2014
Amount 1.50
Transaction ID : 4b670dcd-88a9-43eb-9
Date of Disbursement or Obligation 10 / 28 / 2014
Office Sought: [] House District: 00 [] President [X] Senate State: NC
Disbursement For: [] Primary [X] General 2014 [] Other (specify)

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
Name of Federal Candidate Ms. Mary L Landrieu [] Support [X] Oppose
Calendar Year-To-Date Per Election for Office Sought 217987.97

Date of Public Distribution/Dissemination 10 / 28 / 2014
Amount 50.00
Transaction ID : 9680d7b2-c458-404b-b
Date of Disbursement or Obligation 10 / 28 / 2014
Office Sought: [] House District: 00 [] President [X] Senate State: LA
Disbursement For: [] Primary [X] General 2014 [] Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures 51.50
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL Independent Expenditures

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.
Ms. Emily Buchanan [Electronically Filed] Date 10 / 30 / 2014
Signature

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

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

Full Name of Payee Joneisha Stewart
Mailing Address 2329 Runnymede Dr
City Marrero State LA Zip Code 70072
Purpose of Expenditure Mileage Category/Type 002
Name of Federal Candidate Ms. Mary L Landrieu [] Support [X] Oppose
Calendar Year-To-Date Per Election for Office Sought 217987.97

Date of Public Distribution/Dissemination 10 / 28 / 2014
Amount 3.90
Transaction ID : 77e7b5a7-558d-437e-8
Date of Disbursement or Obligation 10 / 28 / 2014
Office Sought: [] House District: 00 [] President [X] Senate State: LA
Disbursement For: [] Primary [X] General 2014 [] Other (specify)

Full Name of Payee Eva M Johnston
Mailing Address 2517 N 47th St
City Milwaukee State WI Zip Code 53210
Purpose of Expenditure Salary Category/Type 001
Name of Federal Candidate Mr. Greg Orman [] Support [X] Oppose
Calendar Year-To-Date Per Election for Office Sought 190677.60

Date of Public Distribution/Dissemination 10 / 28 / 2014
Amount 55.00
Transaction ID : 24fc6efa-8c53-4c4e-a
Date of Disbursement or Obligation 10 / 28 / 2014
Office Sought: [] House District: 00 [] President [X] Senate State: KS
Disbursement For: [] Primary [X] General 2014 [] Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures 58.90
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL Independent Expenditures

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.
Ms. Emily Buchanan [Electronically Filed] Date 10 / 30 / 2014
Signature

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

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

Full Name of Payee Brandy Starns
Mailing Address 300 Evangeline St
City Monroe State LA Zip Code 71201
Purpose of Expenditure Salary Category/Type 001
Name of Federal Candidate Ms. Mary L Landrieu [] Support [X] Oppose
Calendar Year-To-Date Per Election for Office Sought 217987.97

Date of Public Distribution/Dissemination 10 / 28 / 2014
Amount 50.00
Transaction ID : 7b6b7410-6c98-4180-8
Date of Disbursement or Obligation 10 / 28 / 2014
Office Sought: [] House District: 00 [] President [X] Senate State: LA
Disbursement For: [] Primary [X] General 2014 [] Other (specify)

Full Name of Payee Brandy Starns
Mailing Address 300 Evangeline St
City Monroe State LA Zip Code 71201
Purpose of Expenditure Mileage Category/Type 002
Name of Federal Candidate Ms. Mary L Landrieu [] Support [X] Oppose
Calendar Year-To-Date Per Election for Office Sought 217987.97

Date of Public Distribution/Dissemination 10 / 28 / 2014
Amount 7.50
Transaction ID : 7a26929d-0973-49a2-b
Date of Disbursement or Obligation 10 / 28 / 2014
Office Sought: [] House District: 00 [] President [X] Senate State: LA
Disbursement For: [] Primary [X] General 2014 [] Other (specify)

Table with 2 columns: Description and Amount. (a) SUBTOTAL of Itemized Independent Expenditures 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 10 / 30 / 2014
Signature

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

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

Full Name of Payee Brenda L McCune
Mailing Address 1254 Fleming St Apt 6
City Conway State AR Zip Code 72032
Purpose of Expenditure Salary Category/Type 001

Date of Public Distribution/Dissemination 10 / 28 / 2014
Amount 85.00
Transaction ID : 974b4bf0-7859-455e-a
Date of Disbursement or Obligation 10 / 28 / 2014

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

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

Full Name of Payee Brenda L McCune
Mailing Address 1254 Fleming St Apt 6
City Conway State AR Zip Code 72032
Purpose of Expenditure Mileage Category/Type 002

Date of Public Distribution/Dissemination 10 / 28 / 2014
Amount 57.78
Transaction ID : 7d000c62-3c3d-40b8-a
Date of Disbursement or Obligation 10 / 28 / 2014

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

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

(a) SUBTOTAL of Itemized Independent Expenditures 142.78
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL Independent Expenditures

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.
Ms. Emily Buchanan [Electronically Filed] Date 10 / 30 / 2014
Signature

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

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

Full Name of Payee Ashley n Thompson
Mailing Address 272 Westgate Ct Apt 6
City Lexington State NC Zip Code 27295
Purpose of Expenditure Salary Category/Type 001
Name of Federal Candidate Ms. Kay Hagan [] Support [X] Oppose
Calendar Year-To-Date Per Election for Office Sought 1070184.43

Date of Public Distribution/Dissemination 10 / 28 / 2014
Amount 25.00
Transaction ID : deb0647a-721a-4177-8
Date of Disbursement or Obligation 10 / 28 / 2014
Office Sought: [] House District: 00 [] President [X] Senate State: NC
Disbursement For: [] Primary [X] General 2014 [] Other (specify)

Full Name of Payee Ashley n Thompson
Mailing Address 272 Westgate Ct Apt 6
City Lexington State NC Zip Code 27295
Purpose of Expenditure Mileage Category/Type 002
Name of Federal Candidate Ms. Kay Hagan [] Support [X] Oppose
Calendar Year-To-Date Per Election for Office Sought 1070184.43

Date of Public Distribution/Dissemination 10 / 28 / 2014
Amount 12.00
Transaction ID : b7fed2a9-c908-404c-9
Date of Disbursement or Obligation 10 / 28 / 2014
Office Sought: [] House District: 00 [] President [X] Senate State: NC
Disbursement For: [] Primary [X] General 2014 [] Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures 37.00
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL Independent Expenditures

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.
Ms. Emily Buchanan [Electronically Filed] Date 10 / 30 / 2014
Signature

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

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

Full Name of Payee Randy G Lookabill
Mailing Address 200 Carawood Lane
City Lexington State NC Zip Code 27295
Purpose of Expenditure Salary Category/Type 001
Name of Federal Candidate Ms. Kay Hagan [] Support [X] Oppose
Calendar Year-To-Date Per Election for Office Sought 1070184.43

Date of Public Distribution/Dissemination 10 / 28 / 2014
Amount 57.50
Transaction ID : a2fe8f22-dfef-4740-a
Date of Disbursement or Obligation 10 / 28 / 2014
Office Sought: [] House District: 00 [] President [X] Senate State: NC
Disbursement For: [] Primary [X] General 2014 [] Other (specify)

Full Name of Payee Randy G Lookabill
Mailing Address 200 Carawood Lane
City Lexington State NC Zip Code 27295
Purpose of Expenditure Mileage Category/Type 002
Name of Federal Candidate Ms. Kay Hagan [] Support [X] Oppose
Calendar Year-To-Date Per Election for Office Sought 1070184.43

Date of Public Distribution/Dissemination 10 / 28 / 2014
Amount 16.50
Transaction ID : ed5a83e7-aca9-43a9-8
Date of Disbursement or Obligation 10 / 28 / 2014
Office Sought: [] House District: 00 [] President [X] Senate State: NC
Disbursement For: [] Primary [X] General 2014 [] Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures 74.00
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL Independent Expenditures

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.
Ms. Emily Buchanan [Electronically Filed] Date 10 / 30 / 2014
Signature

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

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

Full Name of Payee Gregory Green
Mailing Address 2506 Bolch Street
City Shreveport State LA Zip Code 71104
Purpose of Expenditure Salary Category/Type 001
Name of Federal Candidate Ms. Mary L Landrieu [] Support [X] Oppose
Calendar Year-To-Date Per Election for Office Sought 217987.97

Date of Public Distribution/Dissemination 10 / 28 / 2014
Amount 50.00
Transaction ID : 85d55e30-4b29-494a-a
Date of Disbursement or Obligation 10 / 28 / 2014
Office Sought: [] House District: 00 [] President [X] Senate State: LA
Disbursement For: [] Primary [X] General 2014 [] Other (specify)

Full Name of Payee Gregory Green
Mailing Address 2506 Bolch Street
City Shreveport State LA Zip Code 71104
Purpose of Expenditure Mileage Category/Type 002
Name of Federal Candidate Ms. Mary L Landrieu [] Support [X] Oppose
Calendar Year-To-Date Per Election for Office Sought 217987.97

Date of Public Distribution/Dissemination 10 / 28 / 2014
Amount 25.80
Transaction ID : e7806187-06ad-42ef-8
Date of Disbursement or Obligation 10 / 28 / 2014
Office Sought: [] House District: 00 [] President [X] Senate State: LA
Disbursement For: [] Primary [X] General 2014 [] Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures 75.80
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL Independent Expenditures

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.
Ms. Emily Buchanan [Electronically Filed] Date 10 / 30 / 2014
Signature

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

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

Full Name of Payee Brenda K Billington
Mailing Address 437 Roberson Creek Rd
City Pittsboro State NC Zip Code 27312
Purpose of Expenditure Salary Category/Type 001
Name of Federal Candidate Ms. Kay Hagan [] Support [X] Oppose
Calendar Year-To-Date Per Election for Office Sought 1070184.43

Date of Public Distribution/Dissemination 10 / 28 / 2014
Amount 75.00
Transaction ID : 026ddc7b-1c32-4bcc-a
Date of Disbursement or Obligation 10 / 28 / 2014
Office Sought: [] House District: 00 [] President [X] Senate State: NC
Disbursement For: [] Primary [X] General 2014 [] Other (specify)

Full Name of Payee Brenda K Billington
Mailing Address 437 Roberson Creek Rd
City Pittsboro State NC Zip Code 27312
Purpose of Expenditure Mileage Category/Type 002
Name of Federal Candidate Ms. Kay Hagan [] Support [X] Oppose
Calendar Year-To-Date Per Election for Office Sought 1070184.43

Date of Public Distribution/Dissemination 10 / 28 / 2014
Amount 18.30
Transaction ID : abb8370a-f3d7-46bb-a
Date of Disbursement or Obligation 10 / 28 / 2014
Office Sought: [] House District: 00 [] President [X] Senate State: NC
Disbursement For: [] Primary [X] General 2014 [] Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures 93.30
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL Independent Expenditures

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.
Ms. Emily Buchanan [Electronically Filed] Date 10 / 30 / 2014
Signature

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

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

Full Name of Payee Zachary Vidrine
Mailing Address 202 Rue Des Cajun
City Ville Platte State LA Zip Code 70586
Purpose of Expenditure Salary Category/Type 001
Date of Public Distribution/Dissemination 10/28/2014
Amount 70.00
Transaction ID : 7863258e-c08e-4fc9-b
Date of Disbursement or Obligation 10/28/2014
Name of Federal Candidate Ms. Mary L Landrieu [] Support [X] Oppose
Office Sought: [] House District: 00 [] President [X] Senate State: LA
Calendar Year-To-Date Per Election for Office Sought 217987.97
Disbursement For: [] Primary [X] General 2014 [] Other (specify)

Full Name of Payee Zachary Vidrine
Mailing Address 202 Rue Des Cajun
City Ville Platte State LA Zip Code 70586
Purpose of Expenditure Mileage Category/Type 002
Date of Public Distribution/Dissemination 10/28/2014
Amount 18.60
Transaction ID : e743dbc2-ad19-45f5-8
Date of Disbursement or Obligation 10/28/2014
Name of Federal Candidate Ms. Mary L Landrieu [] Support [X] Oppose
Office Sought: [] House District: 00 [] President [X] Senate State: LA
Calendar Year-To-Date Per Election for Office Sought 217987.97
Disbursement For: [] Primary [X] General 2014 [] Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures 88.60
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL Independent Expenditures

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.
Ms. Emily Buchanan [Electronically Filed] Date 10/30/2014
Signature

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

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

Full Name of Payee Edmond D Rea
Mailing Address 416 Vine Dr
City Lawrence State KS Zip Code 66049
Purpose of Expenditure Salary Category/Type 001
Name of Federal Candidate Mr. Greg Orman [] Support [X] Oppose
Calendar Year-To-Date Per Election for Office Sought 190677.60

Date of Public Distribution/Dissemination 10 / 28 / 2014
Amount 70.00
Transaction ID : e45b46e2-a633-4932-9
Date of Disbursement or Obligation 10 / 28 / 2014
Office Sought: [] House District: 00 [] President [X] Senate State: KS
Disbursement For: [] Primary [X] General 2014 [] Other (specify)

Full Name of Payee Edmond D Rea
Mailing Address 416 Vine Dr
City Lawrence State KS Zip Code 66049
Purpose of Expenditure Mileage Category/Type 002
Name of Federal Candidate Mr. Greg Orman [] Support [X] Oppose
Calendar Year-To-Date Per Election for Office Sought 190677.60

Date of Public Distribution/Dissemination 10 / 28 / 2014
Amount 12.30
Transaction ID : 497a8d59-ae8-486f-8
Date of Disbursement or Obligation 10 / 28 / 2014
Office Sought: [] House District: 00 [] President [X] Senate State: KS
Disbursement For: [] Primary [X] General 2014 [] Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures 82.30
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL Independent Expenditures

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.
Ms. Emily Buchanan [Electronically Filed] Date 10 / 30 / 2014
Signature

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

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

Full Name of Payee Rebecca A Shearer
Mailing Address 6544 Arno College Grove Rd
City College Grove State TN Zip Code 37046
Purpose of Expenditure Salary Category/Type 001

Date of Public Distribution/Dissemination 10 / 28 / 2014
Amount 80.00
Transaction ID : 2d2b0546-6c0a-4cb3-9
Date of Disbursement or Obligation 10 / 28 / 2014

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

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

Calendar Year-To-Date Per Election for Office Sought 214365.41

Full Name of Payee Rebecca A Shearer
Mailing Address 6544 Arno College Grove Rd
City College Grove State TN Zip Code 37046
Purpose of Expenditure Mileage Category/Type 002

Date of Public Distribution/Dissemination 10 / 28 / 2014
Amount 24.90
Transaction ID : 89deaac2-8761-4ae3-a
Date of Disbursement or Obligation 10 / 28 / 2014

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

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

Calendar Year-To-Date Per Election for Office Sought 214365.41

(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.

Ms. Emily Buchanan [Electronically Filed] Date 10 / 30 / 2014
Signature

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

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

Full Name of Payee Carol L Walters
Mailing Address 1900 Glen West Way
City Fort Smith State AR Zip Code 72916
Purpose of Expenditure Salary Category/Type 001
Name of Federal Candidate Mr. Mark L Pryor [] Support [X] Oppose
Calendar Year-To-Date Per Election for Office Sought 214365.41

Date of Public Distribution/Dissemination 10 / 28 / 2014
Amount 95.00
Transaction ID : 6ef2b8ff-0b4c-45a6-b
Date of Disbursement or Obligation 10 / 28 / 2014
Office Sought: [] House District: 00 [] President [X] Senate State: AR
Disbursement For: [] Primary [X] General 2014 [] Other (specify)

Full Name of Payee Carol L Walters
Mailing Address 1900 Glen West Way
City Fort Smith State AR Zip Code 72916
Purpose of Expenditure Mileage Category/Type 002
Name of Federal Candidate Mr. Mark L Pryor [] Support [X] Oppose
Calendar Year-To-Date Per Election for Office Sought 214365.41

Date of Public Distribution/Dissemination 10 / 28 / 2014
Amount 6.30
Transaction ID : 805dcb4f-481e-4d70-b
Date of Disbursement or Obligation 10 / 28 / 2014
Office Sought: [] House District: 00 [] President [X] Senate State: AR
Disbursement For: [] Primary [X] General 2014 [] Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures 101.30
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL Independent Expenditures

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.
Ms. Emily Buchanan [Electronically Filed] Date 10 / 30 / 2014
Signature

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

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

Full Name of Payee Mry S Everly
Mailing Address 787 N 1851 Diagonal Rd
City Lecompton State KS Zip Code 66050
Purpose of Expenditure Salary Category/Type 001

Date of Public Distribution/Dissemination 10 / 28 / 2014
Amount 25.00
Transaction ID : 26c5a515-0aa8-439d-9
Date of Disbursement or Obligation 10 / 28 / 2014

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

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

Full Name of Payee Mry S Everly
Mailing Address 787 N 1851 Diagonal Rd
City Lecompton State KS Zip Code 66050
Purpose of Expenditure Mileage Category/Type 002

Date of Public Distribution/Dissemination 10 / 28 / 2014
Amount 12.90
Transaction ID : 3456077a-d2b3-4440-8
Date of Disbursement or Obligation 10 / 28 / 2014

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

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

(a) SUBTOTAL of Itemized Independent Expenditures 37.90
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL Independent Expenditures

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.
Ms. Emily Buchanan [Electronically Filed] Date 10 / 30 / 2014
Signature

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

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

Full Name of Payee Gloria L Moyer
Mailing Address 1505 Dills Creek Lane
City Morehead State NC Zip Code 28557
Purpose of Expenditure Salary Category/Type 001
Name of Federal Candidate Ms. Kay Hagan [] Support [X] Oppose
Calendar Year-To-Date Per Election for Office Sought 1070184.43

Date of Public Distribution/Dissemination 10 / 28 / 2014
Amount 3.33
Transaction ID : df318ace-2639-4075-b
Date of Disbursement or Obligation 10 / 28 / 2014
Office Sought: [] House District: 00 [] President [X] Senate State: NC
Disbursement For: [] Primary [X] General 2014 [] Other (specify)

Full Name of Payee Gloria L Moyer
Mailing Address 1505 Dills Creek Lane
City Morehead State NC Zip Code 28557
Purpose of Expenditure Mileage Category/Type 002
Name of Federal Candidate Ms. Kay Hagan [] Support [X] Oppose
Calendar Year-To-Date Per Election for Office Sought 1070184.43

Date of Public Distribution/Dissemination 10 / 28 / 2014
Amount 1.20
Transaction ID : dd8639d9-a814-4b73-b
Date of Disbursement or Obligation 10 / 28 / 2014
Office Sought: [] House District: 00 [] President [X] Senate State: NC
Disbursement For: [] Primary [X] General 2014 [] Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures 4.53
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL Independent Expenditures

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.
Ms. Emily Buchanan [Electronically Filed] Date 10 / 30 / 2014
Signature

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

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

Full Name of Payee Sue G Walker
Mailing Address 3 Girard
City Fort Smith State AR Zip Code 72901
Purpose of Expenditure Salary Category/Type 001
Name of Federal Candidate Mr. Mark L Pryor [] Support [X] Oppose
Calendar Year-To-Date Per Election for Office Sought 214365.41

Date of Public Distribution/Dissemination 10 / 28 / 2014
Amount 100.00
Transaction ID : fe8db4bb-544b-4695-8
Date of Disbursement or Obligation 10 / 28 / 2014
Office Sought: [] House District: 00 [] President [X] Senate State: AR
Disbursement For: [] Primary [X] General 2014 [] Other (specify)

Full Name of Payee Sue G Walker
Mailing Address 3 Girard
City Fort Smith State AR Zip Code 72901
Purpose of Expenditure Mileage Category/Type 002
Name of Federal Candidate Mr. Mark L Pryor [] Support [X] Oppose
Calendar Year-To-Date Per Election for Office Sought 214365.41

Date of Public Distribution/Dissemination 10 / 28 / 2014
Amount 38.40
Transaction ID : a054f2a9-1eb4-42fb-b
Date of Disbursement or Obligation 10 / 28 / 2014
Office Sought: [] House District: 00 [] President [X] Senate State: AR
Disbursement For: [] Primary [X] General 2014 [] Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures..... 138.40
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL Independent Expenditures.....

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.
Ms. Emily Buchanan [Electronically Filed] Date 10 / 30 / 2014
Signature

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

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

Full Name of Payee Edward N Walker
Mailing Address 3 Girard St
City Ft Smith State AR Zip Code 72901
Purpose of Expenditure Salary Category/Type 001

Date of Public Distribution/Dissemination 10 / 28 / 2014
Amount 40.00
Transaction ID : 9456ea37-14a6-47d2-b
Date of Disbursement or Obligation 10 / 28 / 2014

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

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

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

Date of Public Distribution/Dissemination 10 / 28 / 2014
Amount 13.80
Transaction ID : f5c6a0fd-053b-47b7-b
Date of Disbursement or Obligation 10 / 28 / 2014

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

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

(a) SUBTOTAL of Itemized Independent Expenditures.....▶ 53.80
(b) SUBTOTAL of Unitemized Independent Expenditures▶
(c) TOTAL Independent Expenditures.....▶

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

Ms. Emily Buchanan [Electronically Filed] Date 10 / 30 / 2014
Signature

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

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

Full Name of Payee 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 [X] Oppose
Calendar Year-To-Date Per Election for Office Sought 217987.97

Date of Public Distribution/Dissemination 10 / 28 / 2014
Amount 60.00
Transaction ID : adb603ef-42b7-4e15-8
Date of Disbursement or Obligation 10 / 28 / 2014
Office Sought: [] House District: 00 [] President [X] Senate State: LA
Disbursement For: [] Primary [X] General 2014 [] Other (specify)

Full Name of Payee Joshua D Syrotchen
Mailing Address 915 East Market Ave
City Searcy State AR Zip Code 72149
Purpose of Expenditure Salary Category/Type 001
Name of Federal Candidate Mr. Mark L Pryor [] Support [X] Oppose
Calendar Year-To-Date Per Election for Office Sought 214365.41

Date of Public Distribution/Dissemination 10 / 28 / 2014
Amount 80.00
Transaction ID : 3937d635-4e04-4837-b
Date of Disbursement or Obligation 10 / 28 / 2014
Office Sought: [] House District: 00 [] President [X] Senate State: AR
Disbursement For: [] Primary [X] General 2014 [] Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures 140.00
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL Independent Expenditures

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.
Ms. Emily Buchanan [Electronically Filed] Date 10 / 30 / 2014
Signature

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

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

Full Name of Payee Joshua D Syrotchen
Mailing Address 915 East Market Ave
City Searcy State AR Zip Code 72149
Purpose of Expenditure Mileage Category/Type 002
Name of Federal Candidate Mr. Mark L Pryor [] Support [X] Oppose
Calendar Year-To-Date Per Election for Office Sought 214365.41

Date of Public Distribution/Dissemination 10 / 28 / 2014
Amount 62.10
Transaction ID : 21ea3226-c71c-47b8-b
Date of Disbursement or Obligation 10 / 28 / 2014
Office Sought: [] House District: 00 [] President [X] Senate State: AR
Disbursement For: [] Primary [X] General 2014 [] Other (specify)

Full Name of Payee Kathy Anderson
Mailing Address 3041 SW Burlingame Rd
City Topeka State KS Zip Code 66611
Purpose of Expenditure Salary Category/Type 001
Name of Federal Candidate Mr. Greg Orman [] Support [X] Oppose
Calendar Year-To-Date Per Election for Office Sought 190677.60

Date of Public Distribution/Dissemination 10 / 28 / 2014
Amount 77.50
Transaction ID : c2d01de1-39fd-40e4-a
Date of Disbursement or Obligation 10 / 28 / 2014
Office Sought: [] House District: 00 [] President [X] Senate State: KS
Disbursement For: [] Primary [X] General 2014 [] Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures 139.60
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL Independent Expenditures

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.
Ms. Emily Buchanan [Electronically Filed] Date 10 / 30 / 2014
Signature

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

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

Full Name of Payee Kathy Anderson
Mailing Address 3041 SW Burlingame Rd
City Topeka State KS Zip Code 66611
Purpose of Expenditure Mileage Category/Type 002
Name of Federal Candidate Mr. Greg Orman [] Support [X] Oppose
Calendar Year-To-Date Per Election for Office Sought 190677.60

Date of Public Distribution/Dissemination 10 / 28 / 2014
Amount 14.10
Transaction ID : e8ffc2c0-95b5-44d7-9
Date of Disbursement or Obligation 10 / 28 / 2014
Office Sought: [] House District: 00 [] President [X] Senate State: KS
Disbursement For: [] Primary [X] General 2014 [] Other (specify)

Full Name of Payee Cameryn L Rasmussen
Mailing Address 4455 N Edaemoor Ct
City Bel Aire State KS Zip Code 67220
Purpose of Expenditure Salary Category/Type 001
Name of Federal Candidate Mr. Greg Orman [] Support [X] Oppose
Calendar Year-To-Date Per Election for Office Sought 190677.60

Date of Public Distribution/Dissemination 10 / 28 / 2014
Amount 37.50
Transaction ID : 42f54347-f5c1-4a00-b
Date of Disbursement or Obligation 10 / 28 / 2014
Office Sought: [] House District: 00 [] President [X] Senate State: KS
Disbursement For: [] Primary [X] General 2014 [] Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures 51.60
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL Independent Expenditures

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.
Ms. Emily Buchanan [Electronically Filed] Date 10 / 30 / 2014
Signature

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

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

Full Name of Payee Cameryn L Rasmussen
Mailing Address 4455 N Edaemoor Ct
City Bel Aire State KS Zip Code 67220
Purpose of Expenditure Mileage Category/Type 002
Name of Federal Candidate Mr. Greg Orman [] Support [X] Oppose
Calendar Year-To-Date Per Election for Office Sought 190677.60

Date of Public Distribution/Dissemination 10 / 28 / 2014
Amount 12.90
Transaction ID : 31d580a0-e750-4392-8
Date of Disbursement or Obligation 10 / 28 / 2014
Office Sought: [] House District: 00 [] President [X] Senate State: KS
Disbursement For: [] Primary [X] General 2014 [] Other (specify)

Full Name of Payee Vonniqua Jackson
Mailing Address 111 Westchester Blvd Apt D4
City Slidell State LA Zip Code 70458
Purpose of Expenditure Salary Category/Type 001
Name of Federal Candidate Ms. Mary L Landrieu [] Support [X] Oppose
Calendar Year-To-Date Per Election for Office Sought 217987.97

Date of Public Distribution/Dissemination 10 / 28 / 2014
Amount 65.00
Transaction ID : f8ff2ef7-27c4-4ddf-b
Date of Disbursement or Obligation 10 / 28 / 2014
Office Sought: [] House District: 00 [] President [X] Senate State: LA
Disbursement For: [] Primary [X] General 2014 [] Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures 77.90
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL Independent Expenditures

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.
Ms. Emily Buchanan [Electronically Filed] Date 10 / 30 / 2014
Signature

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

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

Full Name of Payee Samantha Howell
Mailing Address 4849 N Glendale
City Bel Aire State KS Zip Code 67220
Purpose of Expenditure Salary Category/Type 001

Date of Public Distribution/Dissemination 10 / 28 / 2014
Amount 37.50
Transaction ID : 6b597340-e26a-478c-9
Date of Disbursement or Obligation 10 / 28 / 2014

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

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

Full Name of Payee Samantha Howell
Mailing Address 4849 N Glendale
City Bel Aire State KS Zip Code 67220
Purpose of Expenditure Mileage Category/Type 002

Date of Public Distribution/Dissemination 10 / 28 / 2014
Amount 12.90
Transaction ID : 5fb6805c-2ac1-4602-a
Date of Disbursement or Obligation 10 / 28 / 2014

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

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

(a) SUBTOTAL of Itemized Independent Expenditures.....▶ 50.40
(b) SUBTOTAL of Unitemized Independent Expenditures▶
(c) TOTAL Independent Expenditures.....▶

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.
Ms. Emily Buchanan [Electronically Filed] Date 10 / 30 / 2014
Signature

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

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

Full Name of Payee Marilyn Galliardt
Mailing Address 410 Wedgewood Ct
City Hesston State KS Zip Code 67062
Purpose of Expenditure Salary Category/Type 001
Name of Federal Candidate Mr. Greg Orman [] Support [X] Oppose
Calendar Year-To-Date Per Election for Office Sought 190677.60

Date of Public Distribution/Dissemination 10 / 28 / 2014
Amount 100.00
Transaction ID : 621be4fc-ccb1-4e45-8
Date of Disbursement or Obligation 10 / 28 / 2014
Office Sought: [] House District: 00 [] President [X] Senate State: KS
Disbursement For: [] Primary [X] General 2014 [] Other (specify)

Full Name of Payee Marilyn Galliardt
Mailing Address 410 Wedgewood Ct
City Hesston State KS Zip Code 67062
Purpose of Expenditure Mileage Category/Type 002
Name of Federal Candidate Mr. Greg Orman [] Support [X] Oppose
Calendar Year-To-Date Per Election for Office Sought 190677.60

Date of Public Distribution/Dissemination 10 / 28 / 2014
Amount 38.40
Transaction ID : a8f7a25d-1244-4a8b-8
Date of Disbursement or Obligation 10 / 28 / 2014
Office Sought: [] House District: 00 [] President [X] Senate State: KS
Disbursement For: [] Primary [X] General 2014 [] Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures 138.40
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL Independent Expenditures

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.
Ms. Emily Buchanan [Electronically Filed] Date 10 / 30 / 2014
Signature

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

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

Full Name of Payee Ralph Smith
Mailing Address 2090 Fancy Gap Rd
City Mt. Airy State NC Zip Code 27030
Purpose of Expenditure Salary Category/Type 001
Name of Federal Candidate Ms. Kay Hagan [] Support [X] Oppose
Calendar Year-To-Date Per Election for Office Sought 1070184.43

Date of Public Distribution/Dissemination 10 / 28 / 2014
Amount 40.00
Transaction ID : a0d7f50b-942e-4ec7-9
Date of Disbursement or Obligation 10 / 28 / 2014
Office Sought: [] House District: 00 [] President [X] Senate State: NC
Disbursement For: [] Primary [X] General 2014 [] Other (specify)

Full Name of Payee Ralph Smith
Mailing Address 2090 Fancy Gap Rd
City Mt. Airy State NC Zip Code 27030
Purpose of Expenditure Mileage Category/Type 002
Name of Federal Candidate Ms. Kay Hagan [] Support [X] Oppose
Calendar Year-To-Date Per Election for Office Sought 1070184.43

Date of Public Distribution/Dissemination 10 / 28 / 2014
Amount 10.80
Transaction ID : 84bcd309-a41f-4b92-b
Date of Disbursement or Obligation 10 / 28 / 2014
Office Sought: [] House District: 00 [] President [X] Senate State: NC
Disbursement For: [] Primary [X] General 2014 [] Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures 50.80
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL Independent Expenditures

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.
Ms. Emily Buchanan [Electronically Filed] Date 10 / 30 / 2014
Signature

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

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

Full Name of Payee Kathryn M Wolfe
Mailing Address 204 W 9th St
City Pittsburg State KS Zip Code 66762
Purpose of Expenditure Salary Category/Type 001

Date of Public Distribution/Dissemination 10 / 28 / 2014
Amount 35.00
Transaction ID : eaf67cda-5edc-4bbd-9
Date of Disbursement or Obligation 10 / 28 / 2014

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

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

Full Name of Payee Kathryn M Wolfe
Mailing Address 204 W 9th St
City Pittsburg State KS Zip Code 66762
Purpose of Expenditure Mileage Category/Type 002

Date of Public Distribution/Dissemination 10 / 28 / 2014
Amount 24.90
Transaction ID : 3dce3b2c-dbb9-433b-9
Date of Disbursement or Obligation 10 / 28 / 2014

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

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

(a) SUBTOTAL of Itemized Independent Expenditures 59.90
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL Independent Expenditures

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

Ms. Emily Buchanan [Electronically Filed] Date 10 / 30 / 2014
Signature

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

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

Full Name of Payee Benjamin J Crosser
Mailing Address PO Box 398
City Neosho State AR Zip Code 64850
Purpose of Expenditure Salary Category/Type 001
Name of Federal Candidate Mr. Mark L Pryor [] Support [X] Oppose
Calendar Year-To-Date Per Election for Office Sought 214365.41

Date of Public Distribution/Dissemination 10 / 28 / 2014
Amount 40.00
Transaction ID : e5b012d8-3e0c-449f-a
Date of Disbursement or Obligation 10 / 28 / 2014
Office Sought: [] House District: 00 [] President [X] Senate State: AR
Disbursement For: [] Primary [X] General 2014 [] Other (specify)

Full Name of Payee Benjamin J Crosser
Mailing Address PO Box 398
City Neosho State AR Zip Code 64850
Purpose of Expenditure Mileage Category/Type 002
Name of Federal Candidate Mr. Mark L Pryor [] Support [X] Oppose
Calendar Year-To-Date Per Election for Office Sought 214365.41

Date of Public Distribution/Dissemination 10 / 28 / 2014
Amount 36.00
Transaction ID : 5d8854f2-e33c-4223-b
Date of Disbursement or Obligation 10 / 28 / 2014
Office Sought: [] House District: 00 [] President [X] Senate State: AR
Disbursement For: [] Primary [X] General 2014 [] Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures 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 10 / 30 / 2014
Signature

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

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

Full Name of Payee Devan J McNeil
Mailing Address 2521 Corolla Hills Dr
City Lenoir State NC Zip Code 28645
Purpose of Expenditure Salary Category/Type 001
Name of Federal Candidate Ms. Kay Hagan [] Support [X] Oppose
Calendar Year-To-Date Per Election for Office Sought 1070184.43

Date of Public Distribution/Dissemination 10 / 28 / 2014
Amount 20.00
Transaction ID : 5e04040e-5147-421b-9
Date of Disbursement or Obligation 10 / 28 / 2014
Office Sought: [] House District: 00 [] President [X] Senate State: NC
Disbursement For: [] Primary [X] General 2014 [] Other (specify)

Full Name of Payee Devan J McNeil
Mailing Address 2521 Corolla Hills Dr
City Lenoir State NC Zip Code 28645
Purpose of Expenditure Mileage Category/Type 002
Name of Federal Candidate Ms. Kay Hagan [] Support [X] Oppose
Calendar Year-To-Date Per Election for Office Sought 1070184.43

Date of Public Distribution/Dissemination 10 / 28 / 2014
Amount 5.10
Transaction ID : ae7e9187-a4fa-46b0-b
Date of Disbursement or Obligation 10 / 28 / 2014
Office Sought: [] House District: 00 [] President [X] Senate State: NC
Disbursement For: [] Primary [X] General 2014 [] Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures 25.10
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL Independent Expenditures

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.
Ms. Emily Buchanan [Electronically Filed] Date 10 / 30 / 2014
Signature

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

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

Full Name of Payee Lee R Carter
Mailing Address 3110 Brentwood Rd
City Raleigh State NC Zip Code 27604
Purpose of Expenditure Salary Category/Type 001
Name of Federal Candidate Ms. Kay Hagan [] Support [X] Oppose
Calendar Year-To-Date Per Election for Office Sought 1070184.43

Date of Public Distribution/Dissemination 10 / 28 / 2014
Amount 40.00
Transaction ID : 596e5e64-8c41-41b0-a
Date of Disbursement or Obligation 10 / 28 / 2014
Office Sought: [] House District: 00 [] President [X] Senate State: NC
Disbursement For: [] Primary [X] General 2014 [] Other (specify)

Full Name of Payee Lee R Carter
Mailing Address 3110 Brentwood Rd
City Raleigh State NC Zip Code 27604
Purpose of Expenditure Mileage Category/Type 002
Name of Federal Candidate Ms. Kay Hagan [] Support [X] Oppose
Calendar Year-To-Date Per Election for Office Sought 1070184.43

Date of Public Distribution/Dissemination 10 / 28 / 2014
Amount 7.20
Transaction ID : 2eb0b181-593f-43c5-8
Date of Disbursement or Obligation 10 / 28 / 2014
Office Sought: [] House District: 00 [] President [X] Senate State: NC
Disbursement For: [] Primary [X] General 2014 [] Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures 47.20
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL Independent Expenditures

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.
Ms. Emily Buchanan [Electronically Filed] Date 10 / 30 / 2014
Signature

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

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

Full Name of Payee Kaitlin E Taylor
Mailing Address 10322 Pottinger Rd
City Cincinnati State OH Zip Code 45251
Purpose of Expenditure Salary Category/Type 001
Name of Federal Candidate Mr. Mark L Pryor [] Support [X] Oppose
Calendar Year-To-Date Per Election for Office Sought 214365.41

Date of Public Distribution/Dissemination 10 / 28 / 2014
Amount 45.00
Transaction ID : be60be9c-483b-4a50-9
Date of Disbursement or Obligation 10 / 28 / 2014
Office Sought: [] House District: 00 [] President [X] Senate State: AR
Disbursement For: [] Primary [X] General 2014 [] Other (specify)

Full Name of Payee Theresa a Youngblood
Mailing Address 102 S Main Street Apt A2
City Berryville State VA Zip Code 22611
Purpose of Expenditure Salary Category/Type 001
Name of Federal Candidate Mr. Greg Orman [] Support [X] Oppose
Calendar Year-To-Date Per Election for Office Sought 190677.60

Date of Public Distribution/Dissemination 10 / 28 / 2014
Amount 100.00
Transaction ID : aced7dab-8199-4e24-a
Date of Disbursement or Obligation 10 / 28 / 2014
Office Sought: [] House District: 00 [] President [X] Senate State: KS
Disbursement For: [] Primary [X] General 2014 [] Other (specify)

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

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.
Ms. Emily Buchanan [Electronically Filed] Date 10 / 30 / 2014
Signature

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

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

Full Name of Payee Lilly Green
Mailing Address 205 Medallion Circle
City Shreveport State LA Zip Code 71119
Purpose of Expenditure Salary Category/Type 001
Name of Federal Candidate Ms. Mary L Landrieu [] Support [X] Oppose
Calendar Year-To-Date Per Election for Office Sought 217987.97

Date of Public Distribution/Dissemination 10 / 28 / 2014
Amount 80.00
Transaction ID : 26e310e7-4f0e-4e0e-a
Date of Disbursement or Obligation 10 / 28 / 2014
Office Sought: [] House District: 00 [] President [X] Senate State: LA
Disbursement For: [] Primary [X] General 2014 [] Other (specify)

Full Name of Payee Lilly Green
Mailing Address 205 Medallion Circle
City Shreveport State LA Zip Code 71119
Purpose of Expenditure Mileage Category/Type 002
Name of Federal Candidate Ms. Mary L Landrieu [] Support [X] Oppose
Calendar Year-To-Date Per Election for Office Sought 217987.97

Date of Public Distribution/Dissemination 10 / 28 / 2014
Amount 39.00
Transaction ID : a53d8ce7-6f86-4a15-9
Date of Disbursement or Obligation 10 / 28 / 2014
Office Sought: [] House District: 00 [] President [X] Senate State: LA
Disbursement For: [] Primary [X] General 2014 [] Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures 119.00
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL Independent Expenditures

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.
Ms. Emily Buchanan [Electronically Filed] Date 10 / 30 / 2014
Signature

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

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

Full Name of Payee Caleb Craig
Mailing Address 1410 Bushville drive
City Lenoir State NC Zip Code 28645
Purpose of Expenditure Salary Category/Type 001
Name of Federal Candidate Ms. Kay Hagan [] Support [X] Oppose
Calendar Year-To-Date Per Election for Office Sought 1070184.43

Date of Public Distribution/Dissemination 10 / 28 / 2014
Amount 100.00
Transaction ID : 24977bca-eea6-43de-8
Date of Disbursement or Obligation 10 / 28 / 2014
Office Sought: [] House District: 00 [] President [X] Senate State: NC
Disbursement For: [] Primary [X] General 2014 [] Other (specify)

Full Name of Payee Courtney Goldstein
Mailing Address 1809 N Woodlawn
City Metairie State LA Zip Code 70001
Purpose of Expenditure Salary Category/Type 001
Name of Federal Candidate Ms. Mary L Landrieu [] Support [X] Oppose
Calendar Year-To-Date Per Election for Office Sought 217987.97

Date of Public Distribution/Dissemination 10 / 28 / 2014
Amount 40.00
Transaction ID : 27c39de9-e76e-44ba-a
Date of Disbursement or Obligation 10 / 28 / 2014
Office Sought: [] House District: 00 [] President [X] Senate State: LA
Disbursement For: [] Primary [X] General 2014 [] Other (specify)

Table with 2 columns: Description and Amount. (a) SUBTOTAL of Itemized Independent Expenditures 140.00, (b) SUBTOTAL of Unitemized Independent Expenditures, (c) TOTAL Independent Expenditures

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.
Ms. Emily Buchanan [Electronically Filed] Date 10 / 30 / 2014
Signature

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

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

Full Name of Payee Courtney Goldstein
Mailing Address 1809 N Woodlawn
City Metairie State LA Zip Code 70001
Purpose of Expenditure Mileage Category/Type 002
Name of Federal Candidate Ms. Mary L Landrieu [] Support [X] Oppose
Calendar Year-To-Date Per Election for Office Sought 217987.97

Date of Public Distribution/Dissemination 10 / 28 / 2014
Amount 4.50
Transaction ID : f63a0bbb-1f9a-44a9-9
Date of Disbursement or Obligation 10 / 28 / 2014
Office Sought: [] House District: 00 [] President [X] Senate State: LA
Disbursement For: [] Primary [X] General 2014 [] Other (specify)

Full Name of Payee Ms. Tonya Boyd
Mailing Address 2357 Fancy Cap Rd
City Mt. Airy State NC Zip Code 27030
Purpose of Expenditure Salary Category/Type 001
Name of Federal Candidate Ms. Kay Hagan [] Support [X] Oppose
Calendar Year-To-Date Per Election for Office Sought 1070184.43

Date of Public Distribution/Dissemination 10 / 28 / 2014
Amount 40.00
Transaction ID : e8aa19e2-3c8a-4466-8
Date of Disbursement or Obligation 10 / 28 / 2014
Office Sought: [] House District: 00 [] President [X] Senate State: NC
Disbursement For: [] Primary [X] General 2014 [] Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures 44.50
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL Independent Expenditures

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.
Ms. Emily Buchanan [Electronically Filed] Date 10 / 30 / 2014
Signature

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

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

Full Name of Payee Ms. Tonya Boyd
Mailing Address 2357 Fancy Cap Rd
City Mt. Airy State NC Zip Code 27030
Purpose of Expenditure Mileage Category/Type 002
Name of Federal Candidate Ms. Kay Hagan [] Support [X] Oppose
Calendar Year-To-Date Per Election for Office Sought 1070184.43

Date of Public Distribution/Dissemination 10 / 28 / 2014
Amount 10.80
Transaction ID : 00a6f08c-45a9-497b-9
Date of Disbursement or Obligation 10 / 28 / 2014
Office Sought: [] House District: 00 [] President [X] Senate State: NC
Disbursement For: [] Primary [X] General 2014 [] Other (specify)

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
Name of Federal Candidate Ms. Mary L Landrieu [] Support [X] Oppose
Calendar Year-To-Date Per Election for Office Sought 217987.97

Date of Public Distribution/Dissemination 10 / 28 / 2014
Amount 50.00
Transaction ID : ec9bea73-4016-4894-8
Date of Disbursement or Obligation 10 / 28 / 2014
Office Sought: [] House District: 00 [] President [X] Senate State: LA
Disbursement For: [] Primary [X] General 2014 [] Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures 60.80
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL Independent Expenditures

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.
Ms. Emily Buchanan [Electronically Filed] Date 10 / 30 / 2014
Signature

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

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

Full Name of Payee Joshua E Sherman
Mailing Address 119 Goldenwood Dr
City Slidell State LA Zip Code 70461
Purpose of Expenditure Mileage Category/Type 002
Name of Federal Candidate Ms. Mary L Landrieu [] Support [X] Oppose
Calendar Year-To-Date Per Election for Office Sought 217987.97

Date of Public Distribution/Dissemination 10 / 28 / 2014
Amount 2.40
Transaction ID : cb5ff0ce-76e7-4f40-8
Date of Disbursement or Obligation 10 / 28 / 2014
Office Sought: [] House District: 00 [] President [X] Senate State: LA
Disbursement For: [] Primary [X] General 2014 [] Other (specify)

Full Name of Payee Jacob Bernas
Mailing Address 458 S Glendale
City Wichita State KS Zip Code 67218
Purpose of Expenditure Salary Category/Type 001
Name of Federal Candidate Mr. Greg Orman [] Support [X] Oppose
Calendar Year-To-Date Per Election for Office Sought 190677.60

Date of Public Distribution/Dissemination 10 / 28 / 2014
Amount 35.00
Transaction ID : 559281b7-7973-4b1e-8
Date of Disbursement or Obligation 10 / 28 / 2014
Office Sought: [] House District: 00 [] President [X] Senate State: KS
Disbursement For: [] Primary [X] General 2014 [] Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures 37.40
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL Independent Expenditures

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.
Ms. Emily Buchanan [Electronically Filed] Date 10 / 30 / 2014
Signature

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

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

Full Name of Payee Jacob Bernas
Mailing Address 458 S Glendale
City Wichita State KS Zip Code 67218
Purpose of Expenditure Mileage Category/Type 002
Name of Federal Candidate Mr. Greg Orman [] Support [X] Oppose
Calendar Year-To-Date Per Election for Office Sought 190677.60

Date of Public Distribution/Dissemination 10 / 28 / 2014
Amount 9.00
Transaction ID : 029ff146-e445-432d-a
Date of Disbursement or Obligation 10 / 28 / 2014
Office Sought: [] House District: 00 [] President [X] Senate State: KS
Disbursement For: [] Primary [X] General 2014 [] Other (specify)

Full Name of Payee Karen R Myers
Mailing Address 14566 NW 110th St
City Whitewater State KS Zip Code 67154
Purpose of Expenditure Salary Category/Type 001
Name of Federal Candidate Mr. Greg Orman [] Support [X] Oppose
Calendar Year-To-Date Per Election for Office Sought 190677.60

Date of Public Distribution/Dissemination 10 / 28 / 2014
Amount 55.00
Transaction ID : 7473f265-f12c-44ae-8
Date of Disbursement or Obligation 10 / 28 / 2014
Office Sought: [] House District: 00 [] President [X] Senate State: KS
Disbursement For: [] Primary [X] General 2014 [] Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures 64.00
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL Independent Expenditures

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.
Ms. Emily Buchanan [Electronically Filed] Date 10 / 30 / 2014
Signature

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

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

Full Name of Payee Karen R Myers
Mailing Address 14566 NW 110th St
City Whitewater State KS Zip Code 67154
Purpose of Expenditure Mileage Category/Type 002
Name of Federal Candidate Mr. Greg Orman [] Support [X] Oppose
Calendar Year-To-Date Per Election for Office Sought 190677.60

Date of Public Distribution/Dissemination 10 / 28 / 2014
Amount 20.10
Transaction ID : 6cd48bd9-d45d-4299-8
Date of Disbursement or Obligation 10 / 28 / 2014
Office Sought: [] House District: 00 [] President [X] Senate State: KS
Disbursement For: [] Primary [X] General 2014 [] Other (specify)

Full Name of Payee Heather Ainsworth
Mailing Address 9685 Paula St
City Keithville State LA Zip Code 71047
Purpose of Expenditure Salary Category/Type 001
Name of Federal Candidate Ms. Mary L Landrieu [] Support [X] Oppose
Calendar Year-To-Date Per Election for Office Sought 217987.97

Date of Public Distribution/Dissemination 10 / 28 / 2014
Amount 100.00
Transaction ID : 6ad4537b-c12a-4bf0-9
Date of Disbursement or Obligation 10 / 28 / 2014
Office Sought: [] House District: 00 [] President [X] Senate State: LA
Disbursement For: [] Primary [X] General 2014 [] Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures 120.10
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL Independent Expenditures

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.
Ms. Emily Buchanan [Electronically Filed] Date 10 / 30 / 2014
Signature

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

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

Full Name of Payee Heather Ainsworth
Mailing Address 9685 Paula St
City Keithville State LA Zip Code 71047
Purpose of Expenditure Mileage Category/Type 002
Name of Federal Candidate Ms. Mary L Landrieu [] Support [X] Oppose
Calendar Year-To-Date Per Election for Office Sought 217987.97

Date of Public Distribution/Dissemination 10 / 28 / 2014
Amount 44.70
Transaction ID : 9a1c4e01-fd42-4c7f-a
Date of Disbursement or Obligation 10 / 28 / 2014
Office Sought: [] House District: 00 [] President [X] Senate State: LA
Disbursement For: [] Primary [X] General 2014 [] Other (specify)

Full Name of Payee Sheri J Peace
Mailing Address 9685 Paula St
City Keithville State LA Zip Code 71047
Purpose of Expenditure Salary Category/Type 001
Name of Federal Candidate Ms. Mary L Landrieu [] Support [X] Oppose
Calendar Year-To-Date Per Election for Office Sought 217987.97

Date of Public Distribution/Dissemination 10 / 28 / 2014
Amount 100.00
Transaction ID : d60d0463-4318-445e-9
Date of Disbursement or Obligation 10 / 28 / 2014
Office Sought: [] House District: 00 [] President [X] Senate State: LA
Disbursement For: [] Primary [X] General 2014 [] Other (specify)

Table with 2 columns: Description and Amount. (a) SUBTOTAL of Itemized Independent Expenditures 144.70, (b) SUBTOTAL of Unitemized Independent Expenditures, (c) TOTAL Independent Expenditures

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.
Ms. Emily Buchanan [Electronically Filed] Date 10 / 30 / 2014
Signature

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

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

Full Name of Payee Jordyn Kilbury
Mailing Address 5416 S Santa Fe Street
City Wichita State KS Zip Code 67216
Purpose of Expenditure Salary Category/Type 001
Name of Federal Candidate Mr. Greg Orman [] Support [X] Oppose
Calendar Year-To-Date Per Election for Office Sought 190677.60

Date of Public Distribution/Dissemination 10 / 28 / 2014
Amount 90.00
Transaction ID : bef42e54-693f-4321-b
Date of Disbursement or Obligation 10 / 28 / 2014
Office Sought: [] House District: 00 [] President [X] Senate State: KS
Disbursement For: [] Primary [X] General 2014 [] Other (specify)

Full Name of Payee Jordyn Kilbury
Mailing Address 5416 S Santa Fe Street
City Wichita State KS Zip Code 67216
Purpose of Expenditure Mileage Category/Type 002
Name of Federal Candidate Mr. Greg Orman [] Support [X] Oppose
Calendar Year-To-Date Per Election for Office Sought 190677.60

Date of Public Distribution/Dissemination 10 / 28 / 2014
Amount 12.90
Transaction ID : 45375993-6ee5-4982-9
Date of Disbursement or Obligation 10 / 28 / 2014
Office Sought: [] House District: 00 [] President [X] Senate State: KS
Disbursement For: [] Primary [X] General 2014 [] Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures 102.90
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL Independent Expenditures

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.
Ms. Emily Buchanan [Electronically Filed] Date 10 / 30 / 2014
Signature

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

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

Full Name of Payee 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 [X] Oppose
Calendar Year-To-Date Per Election for Office Sought 217987.97

Date of Public Distribution/Dissemination 10 / 28 / 2014
Amount 100.00
Transaction ID : 78b71a23-01ab-4cd8-a
Date of Disbursement or Obligation 10 / 28 / 2014
Office Sought: [] House District: 00 [] President [X] Senate State: LA
Disbursement For: [] Primary [X] General 2014 [] Other (specify)

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 [X] Oppose
Calendar Year-To-Date Per Election for Office Sought 217987.97

Date of Public Distribution/Dissemination 10 / 28 / 2014
Amount 53.40
Transaction ID : 29c29ff1-3dda-4617-b
Date of Disbursement or Obligation 10 / 28 / 2014
Office Sought: [] House District: 00 [] President [X] Senate State: LA
Disbursement For: [] Primary [X] General 2014 [] Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures 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 [Electronically Filed] Date 10 / 30 / 2014
Signature

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

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

Full Name of Payee Charity A Carr
Mailing Address 13827 S E 44th St
City Choctaw State OK Zip Code 73020
Purpose of Expenditure Salary Category/Type 001
Date of Public Distribution/Dissemination 10/28/2014
Amount 60.00
Transaction ID : 34287c0c-3ab7-4ef1-a
Date of Disbursement or Obligation 10/28/2014
Name of Federal Candidate Mr. Mark L Pryor [] Support [X] Oppose
Office Sought: [] House District: 00 [] President [X] Senate State: AR
Calendar Year-To-Date Per Election for Office Sought 214365.41
Disbursement For: [] Primary [X] General 2014 [] Other (specify)

Full Name of Payee Charity A Carr
Mailing Address 13827 S E 44th St
City Choctaw State OK Zip Code 73020
Purpose of Expenditure Mileage Category/Type 002
Date of Public Distribution/Dissemination 10/28/2014
Amount 45.00
Transaction ID : 36a72822-2d4e-4c2c-8
Date of Disbursement or Obligation 10/28/2014
Name of Federal Candidate Mr. Mark L Pryor [] Support [X] Oppose
Office Sought: [] House District: 00 [] President [X] Senate State: AR
Calendar Year-To-Date Per Election for Office Sought 214365.41
Disbursement For: [] Primary [X] General 2014 [] Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures 105.00
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL Independent Expenditures

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.
Ms. Emily Buchanan [Electronically Filed] Date 10/30/2014
Signature

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

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

Full Name of Payee Mary Catherine Toburen
Mailing Address 1222 SE 44 St
City Topeka State KS Zip Code 66609
Purpose of Expenditure Salary Category/Type 001
Name of Federal Candidate Mr. Greg Orman [] Support [X] Oppose

Date of Public Distribution/Dissemination 10 / 28 / 2014
Amount 90.00
Transaction ID : 440ac8b9-cd88-4933-a
Date of Disbursement or Obligation 10 / 28 / 2014
Office Sought: [] House District: 00 [] President [X] Senate State: KS
Disbursement For: [] Primary [X] General 2014 [] Other (specify)

Full Name of Payee Mary Catherine Toburen
Mailing Address 1222 SE 44 St
City Topeka State KS Zip Code 66609
Purpose of Expenditure Mileage Category/Type 002
Name of Federal Candidate Mr. Greg Orman [] Support [X] Oppose

Date of Public Distribution/Dissemination 10 / 28 / 2014
Amount 6.63
Transaction ID : 1932b321-5c43-41fd-8
Date of Disbursement or Obligation 10 / 28 / 2014
Office Sought: [] House District: 00 [] President [X] Senate State: KS
Disbursement For: [] Primary [X] General 2014 [] Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures 96.63
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL Independent Expenditures

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.
Ms. Emily Buchanan [Electronically Filed] Date 10 / 30 / 2014
Signature

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

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

Full Name of Payee Timothy Foley
Mailing Address 20679 Glenbrook Terrace
City Sterling State VA Zip Code 20165
Purpose of Expenditure Salary Category/Type 001
Name of Federal Candidate Mr. Greg Orman [] Support [X] Oppose
Calendar Year-To-Date Per Election for Office Sought 190677.60

Date of Public Distribution/Dissemination 10 / 28 / 2014
Amount 20.00
Transaction ID : 414ae2ef-0ff1-48ff-9
Date of Disbursement or Obligation 10 / 28 / 2014
Office Sought: [] House District: 00 [] President [X] Senate State: KS
Disbursement For: [] Primary [X] General 2014 [] Other (specify)

Full Name of Payee Michael Vidrine
Mailing Address 1103 West Wilson Street
City Ville Platte State LA Zip Code 70586
Purpose of Expenditure Salary Category/Type 001
Name of Federal Candidate Ms. Mary L Landrieu [] Support [X] Oppose
Calendar Year-To-Date Per Election for Office Sought 217987.97

Date of Public Distribution/Dissemination 10 / 28 / 2014
Amount 45.00
Transaction ID : ff371e4a-e100-43fa-8
Date of Disbursement or Obligation 10 / 28 / 2014
Office Sought: [] House District: 00 [] President [X] Senate State: LA
Disbursement For: [] Primary [X] General 2014 [] Other (specify)

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

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.
Ms. Emily Buchanan [Electronically Filed] Date 10 / 30 / 2014
Signature

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

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

Full Name of Payee Michael Vidrine
Mailing Address 1103 West Wilson Street
City Ville Platte State LA Zip Code 70586
Purpose of Expenditure Mileage Category/Type 002

Date of Public Distribution/Dissemination 10 / 28 / 2014
Amount 23.70
Transaction ID : a5075c57-1124-4abf-9
Date of Disbursement or Obligation 10 / 28 / 2014

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

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

Full Name of Payee Katie A Barros
Mailing Address PO Box 398
City Neosho State MO Zip Code 64850
Purpose of Expenditure Salary Category/Type 001

Date of Public Distribution/Dissemination 10 / 28 / 2014
Amount 60.00
Transaction ID : e9f332f6-f607-459b-a
Date of Disbursement or Obligation 10 / 28 / 2014

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

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

(a) SUBTOTAL of Itemized Independent Expenditures 83.70
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL Independent Expenditures

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

Ms. Emily Buchanan [Electronically Filed] Date 10 / 30 / 2014
Signature

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

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

Full Name of Payee Katie A Barros
Mailing Address PO Box 398
City Neosho State MO Zip Code 64850
Purpose of Expenditure Mileage Category/Type 002
Name of Federal Candidate Mr. Mark L Pryor [] Support [X] Oppose
Calendar Year-To-Date Per Election for Office Sought 214365.41

Date of Public Distribution/Dissemination 10 / 28 / 2014
Amount 45.00
Transaction ID : 22e36b71-ee71-49fc-9
Date of Disbursement or Obligation 10 / 28 / 2014
Office Sought: [] House District: 00 [] President [X] Senate State: AR
Disbursement For: [] Primary [X] General 2014 [] Other (specify)

Full Name of Payee Shantal C Culbreath
Mailing Address 4691 Hercules Lane
City Woodbridge State VA Zip Code 22193
Purpose of Expenditure Salary Category/Type 001
Name of Federal Candidate Ms. Mary L Landrieu [] Support [X] Oppose
Calendar Year-To-Date Per Election for Office Sought 217987.97

Date of Public Distribution/Dissemination 10 / 28 / 2014
Amount 90.00
Transaction ID : fa15cdad-6f36-48d5-9
Date of Disbursement or Obligation 10 / 28 / 2014
Office Sought: [] House District: 00 [] President [X] Senate State: LA
Disbursement For: [] Primary [X] General 2014 [] Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures 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 10 / 30 / 2014
Signature

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

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

Full Name of Payee Sasha L McClure
Mailing Address 2914 Anderson Rd
City Burlington State NC Zip Code 27217
Purpose of Expenditure Salary Category/Type 001

Date of Public Distribution/Dissemination 10 / 28 / 2014
Amount 23.00
Transaction ID : 3af7f97d-484c-45b6-9
Date of Disbursement or Obligation 10 / 28 / 2014

Name of Federal Candidate Ms. Kay Hagan
[] Support [X] Oppose
Calendar Year-To-Date Per Election for Office Sought 1070184.43

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

Full Name of Payee Eugenio R McClure
Mailing Address 2914 Anderson Rd
City Burlington State NC Zip Code 27217
Purpose of Expenditure Salary Category/Type 001

Date of Public Distribution/Dissemination 10 / 28 / 2014
Amount 23.00
Transaction ID : 0000412e-f5e2-4e88-a
Date of Disbursement or Obligation 10 / 28 / 2014

Name of Federal Candidate Ms. Kay Hagan
[] Support [X] Oppose
Calendar Year-To-Date Per Election for Office Sought 1070184.43

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

(a) SUBTOTAL of Itemized Independent Expenditures 46.00
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL Independent Expenditures

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

Ms. Emily Buchanan [Electronically Filed] Date 10 / 30 / 2014
Signature

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

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

Full Name of Payee Eugenio R McClure
Mailing Address 2914 Anderson Rd
City Burlington State NC Zip Code 27217
Purpose of Expenditure Mileage Category/Type 002
Date of Public Distribution/Dissemination 10/28/2014
Amount 7.50
Transaction ID : aca7e168-4e64-4c92-b
Date of Disbursement or Obligation 10/28/2014
Name of Federal Candidate Ms. Kay Hagan [] Support [X] Oppose
Office Sought: [] House District: 00 [] President [X] Senate State: NC
Calendar Year-To-Date Per Election for Office Sought 1070184.43
Disbursement For: 2014 [] Primary [X] General [] Other (specify)

Full Name of Payee Joseph R English
Mailing Address 915 East Market Ave Apt 4
City Searcy State AR Zip Code 72143
Purpose of Expenditure Salary Category/Type 001
Date of Public Distribution/Dissemination 10/28/2014
Amount 80.00
Transaction ID : 5b1f618d-c2b2-4b92-8
Date of Disbursement or Obligation 10/28/2014
Name of Federal Candidate Mr. Mark L Pryor [] Support [X] Oppose
Office Sought: [] House District: 00 [] President [X] Senate State: AR
Calendar Year-To-Date Per Election for Office Sought 214365.41
Disbursement For: 2014 [] Primary [X] General [] Other (specify)

(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.
Ms. Emily Buchanan [Electronically Filed] Date 10/30/2014
Signature

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

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

Full Name of Payee Joseph R English
Mailing Address 915 East Market Ave Apt 4
City Searcy State AR Zip Code 72143
Purpose of Expenditure Mileage Category/Type 002
Name of Federal Candidate Mr. Mark L Pryor [] Support [X] Oppose
Calendar Year-To-Date Per Election for Office Sought 214365.41

Date of Public Distribution/Dissemination 10 / 28 / 2014
Amount 34.50
Transaction ID : ed7e539a-81b4-48f7-b
Date of Disbursement or Obligation 10 / 28 / 2014
Office Sought: [] House District: 00 [] President [X] Senate State: AR
Disbursement For: [] Primary [X] General 2014 [] Other (specify)

Full Name of Payee ERIC TABARY
Mailing Address 6101 NORA ST
City METAIRIE State LA Zip Code 70003
Purpose of Expenditure Salary Category/Type 001
Name of Federal Candidate Ms. Mary L Landrieu [] Support [X] Oppose
Calendar Year-To-Date Per Election for Office Sought 217987.97

Date of Public Distribution/Dissemination 10 / 28 / 2014
Amount 70.00
Transaction ID : 2c4bd7bc-a0d4-42de-b
Date of Disbursement or Obligation 10 / 28 / 2014
Office Sought: [] House District: 00 [] President [X] Senate State: LA
Disbursement For: [] Primary [X] General 2014 [] Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures 104.50
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL Independent Expenditures

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.
Ms. Emily Buchanan [Electronically Filed] Date 10 / 30 / 2014
Signature

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

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

Full Name of Payee Christine Stevens
Mailing Address 100 Asbury Ct
City Winchester State VA Zip Code 22602
Purpose of Expenditure Salary Category/Type 001

Date of Public Distribution/Dissemination 10 / 28 / 2014
Amount 80.00
Transaction ID : 109d4ec7-c038-4939-a
Date of Disbursement or Obligation 10 / 28 / 2014

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

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

Full Name of Payee OLynda Walker
Mailing Address 10000 Mount Pleasant Rd
City Midland State NC Zip Code 28107
Purpose of Expenditure Salary Category/Type 001

Date of Public Distribution/Dissemination 10 / 28 / 2014
Amount 50.00
Transaction ID : f736ebe4-81dd-48bc-a
Date of Disbursement or Obligation 10 / 28 / 2014

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

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

(a) SUBTOTAL of Itemized Independent Expenditures..... 130.00
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL Independent Expenditures.....

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

Ms. Emily Buchanan [Electronically Filed] Date 10 / 30 / 2014
Signature

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

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

Full Name of Payee OLynda Walker
Mailing Address 10000 Mount Pleasant Rd
City Midland State NC Zip Code 28107
Purpose of Expenditure Mileage Category/Type 002
Name of Federal Candidate Ms. Kay Hagan [] Support [X] Oppose
Calendar Year-To-Date Per Election for Office Sought 1070184.43

Date of Public Distribution/Dissemination 10 / 28 / 2014
Amount 15.90
Transaction ID : a5989145-46c1-4d20-a
Date of Disbursement or Obligation 10 / 28 / 2014
Office Sought: [] House District: 00 [] President [X] Senate State: NC
Disbursement For: [] Primary [X] General 2014 [] Other (specify)

Full Name of Payee Hannah J Landry
Mailing Address 1110 N Coolidge
City Gonzales State LA Zip Code 70737
Purpose of Expenditure Salary Category/Type 001
Name of Federal Candidate Ms. Mary L Landrieu [] Support [X] Oppose
Calendar Year-To-Date Per Election for Office Sought 217987.97

Date of Public Distribution/Dissemination 10 / 28 / 2014
Amount 102.50
Transaction ID : 77c9ad14-1c76-4859-a
Date of Disbursement or Obligation 10 / 28 / 2014
Office Sought: [] House District: 00 [] President [X] Senate State: LA
Disbursement For: [] Primary [X] General 2014 [] Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures 118.40
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL Independent Expenditures

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.
Ms. Emily Buchanan [Electronically Filed] Date 10 / 30 / 2014
Signature

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

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

Full Name of Payee Hannah J Landry
Mailing Address 1110 N Coolidge
City Gonzales State LA Zip Code 70737
Purpose of Expenditure Mileage Category/Type 002
Name of Federal Candidate Ms. Mary L Landrieu [] Support [X] Oppose
Calendar Year-To-Date Per Election for Office Sought 217987.97

Date of Public Distribution/Dissemination 10 / 28 / 2014
Amount 18.66
Transaction ID : 0c8077b2-d8a2-48b0-8
Date of Disbursement or Obligation 10 / 28 / 2014
Office Sought: [] House District: 00 [] President [X] Senate State: LA
Disbursement For: [] Primary [X] General 2014 [] Other (specify)

Full Name of Payee Mary C Lee
Mailing Address 1030 N Coolidge Ave
City Gonzales State LA Zip Code 70737
Purpose of Expenditure Salary Category/Type 001
Name of Federal Candidate Ms. Mary L Landrieu [] Support [X] Oppose
Calendar Year-To-Date Per Election for Office Sought 217987.97

Date of Public Distribution/Dissemination 10 / 28 / 2014
Amount 102.50
Transaction ID : 48c655a0-463b-4c48-9
Date of Disbursement or Obligation 10 / 28 / 2014
Office Sought: [] House District: 00 [] President [X] Senate State: LA
Disbursement For: [] Primary [X] General 2014 [] Other (specify)

Table with 2 columns: Description and Amount. (a) SUBTOTAL of Itemized Independent Expenditures 121.16, (b) SUBTOTAL of Unitemized Independent Expenditures, (c) TOTAL Independent Expenditures

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.
Ms. Emily Buchanan [Electronically Filed] Date 10 / 30 / 2014
Signature

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

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

Full Name of Payee Mary C Lee
Mailing Address 1030 N Coolidge Ave
City Gonzales State LA Zip Code 70737
Purpose of Expenditure Mileage Category/Type 002
Name of Federal Candidate Ms. Mary L Landrieu [] Support [X] Oppose
Calendar Year-To-Date Per Election for Office Sought 217987.97

Date of Public Distribution/Dissemination 10 / 28 / 2014
Amount 18.66
Transaction ID : 7dd2bf27-7aa2-450f-8
Date of Disbursement or Obligation 10 / 28 / 2014
Office Sought: [] House District: 00 [] President [X] Senate State: LA
Disbursement For: [] Primary [X] General 2014 [] Other (specify)

Full Name of Payee Jazmine d Conner
Mailing Address 100 ASBURY CT
City WINCHESTER State VA Zip Code 22602
Purpose of Expenditure Salary Category/Type 001
Name of Federal Candidate Mr. Greg Orman [] Support [X] Oppose
Calendar Year-To-Date Per Election for Office Sought 190677.60

Date of Public Distribution/Dissemination 10 / 28 / 2014
Amount 75.00
Transaction ID : 1aa66881-211d-4b7e-8
Date of Disbursement or Obligation 10 / 28 / 2014
Office Sought: [] House District: 00 [] President [X] Senate State: KS
Disbursement For: [] Primary [X] General 2014 [] Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures 93.66
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL Independent Expenditures

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.
Ms. Emily Buchanan [Electronically Filed] Date 10 / 30 / 2014
Signature

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

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

Full Name of Payee Jon E Conner
Mailing Address 100 Asbury Ct
City Winchester State VA Zip Code 22602
Purpose of Expenditure Salary Category/Type 001
Name of Federal Candidate Mr. Greg Orman [] Support [X] Oppose
Calendar Year-To-Date Per Election for Office Sought 190677.60

Date of Public Distribution/Dissemination 10 / 28 / 2014
Amount 80.00
Transaction ID : d341b8e2-1b77-415a-a
Date of Disbursement or Obligation 10 / 28 / 2014
Office Sought: [] House District: 00 [] President [X] Senate State: KS
Disbursement For: [] Primary [X] General 2014 [] Other (specify)

Full Name of Payee Talia J DeGisi
Mailing Address 9513 Beverly Dr
City Overland Park State KS Zip Code 66207
Purpose of Expenditure Salary Category/Type 001
Name of Federal Candidate Mr. Greg Orman [] Support [X] Oppose
Calendar Year-To-Date Per Election for Office Sought 190677.60

Date of Public Distribution/Dissemination 10 / 28 / 2014
Amount 10.00
Transaction ID : 356dad46-4bfc-4e06-9
Date of Disbursement or Obligation 10 / 28 / 2014
Office Sought: [] House District: 00 [] President [X] Senate State: KS
Disbursement For: [] Primary [X] General 2014 [] Other (specify)

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

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.
Ms. Emily Buchanan [Electronically Filed] Date 10 / 30 / 2014
Signature

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

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

Full Name of Payee Talia J DeGisi
Mailing Address 9513 Beverly Dr
City Overland Park State KS Zip Code 66207
Purpose of Expenditure Mileage Category/Type 002
Name of Federal Candidate Mr. Greg Orman [] Support [X] Oppose
Calendar Year-To-Date Per Election for Office Sought 190677.60

Date of Public Distribution/Dissemination 10 / 28 / 2014
Amount 5.40
Transaction ID : 25a4f933-7ccf-49da-8
Date of Disbursement or Obligation 10 / 28 / 2014
Office Sought: [] House District: 00 [] President [X] Senate State: KS
Disbursement For: [] Primary [X] General 2014 [] Other (specify)

Full Name of Payee Rodney O Culbreath
Mailing Address 100 Asbury Ct
City Winchester State VA Zip Code 22602
Purpose of Expenditure Salary Category/Type 001
Name of Federal Candidate Mr. Greg Orman [] Support [X] Oppose
Calendar Year-To-Date Per Election for Office Sought 190677.60

Date of Public Distribution/Dissemination 10 / 28 / 2014
Amount 80.00
Transaction ID : 74e0245f-b55e-4514-8
Date of Disbursement or Obligation 10 / 28 / 2014
Office Sought: [] House District: 00 [] President [X] Senate State: KS
Disbursement For: [] Primary [X] General 2014 [] Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures 85.40
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL Independent Expenditures

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.
Ms. Emily Buchanan [Electronically Filed] Date 10 / 30 / 2014
Signature

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

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

Full Name of Payee Rodney 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 10 / 28 / 2014
Amount 80.00
Transaction ID : 1915d291-c724-4a0e-9
Date of Disbursement or Obligation 10 / 28 / 2014

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

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

Full Name of Payee 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 10 / 28 / 2014
Amount 80.00
Transaction ID : 9460bd8b-5ed6-4e9a-b
Date of Disbursement or Obligation 10 / 28 / 2014

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

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

(a) SUBTOTAL of Itemized Independent Expenditures 160.00
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL Independent Expenditures

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

Ms. Emily Buchanan [Electronically Filed] Date 10 / 30 / 2014
Signature

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

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

Full Name of Payee Brieshauna M Stevens
Mailing Address 1703 Torrey Pines Ct
City Reston State VA Zip Code 20190
Purpose of Expenditure Salary Category/Type 001
Name of Federal Candidate Mr. Greg Orman [] Support [X] Oppose
Calendar Year-To-Date Per Election for Office Sought 190677.60

Date of Public Distribution/Dissemination 10 / 28 / 2014
Amount 70.00
Transaction ID : b55c6210-e4e4-4fb7-8
Date of Disbursement or Obligation 10 / 28 / 2014
Office Sought: [] House District: 00 [] President [X] Senate State: KS
Disbursement For: [] Primary [X] General 2014 [] Other (specify)

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
Name of Federal Candidate Mr. Greg Orman [] Support [X] Oppose
Calendar Year-To-Date Per Election for Office Sought 190677.60

Date of Public Distribution/Dissemination 10 / 28 / 2014
Amount 77.50
Transaction ID : 6bf30e8f-125c-4426-b
Date of Disbursement or Obligation 10 / 28 / 2014
Office Sought: [] House District: 00 [] President [X] Senate State: KS
Disbursement For: [] Primary [X] General 2014 [] Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures 147.50
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL Independent Expenditures

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.
Ms. Emily Buchanan [Electronically Filed] Date 10 / 30 / 2014
Signature

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

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

Full Name of Payee Anthony Buchanan
Mailing Address 1090 McHone Rd
City Spruce Pine State NC Zip Code 28777
Purpose of Expenditure Salary Category/Type 001
Name of Federal Candidate Ms. Kay Hagan [] Support [X] Oppose
Calendar Year-To-Date Per Election for Office Sought 1070184.43

Date of Public Distribution/Dissemination 10 / 28 / 2014
Amount 55.00
Transaction ID : 58c48ad5-8c4e-47c7-9
Date of Disbursement or Obligation 10 / 28 / 2014
Office Sought: [] House District: 00 [] President [X] Senate State: NC
Disbursement For: [] Primary [X] General 2014 [] Other (specify)

Full Name of Payee Chris McCoy
Mailing Address 1025 Cayley Ct
City High Point State NC Zip Code 27260
Purpose of Expenditure Salary Category/Type 001
Name of Federal Candidate Ms. Kay Hagan [] Support [X] Oppose
Calendar Year-To-Date Per Election for Office Sought 1070184.43

Date of Public Distribution/Dissemination 10 / 28 / 2014
Amount 110.00
Transaction ID : fe7acb7a-915f-4743-8
Date of Disbursement or Obligation 10 / 28 / 2014
Office Sought: [] House District: 00 [] President [X] Senate State: NC
Disbursement For: [] Primary [X] General 2014 [] Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures 165.00
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL Independent Expenditures

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.
Ms. Emily Buchanan [Electronically Filed] Date 10 / 30 / 2014
Signature

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

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

Full Name of Payee Chris McCoy
Mailing Address 1025 Cayley Ct
City High Point State NC Zip Code 27260
Purpose of Expenditure Mileage Category/Type 002
Name of Federal Candidate Ms. Kay Hagan [] Support [X] Oppose
Calendar Year-To-Date Per Election for Office Sought 1070184.43

Date of Public Distribution/Dissemination 10 / 28 / 2014
Amount 25.80
Transaction ID : 264d1945-5149-4ed6-a
Date of Disbursement or Obligation 10 / 28 / 2014
Office Sought: [] House District: 00 [] President [X] Senate State: NC
Disbursement For: [] Primary [X] General 2014 [] Other (specify)

Full Name of Payee Phillip Williams
Mailing Address 3007 Darden Rd
City Greensboro State NC Zip Code 27407
Purpose of Expenditure Salary Category/Type 001
Name of Federal Candidate Ms. Kay Hagan [] Support [X] Oppose
Calendar Year-To-Date Per Election for Office Sought 1070184.43

Date of Public Distribution/Dissemination 10 / 28 / 2014
Amount 80.00
Transaction ID : df1c62ef-2e02-4ef9-b
Date of Disbursement or Obligation 10 / 28 / 2014
Office Sought: [] House District: 00 [] President [X] Senate State: NC
Disbursement For: [] Primary [X] General 2014 [] Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures 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 10 / 30 / 2014
Signature

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

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

Full Name of Payee Phillip Williams
Mailing Address 3007 Darden Rd
City Greensboro State NC Zip Code 27407
Purpose of Expenditure Mileage Category/Type 002
Name of Federal Candidate Ms. Kay Hagan [] Support [X] Oppose
Calendar Year-To-Date Per Election for Office Sought 1070184.43

Date of Public Distribution/Dissemination 10 / 28 / 2014
Amount 20.10
Transaction ID : 6b5e81cd-2031-45cf-9
Date of Disbursement or Obligation 10 / 28 / 2014
Office Sought: [] House District: 00 [] President [X] Senate State: NC
Disbursement For: [] Primary [X] General 2014 [] Other (specify)

Full Name of Payee Beverly Williams
Mailing Address 3007 Darden Rd
City Greensboro State NC Zip Code 27407
Purpose of Expenditure Salary Category/Type 001
Name of Federal Candidate Ms. Kay Hagan [] Support [X] Oppose
Calendar Year-To-Date Per Election for Office Sought 1070184.43

Date of Public Distribution/Dissemination 10 / 28 / 2014
Amount 80.00
Transaction ID : 97d6056c-0094-4c74-8
Date of Disbursement or Obligation 10 / 28 / 2014
Office Sought: [] House District: 00 [] President [X] Senate State: NC
Disbursement For: [] Primary [X] General 2014 [] Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures 100.10
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL Independent Expenditures

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.
Ms. Emily Buchanan [Electronically Filed] Date 10 / 30 / 2014
Signature

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

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

Full Name of Payee Danielle McCoy
Mailing Address 1025 Cayley Ct
City High Point State NC Zip Code 27260
Purpose of Expenditure Salary Category/Type 001
Name of Federal Candidate Ms. Kay Hagan [] Support [X] Oppose
Calendar Year-To-Date Per Election for Office Sought 1070184.43

Date of Public Distribution/Dissemination 10 / 28 / 2014
Amount 107.50
Transaction ID : dd96fba-bf59-4cec-9
Date of Disbursement or Obligation 10 / 28 / 2014
Office Sought: [] House District: 00 [] President [X] Senate State: NC
Disbursement For: [] Primary [X] General 2014 [] Other (specify)

Full Name of Payee Danielle McCoy
Mailing Address 1025 Cayley Ct
City High Point State NC Zip Code 27260
Purpose of Expenditure Mileage Category/Type 002
Name of Federal Candidate Ms. Kay Hagan [] Support [X] Oppose
Calendar Year-To-Date Per Election for Office Sought 1070184.43

Date of Public Distribution/Dissemination 10 / 28 / 2014
Amount 24.60
Transaction ID : 45d6e433-11f3-4739-a
Date of Disbursement or Obligation 10 / 28 / 2014
Office Sought: [] House District: 00 [] President [X] Senate State: NC
Disbursement For: [] Primary [X] General 2014 [] Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures 132.10
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL Independent Expenditures

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.
Ms. Emily Buchanan [Electronically Filed] Date 10 / 30 / 2014
Signature

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

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

Full Name of Payee Eleanor McCoy
Mailing Address 4902 Catawba Dr
City Greensboro State NC Zip Code 27407
Purpose of Expenditure Salary Category/Type 001

Date of Public Distribution/Dissemination 10 / 28 / 2014
Amount 110.00
Transaction ID : 3c2fb8ee-5640-433f-9
Date of Disbursement or Obligation 10 / 28 / 2014

Name of Federal Candidate Ms. Kay Hagan
Support [] Oppose [X]
Calendar Year-To-Date Per Election for Office Sought 1070184.43

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

Full Name of Payee Eleanor McCoy
Mailing Address 4902 Catawba Dr
City Greensboro State NC Zip Code 27407
Purpose of Expenditure Mileage Category/Type 002

Date of Public Distribution/Dissemination 10 / 28 / 2014
Amount 25.50
Transaction ID : 2d761eae-b0eb-413f-a
Date of Disbursement or Obligation 10 / 28 / 2014

Name of Federal Candidate Ms. Kay Hagan
Support [] Oppose [X]
Calendar Year-To-Date Per Election for Office Sought 1070184.43

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

(a) SUBTOTAL of Itemized Independent Expenditures 135.50
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL Independent Expenditures

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

Ms. Emily Buchanan [Electronically Filed] Date 10 / 30 / 2014
Signature

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

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

Full Name of Payee Aaron L Watson
Mailing Address 30217 Crook Rd
City Cleveland State MO Zip Code 64734
Purpose of Expenditure Salary Category/Type 001
Date of Public Distribution/Dissemination 10/28/2014
Amount 25.00
Transaction ID : 736b7c42-be6f-4bf1-8
Date of Disbursement or Obligation 10/28/2014
Name of Federal Candidate Mr. Greg Orman [] Support [X] Oppose
Office Sought: [] House District: 00 [] President [X] Senate State: KS
Calendar Year-To-Date Per Election for Office Sought 190677.60
Disbursement For: [] Primary [X] General 2014 [] Other (specify)

Full Name of Payee Aaron L Watson
Mailing Address 30217 Crook Rd
City Cleveland State MO Zip Code 64734
Purpose of Expenditure Mileage Category/Type 002
Date of Public Distribution/Dissemination 10/28/2014
Amount 27.00
Transaction ID : 0fa09371-90b0-4dbc-a
Date of Disbursement or Obligation 10/28/2014
Name of Federal Candidate Mr. Greg Orman [] Support [X] Oppose
Office Sought: [] House District: 00 [] President [X] Senate State: KS
Calendar Year-To-Date Per Election for Office Sought 190677.60
Disbursement For: [] Primary [X] General 2014 [] Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures 52.00
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL Independent Expenditures

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.
Ms. Emily Buchanan [Electronically Filed] Date 10/30/2014
Signature

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

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

Full Name of Payee Evelyn Lesaicherre
Mailing Address 629 Radiance Ave
City Metairie State LA Zip Code 70001
Purpose of Expenditure Salary Category/Type 001
Name of Federal Candidate Ms. Mary L Landrieu [] Support [X] Oppose
Calendar Year-To-Date Per Election for Office Sought 217987.97

Date of Public Distribution/Dissemination 10 / 28 / 2014
Amount 80.00
Transaction ID : 45ce93db-40f0-4d5b-8
Date of Disbursement or Obligation 10 / 28 / 2014
Office Sought: [] House District: 00 [] President [X] Senate State: LA
Disbursement For: [] Primary [X] General 2014 [] Other (specify)

Full Name of Payee Evelyn Lesaicherre
Mailing Address 629 Radiance Ave
City Metairie State LA Zip Code 70001
Purpose of Expenditure Mileage Category/Type 002
Name of Federal Candidate Ms. Mary L Landrieu [] Support [X] Oppose
Calendar Year-To-Date Per Election for Office Sought 217987.97

Date of Public Distribution/Dissemination 10 / 28 / 2014
Amount 9.90
Transaction ID : 38e8d918-ba9c-4ed0-b
Date of Disbursement or Obligation 10 / 28 / 2014
Office Sought: [] House District: 00 [] President [X] Senate State: LA
Disbursement For: [] Primary [X] General 2014 [] Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures 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 10 / 30 / 2014
Signature

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

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

Full Name of Payee Irene R Hoyer
Mailing Address 4310 N Mission Rd
City Bel Aire State KS Zip Code 67226
Purpose of Expenditure Salary Category/Type 001
Name of Federal Candidate Mr. Greg Orman [] Support [X] Oppose
Calendar Year-To-Date Per Election for Office Sought 190677.60

Date of Public Distribution/Dissemination 10 / 28 / 2014
Amount 43.50
Transaction ID : a123bfd5-162d-4191-a
Date of Disbursement or Obligation 10 / 28 / 2014
Office Sought: [] House District: 00 [] President [X] Senate State: KS
Disbursement For: [] Primary [X] General 2014 [] Other (specify)

Full Name of Payee Irene R Hoyer
Mailing Address 4310 N Mission Rd
City Bel Aire State KS Zip Code 67226
Purpose of Expenditure Mileage Category/Type 002
Name of Federal Candidate Mr. Greg Orman [] Support [X] Oppose
Calendar Year-To-Date Per Election for Office Sought 190677.60

Date of Public Distribution/Dissemination 10 / 28 / 2014
Amount 7.65
Transaction ID : e58fd373-9016-454a-b
Date of Disbursement or Obligation 10 / 28 / 2014
Office Sought: [] House District: 00 [] President [X] Senate State: KS
Disbursement For: [] Primary [X] General 2014 [] Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures 51.15
(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 10 / 30 / 2014
Signature

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

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

Full Name of Payee Carl Brent
Mailing Address 6718 Lake Willow Dr
City New Orleans State LA Zip Code 70126
Purpose of Expenditure Salary Category/Type 001
Name of Federal Candidate Ms. Mary L Landrieu [] Support [X] Oppose
Calendar Year-To-Date Per Election for Office Sought 217987.97

Date of Public Distribution/Dissemination 10 / 28 / 2014
Amount 80.00
Transaction ID : aedf6b3e-2cdb-45cc-a
Date of Disbursement or Obligation 10 / 28 / 2014
Office Sought: [] House District: 00 [] President [X] Senate State: LA
Disbursement For: [] Primary [X] General 2014 [] Other (specify)

Full Name of Payee Carl Brent
Mailing Address 6718 Lake Willow Dr
City New Orleans State LA Zip Code 70126
Purpose of Expenditure Mileage Category/Type 002
Name of Federal Candidate Ms. Mary L Landrieu [] Support [X] Oppose
Calendar Year-To-Date Per Election for Office Sought 217987.97

Date of Public Distribution/Dissemination 10 / 28 / 2014
Amount 9.60
Transaction ID : 9178adca-f19c-4c54-a
Date of Disbursement or Obligation 10 / 28 / 2014
Office Sought: [] House District: 00 [] President [X] Senate State: LA
Disbursement For: [] Primary [X] General 2014 [] Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures 89.60
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL Independent Expenditures

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.
Ms. Emily Buchanan [Electronically Filed] Date 10 / 30 / 2014
Signature

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

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

Full Name of Payee Josiah B Beal
Mailing Address 2927 SW Hopkins Switch Rd
City El Dorado State KS Zip Code 67042
Purpose of Expenditure Salary Category/Type 001
Name of Federal Candidate Mr. Greg Orman [] Support [X] Oppose
Calendar Year-To-Date Per Election for Office Sought 190677.60

Date of Public Distribution/Dissemination 10 / 28 / 2014
Amount 30.00
Transaction ID : c4f59491-bf25-49c9-8
Date of Disbursement or Obligation 10 / 28 / 2014
Office Sought: [] House District: 00 [] President [X] Senate State: KS
Disbursement For: [] Primary [X] General 2014 [] Other (specify)

Full Name of Payee Zachariah T Beal
Mailing Address 2927 SW Hopkins Switch Rd
City El Dorado State KS Zip Code 67042
Purpose of Expenditure Salary Category/Type 001
Name of Federal Candidate Mr. Greg Orman [] Support [X] Oppose
Calendar Year-To-Date Per Election for Office Sought 190677.60

Date of Public Distribution/Dissemination 10 / 28 / 2014
Amount 30.00
Transaction ID : 6a4eff91-e940-4afa-b
Date of Disbursement or Obligation 10 / 28 / 2014
Office Sought: [] House District: 00 [] President [X] Senate State: KS
Disbursement For: [] Primary [X] General 2014 [] Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures 60.00
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL Independent Expenditures

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.
Ms. Emily Buchanan [Electronically Filed] Date 10 / 30 / 2014
Signature

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

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

Full Name of Payee Zachariah T Beal
Mailing Address 2927 SW Hopkins Switch Rd
City El Dorado State KS Zip Code 67042
Purpose of Expenditure Mileage Category/Type 002
Name of Federal Candidate Mr. Greg Orman [] Support [X] Oppose
Calendar Year-To-Date Per Election for Office Sought 190677.60

Date of Public Distribution/Dissemination 10 / 28 / 2014
Amount 6.30
Transaction ID : 8c32c77e-bea9-4019-a
Date of Disbursement or Obligation 10 / 28 / 2014
Office Sought: [] House District: 00 [] President [X] Senate State: KS
Disbursement For: [] Primary [X] General 2014 [] Other (specify)

Full Name of Payee Jeffrey Hampton
Mailing Address 1700 E Part Ave
City Searcy State AR Zip Code 72149
Purpose of Expenditure Salary Category/Type 001
Name of Federal Candidate Mr. Mark L Pryor [] Support [X] Oppose
Calendar Year-To-Date Per Election for Office Sought 214365.41

Date of Public Distribution/Dissemination 10 / 28 / 2014
Amount 60.00
Transaction ID : 5001dc8c-f0c1-429d-9
Date of Disbursement or Obligation 10 / 28 / 2014
Office Sought: [] House District: 00 [] President [X] Senate State: AR
Disbursement For: [] Primary [X] General 2014 [] Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures 66.30
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL Independent Expenditures

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.
Ms. Emily Buchanan [Electronically Filed] Date 10 / 30 / 2014
Signature

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

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

Full Name of Payee Jeffrey Hampton
Mailing Address 1700 E Part Ave
City Searcy State AR Zip Code 72149
Purpose of Expenditure Mileage Category/Type 002
Name of Federal Candidate Mr. Mark L Pryor [] Support [X] Oppose
Calendar Year-To-Date Per Election for Office Sought 214365.41

Date of Public Distribution/Dissemination 10 / 28 / 2014
Amount 50.52
Transaction ID : d94662cf-7903-4deb-9
Date of Disbursement or Obligation 10 / 28 / 2014
Office Sought: [] House District: 00 [] President [X] Senate State: AR
Disbursement For: [] Primary [X] General 2014 [] Other (specify)

Full Name of Payee Kristina M Jinkens
Mailing Address 2138 N 1000 Rd
City Eudora State KS Zip Code 66025
Purpose of Expenditure Salary Category/Type 001
Name of Federal Candidate Mr. Greg Orman [] Support [X] Oppose
Calendar Year-To-Date Per Election for Office Sought 190677.60

Date of Public Distribution/Dissemination 10 / 28 / 2014
Amount 25.00
Transaction ID : 897064a9-868a-4705-a
Date of Disbursement or Obligation 10 / 28 / 2014
Office Sought: [] House District: 00 [] President [X] Senate State: KS
Disbursement For: [] Primary [X] General 2014 [] Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures 75.52
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL Independent Expenditures

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

Ms. Emily Buchanan [Electronically Filed] Date 10 / 30 / 2014
Signature

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

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

Full Name of Payee Jacob W Joosten
Mailing Address 1906 S Pine Apt B
City Pittsburg State KS Zip Code 66762
Purpose of Expenditure Salary Category/Type 001
Name of Federal Candidate Mr. Greg Orman [] Support [X] Oppose
Calendar Year-To-Date Per Election for Office Sought 190677.60

Date of Public Distribution/Dissemination 10 / 28 / 2014
Amount 40.00
Transaction ID : 51fdaa80-288d-4851-9
Date of Disbursement or Obligation 10 / 28 / 2014
Office Sought: [] House District: 00 [] President [X] Senate State: KS
Disbursement For: [] Primary [X] General 2014 [] Other (specify)

Full Name of Payee Jacob W Joosten
Mailing Address 1906 S Pine Apt B
City Pittsburg State KS Zip Code 66762
Purpose of Expenditure Mileage Category/Type 002
Name of Federal Candidate Mr. Greg Orman [] Support [X] Oppose
Calendar Year-To-Date Per Election for Office Sought 190677.60

Date of Public Distribution/Dissemination 10 / 28 / 2014
Amount 20.40
Transaction ID : b43cb864-7aaa-43b0-b
Date of Disbursement or Obligation 10 / 28 / 2014
Office Sought: [] House District: 00 [] President [X] Senate State: KS
Disbursement For: [] Primary [X] General 2014 [] Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures 60.40
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL Independent Expenditures

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.
Ms. Emily Buchanan [Electronically Filed] Date 10 / 30 / 2014
Signature

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

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

Full Name of Payee Colton R Overcash
Mailing Address 121 Ohara Dr
City Salisbury State NC Zip Code 28147
Purpose of Expenditure Salary Category/Type 001
Name of Federal Candidate Ms. Kay Hagan [] Support [X] Oppose
Calendar Year-To-Date Per Election for Office Sought 1070184.43

Date of Public Distribution/Dissemination 10 / 28 / 2014
Amount 80.00
Transaction ID : 05ba4cb9-b262-4008-b
Date of Disbursement or Obligation 10 / 28 / 2014
Office Sought: [] House District: 00 [] President [X] Senate State: NC
Disbursement For: [] Primary [X] General 2014 [] Other (specify)

Full Name of Payee Colton R Overcash
Mailing Address 121 Ohara Dr
City Salisbury State NC Zip Code 28147
Purpose of Expenditure Mileage Category/Type 002
Name of Federal Candidate Ms. Kay Hagan [] Support [X] Oppose
Calendar Year-To-Date Per Election for Office Sought 1070184.43

Date of Public Distribution/Dissemination 10 / 28 / 2014
Amount 129.60
Transaction ID : 8aa73991-098e-4046-a
Date of Disbursement or Obligation 10 / 28 / 2014
Office Sought: [] House District: 00 [] President [X] Senate State: NC
Disbursement For: [] Primary [X] General 2014 [] Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures 209.60
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL Independent Expenditures

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.
Ms. Emily Buchanan [Electronically Filed] Date 10 / 30 / 2014
Signature

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

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

Full Name of Payee Brandon Wheeler
Mailing Address 10112 Piney Creek Ct
City Charolette State NC Zip Code 28215
Purpose of Expenditure Salary Category/Type 001
Date of Public Distribution/Dissemination 10/28/2014
Amount 100.00
Transaction ID : 6252114e-64cf-4528-b
Date of Disbursement or Obligation 10/28/2014
Name of Federal Candidate Mr. Mark L Pryor [] Support [X] Oppose
Office Sought: [] House District: 00 [] President [X] Senate State: AR
Calendar Year-To-Date Per Election for Office Sought 214365.41
Disbursement For: [] Primary [X] General 2014 [] Other (specify)

Full Name of Payee Brandon Wheeler
Mailing Address 10112 Piney Creek Ct
City Charolette State NC Zip Code 28215
Purpose of Expenditure Mileage Category/Type 002
Date of Public Distribution/Dissemination 10/28/2014
Amount 123.90
Transaction ID : c51ec789-84dd-429c-b
Date of Disbursement or Obligation 10/28/2014
Name of Federal Candidate Mr. Mark L Pryor [] Support [X] Oppose
Office Sought: [] House District: 00 [] President [X] Senate State: AR
Calendar Year-To-Date Per Election for Office Sought 214365.41
Disbursement For: [] Primary [X] General 2014 [] Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures 223.90
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL Independent Expenditures

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.
Ms. Emily Buchanan [Electronically Filed] Date 10/30/2014
Signature

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

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

Full Name of Payee Nick Berryhill
Mailing Address 905 Lake Drive
City Shelby State NC Zip Code 28152
Purpose of Expenditure Salary Category/Type 001
Name of Federal Candidate Ms. Kay Hagan [] Support [X] Oppose
Calendar Year-To-Date Per Election for Office Sought 1070184.43

Date of Public Distribution/Dissemination 10 / 28 / 2014
Amount 100.00
Transaction ID : 3f772554-e2b7-4911-9
Date of Disbursement or Obligation 10 / 28 / 2014
Office Sought: [] House District: 00 [] President [X] Senate State: NC
Disbursement For: [] Primary [X] General 2014 [] Other (specify)

Full Name of Payee Nick Berryhill
Mailing Address 905 Lake Drive
City Shelby State NC Zip Code 28152
Purpose of Expenditure Mileage Category/Type 002
Name of Federal Candidate Ms. Kay Hagan [] Support [X] Oppose
Calendar Year-To-Date Per Election for Office Sought 1070184.43

Date of Public Distribution/Dissemination 10 / 28 / 2014
Amount 17.40
Transaction ID : e50196f4-dc6d-4e95-9
Date of Disbursement or Obligation 10 / 28 / 2014
Office Sought: [] House District: 00 [] President [X] Senate State: NC
Disbursement For: [] Primary [X] General 2014 [] Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures 117.40
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL Independent Expenditures

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.
Ms. Emily Buchanan [Electronically Filed] Date 10 / 30 / 2014
Signature

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

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

Full Name of Payee Marisa E Surdyke
Mailing Address 1020 N 2nd Street
City Atchison State KS Zip Code 66002
Purpose of Expenditure Mileage Category/Type 002
Name of Federal Candidate Mr. Greg Orman [] Support [X] Oppose
Calendar Year-To-Date Per Election for Office Sought 190677.60

Date of Public Distribution/Dissemination 10 / 28 / 2014
Amount 31.20
Transaction ID : ad5af6d4-d7e6-40a2-8
Date of Disbursement or Obligation 10 / 28 / 2014
Office Sought: [] House District: 00 [] President [X] Senate State: KS
Disbursement For: [] Primary [X] General 2014 [] Other (specify)

Full Name of Payee Gabriela P Sosa
Mailing Address 2530 Brook Stone Dr
City Clemmons State NC Zip Code 27012
Purpose of Expenditure Salary Category/Type 001
Name of Federal Candidate Ms. Kay Hagan [] Support [X] Oppose
Calendar Year-To-Date Per Election for Office Sought 1070184.43

Date of Public Distribution/Dissemination 10 / 28 / 2014
Amount 90.00
Transaction ID : 4cdd138d-1003-40a0-a
Date of Disbursement or Obligation 10 / 28 / 2014
Office Sought: [] House District: 00 [] President [X] Senate State: NC
Disbursement For: [] Primary [X] General 2014 [] Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures 121.20
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL Independent Expenditures

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

Ms. Emily Buchanan

[Electronically Filed]

Date 10 / 30 / 2014

Signature

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

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

Full Name of Payee Gabriela P Sosa
Mailing Address 2530 Brook Stone Dr
City Clemmons State NC Zip Code 27012
Purpose of Expenditure Mileage Category/Type 002
Name of Federal Candidate Ms. Kay Hagan [] Support [X] Oppose
Calendar Year-To-Date Per Election for Office Sought 1070184.43

Date of Public Distribution/Dissemination 10 / 28 / 2014
Amount 15.90
Transaction ID : be6d2d89-0870-4b30-8
Date of Disbursement or Obligation 10 / 28 / 2014
Office Sought: [] House District: 00 [] President [X] Senate State: NC
Disbursement For: [] Primary [X] General 2014 [] Other (specify)

Full Name of Payee Kaleigh J Wagner
Mailing Address 18065 Wayne Rd
City Odessa State FL Zip Code 33556
Purpose of Expenditure Salary Category/Type 001
Name of Federal Candidate Mr. Mark L Pryor [] Support [X] Oppose
Calendar Year-To-Date Per Election for Office Sought 214365.41

Date of Public Distribution/Dissemination 10 / 28 / 2014
Amount 160.00
Transaction ID : 24820882-bd80-4955-9
Date of Disbursement or Obligation 10 / 28 / 2014
Office Sought: [] House District: 00 [] President [X] Senate State: AR
Disbursement For: [] Primary [X] General 2014 [] Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures 175.90
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL Independent Expenditures

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.
Ms. Emily Buchanan [Electronically Filed] Date 10 / 30 / 2014
Signature

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

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

Full Name of Payee Randy M Gold
Mailing Address 1436 Haigs Creek Dr
City Elgin State SC Zip Code 29045
Purpose of Expenditure Salary Category/Type 001
Name of Federal Candidate Mr. Mark L Pryor [] Support [X] Oppose
Calendar Year-To-Date Per Election for Office Sought 214365.41

Date of Public Distribution/Dissemination 10 / 28 / 2014
Amount 160.00
Transaction ID : 9513ffaa-9834-47ff-b
Date of Disbursement or Obligation 10 / 28 / 2014
Office Sought: [] House District: 00 [] President [X] Senate State: AR
Disbursement For: [] Primary [X] General 2014 [] Other (specify)

Full Name of Payee Randy M Gold
Mailing Address 1436 Haigs Creek Dr
City Elgin State SC Zip Code 29045
Purpose of Expenditure Mileage Category/Type 002
Name of Federal Candidate Mr. Mark L Pryor [] Support [X] Oppose
Calendar Year-To-Date Per Election for Office Sought 214365.41

Date of Public Distribution/Dissemination 10 / 28 / 2014
Amount 129.54
Transaction ID : 21da98e3-abd6-4318-8
Date of Disbursement or Obligation 10 / 28 / 2014
Office Sought: [] House District: 00 [] President [X] Senate State: AR
Disbursement For: [] Primary [X] General 2014 [] Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures 289.54
(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 10 / 30 / 2014
Signature

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

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

Full Name of Payee Stuart T Haley
Mailing Address 600 W Vine Ave
City Searcy State AR Zip Code 72143
Purpose of Expenditure Salary Category/Type 001

Date of Public Distribution/Dissemination 10 / 28 / 2014
Amount 135.00
Transaction ID : 1d053f04-bd7a-46ff-b
Date of Disbursement or Obligation 10 / 28 / 2014

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

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

Full Name of Payee Joseph Dockers
Mailing Address 1000 Fairway Dr
City chesapeake State VA Zip Code 23320
Purpose of Expenditure Salary Category/Type 001

Date of Public Distribution/Dissemination 10 / 28 / 2014
Amount 40.00
Transaction ID : acb9902c-1709-4fd5-b
Date of Disbursement or Obligation 10 / 28 / 2014

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

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

Table with 2 columns: Description and Amount. (a) SUBTOTAL of Itemized Independent Expenditures 175.00, (b) SUBTOTAL of Unitemized Independent Expenditures, (c) TOTAL Independent Expenditures

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

Ms. Emily Buchanan [Electronically Filed] Date 10 / 30 / 2014
Signature

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

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

Full Name of Payee Xavier Miller
Mailing Address 407 randall Dr
City Searcy State AR Zip Code 72143
Purpose of Expenditure Salary Category/Type 001
Name of Federal Candidate Mr. Mark L Pryor [] Support [X] Oppose
Calendar Year-To-Date Per Election for Office Sought 214365.41

Date of Public Distribution/Dissemination 10 / 28 / 2014
Amount 135.00
Transaction ID : e6450736-79e2-45b1-a
Date of Disbursement or Obligation 10 / 28 / 2014
Office Sought: [] House District: 00 [] President [X] Senate State: AR
Disbursement For: [] Primary [X] General 2014 [] Other (specify)

Full Name of Payee Xavier Miller
Mailing Address 407 randall Dr
City Searcy State AR Zip Code 72143
Purpose of Expenditure Mileage Category/Type 002
Name of Federal Candidate Mr. Mark L Pryor [] Support [X] Oppose
Calendar Year-To-Date Per Election for Office Sought 214365.41

Date of Public Distribution/Dissemination 10 / 28 / 2014
Amount 111.00
Transaction ID : 125a4fae-653c-4d6f-9
Date of Disbursement or Obligation 10 / 28 / 2014
Office Sought: [] House District: 00 [] President [X] Senate State: AR
Disbursement For: [] Primary [X] General 2014 [] Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures 246.00
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL Independent Expenditures

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.
Ms. Emily Buchanan [Electronically Filed] Date 10 / 30 / 2014
Signature

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

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

Full Name of Payee James E Dacus
Mailing Address 117 Cynthia Ave
City Farmington State AR Zip Code 72730
Purpose of Expenditure Salary Category/Type 001
Name of Federal Candidate Mr. Mark L Pryor [] Support [X] Oppose
Calendar Year-To-Date Per Election for Office Sought 214365.41

Date of Public Distribution/Dissemination 10 / 28 / 2014
Amount 20.00
Transaction ID : 6f569374-0a3f-43b0-a
Date of Disbursement or Obligation 10 / 28 / 2014
Office Sought: [] House District: 00 [] President [X] Senate State: AR
Disbursement For: [] Primary [X] General 2014 [] Other (specify)

Full Name of Payee James E Dacus
Mailing Address 117 Cynthia Ave
City Farmington State AR Zip Code 72730
Purpose of Expenditure Mileage Category/Type 002
Name of Federal Candidate Mr. Mark L Pryor [] Support [X] Oppose
Calendar Year-To-Date Per Election for Office Sought 214365.41

Date of Public Distribution/Dissemination 10 / 28 / 2014
Amount 3.30
Transaction ID : e02d8f21-cb9a-47bf-b
Date of Disbursement or Obligation 10 / 28 / 2014
Office Sought: [] House District: 00 [] President [X] Senate State: AR
Disbursement For: [] Primary [X] General 2014 [] Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures 23.30
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL Independent Expenditures

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.
Ms. Emily Buchanan [Electronically Filed] Date 10 / 30 / 2014
Signature

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

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

Full Name of Payee LaVonna A Brown
Mailing Address 1211 Treaty Rd
City Delphos State KS Zip Code 67436
Purpose of Expenditure Salary Category/Type 001
Name of Federal Candidate Mr. Greg Orman [] Support [X] Oppose
Calendar Year-To-Date Per Election for Office Sought 190677.60

Date of Public Distribution/Dissemination 10 / 28 / 2014
Amount 30.00
Transaction ID : 4dab7f02-d38a-41b5-9
Date of Disbursement or Obligation 10 / 28 / 2014
Office Sought: [] House District: 00 [] President [X] Senate State: KS
Disbursement For: [] Primary [X] General 2014 [] Other (specify)

Full Name of Payee LaVonna A Brown
Mailing Address 1211 Treaty Rd
City Delphos State KS Zip Code 67436
Purpose of Expenditure Mileage Category/Type 002
Name of Federal Candidate Mr. Greg Orman [] Support [X] Oppose
Calendar Year-To-Date Per Election for Office Sought 190677.60

Date of Public Distribution/Dissemination 10 / 28 / 2014
Amount 7.20
Transaction ID : 11cb7455-684e-42c1-8
Date of Disbursement or Obligation 10 / 28 / 2014
Office Sought: [] House District: 00 [] President [X] Senate State: KS
Disbursement For: [] Primary [X] General 2014 [] Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures 37.20
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL Independent Expenditures

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.
Ms. Emily Buchanan [Electronically Filed] Date 10 / 30 / 2014
Signature

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

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

Full Name of Payee Amelia Brackett
Mailing Address 804 Roundabout Circle
City Searcy State AR Zip Code 72143
Purpose of Expenditure Salary Category/Type 001
Name of Federal Candidate Mr. Mark L Pryor [] Support [X] Oppose
Calendar Year-To-Date Per Election for Office Sought 214365.41

Date of Public Distribution/Dissemination 10 / 28 / 2014
Amount 135.00
Transaction ID : 13841d9d-1b44-4067-8
Date of Disbursement or Obligation 10 / 28 / 2014
Office Sought: [] House District: 00 [] President [X] Senate State: AR
Disbursement For: [] Primary [X] General 2014 [] Other (specify)

Full Name of Payee Kaitlyn B Allen
Mailing Address 2121 Daniel Dr
City Searcy State AR Zip Code 72143
Purpose of Expenditure Salary Category/Type 001
Name of Federal Candidate Mr. Mark L Pryor [] Support [X] Oppose
Calendar Year-To-Date Per Election for Office Sought 214365.41

Date of Public Distribution/Dissemination 10 / 28 / 2014
Amount 135.00
Transaction ID : 36b8486f-83fd-475e-9
Date of Disbursement or Obligation 10 / 28 / 2014
Office Sought: [] House District: 00 [] President [X] Senate State: AR
Disbursement For: [] Primary [X] General 2014 [] Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures 270.00
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL Independent Expenditures

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.
Ms. Emily Buchanan [Electronically Filed] Date 10 / 30 / 2014
Signature

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

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

Full Name of Payee Kaitlyn B Allen
Mailing Address 2121 Daniel Dr
City Searcy State AR Zip Code 72143
Purpose of Expenditure Mileage Category/Type 002
Date of Public Distribution/Dissemination 10/28/2014
Amount 147.00
Transaction ID : a29c0e89-5e37-4d48-8
Date of Disbursement or Obligation 10/28/2014
Name of Federal Candidate Mr. Mark L Pryor [] Support [X] Oppose
Office Sought: [] House District: 00 [] President [X] Senate State: AR
Calendar Year-To-Date Per Election for Office Sought 214365.41
Disbursement For: [] Primary [X] General 2014 [] Other (specify)

Full Name of Payee Parker H Morrow
Mailing Address 506 N Horton Street
City Searcy State AR Zip Code 72143
Purpose of Expenditure Salary Category/Type 001
Date of Public Distribution/Dissemination 10/28/2014
Amount 80.00
Transaction ID : a97016d1-c691-4bde-a
Date of Disbursement or Obligation 10/28/2014
Name of Federal Candidate Mr. Mark L Pryor [] Support [X] Oppose
Office Sought: [] House District: 00 [] President [X] Senate State: AR
Calendar Year-To-Date Per Election for Office Sought 214365.41
Disbursement For: [] Primary [X] General 2014 [] Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures 227.00
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL Independent Expenditures

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.
Ms. Emily Buchanan [Electronically Filed] Date 10/30/2014
Signature

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

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

Full Name of Payee Parker H Morrow
Mailing Address 506 N Horton Street
City Searcy State AR Zip Code 72143
Purpose of Expenditure Mileage Category/Type 002
Name of Federal Candidate Mr. Mark L Pryor [] Support [X] Oppose
Calendar Year-To-Date Per Election for Office Sought 214365.41

Date of Public Distribution/Dissemination 10 / 28 / 2014
Amount 25.20
Transaction ID : 8b0d8c04-5ba9-4cad-a
Date of Disbursement or Obligation 10 / 28 / 2014
Office Sought: [] House District: 00 [] President [X] Senate State: AR
Disbursement For: [] Primary [X] General 2014 [] Other (specify)

Full Name of Payee Earl Stewart
Mailing Address 9455 Snow Camp Road
City Snowcamp State NC Zip Code 27349
Purpose of Expenditure Salary Category/Type 001
Name of Federal Candidate Ms. Kay Hagan [] Support [X] Oppose
Calendar Year-To-Date Per Election for Office Sought 1070184.43

Date of Public Distribution/Dissemination 10 / 28 / 2014
Amount 60.00
Transaction ID : 66359cf0-efa0-45b0-a
Date of Disbursement or Obligation 10 / 28 / 2014
Office Sought: [] House District: 00 [] President [X] Senate State: NC
Disbursement For: [] Primary [X] General 2014 [] Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures 85.20
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL Independent Expenditures

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.
Ms. Emily Buchanan [Electronically Filed] Date 10 / 30 / 2014
Signature

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

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

Full Name of Payee Earl Stewart
Mailing Address 9455 Snow Camp Road
City Snowcamp State NC Zip Code 27349
Purpose of Expenditure Mileage Category/Type 002
Name of Federal Candidate Ms. Kay Hagan [] Support [X] Oppose
Calendar Year-To-Date Per Election for Office Sought 1070184.43

Date of Public Distribution/Dissemination 10 / 28 / 2014
Amount 8.40
Transaction ID : c3190592-eeeb-4a37-9
Date of Disbursement or Obligation 10 / 28 / 2014
Office Sought: [] House District: 00 [] President [X] Senate State: NC
Disbursement For: [] Primary [X] General 2014 [] Other (specify)

Full Name of Payee Jeanne Tribou
Mailing Address 22369 Ponderosa Dr.
City Mandeville State LA Zip Code 70471
Purpose of Expenditure Salary Category/Type 001
Name of Federal Candidate Ms. Mary L Landrieu [] Support [X] Oppose
Calendar Year-To-Date Per Election for Office Sought 217987.97

Date of Public Distribution/Dissemination 10 / 28 / 2014
Amount 35.00
Transaction ID : 23ccc14a-701a-4865-a
Date of Disbursement or Obligation 10 / 28 / 2014
Office Sought: [] House District: 00 [] President [X] Senate State: LA
Disbursement For: [] Primary [X] General 2014 [] Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures 43.40
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL Independent Expenditures

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.
Ms. Emily Buchanan [Electronically Filed] Date 10 / 30 / 2014
Signature

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

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

Full Name of Payee Jeanne Tribou
Mailing Address 22369 Ponderosa Dr.
City Mandeville State LA Zip Code 70471
Purpose of Expenditure Mileage Category/Type 002
Date of Public Distribution/Dissemination 10/28/2014
Amount 9.90
Transaction ID : 4fe46f9a-b134-48e1-9
Date of Disbursement or Obligation 10/28/2014
Name of Federal Candidate Ms. Mary L Landrieu [] Support [X] Oppose
Office Sought: [] House District: 00 [] President [X] Senate State: LA
Calendar Year-To-Date Per Election for Office Sought 217987.97
Disbursement For: [] Primary [X] General 2014 [] Other (specify)

Full Name of Payee Kaylan N Swanson
Mailing Address 633 Scott Dr
City Gibsonville State NC Zip Code 27249
Purpose of Expenditure Salary Category/Type 001
Date of Public Distribution/Dissemination 10/28/2014
Amount 90.00
Transaction ID : 67ccaf11-f5ef-4572-9
Date of Disbursement or Obligation 10/28/2014
Name of Federal Candidate Ms. Kay Hagan [] Support [X] Oppose
Office Sought: [] House District: 00 [] President [X] Senate State: NC
Calendar Year-To-Date Per Election for Office Sought 1070184.43
Disbursement For: [] Primary [X] General 2014 [] Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures 99.90
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL Independent Expenditures

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.
Ms. Emily Buchanan [Electronically Filed] Date 10/30/2014
Signature

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

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

Full Name of Payee Hannah K Smith
Mailing Address 633 Scott Dr
City Gibsonville State NC Zip Code 27249
Purpose of Expenditure Salary Category/Type 001
Name of Federal Candidate Ms. Kay Hagan [] Support [X] Oppose
Calendar Year-To-Date Per Election for Office Sought 1070184.43

Date of Public Distribution/Dissemination 10 / 28 / 2014
Amount 90.00
Transaction ID : d7dfa1a7-658d-4a44-8
Date of Disbursement or Obligation 10 / 28 / 2014
Office Sought: [] House District: 00 [] President [X] Senate State: NC
Disbursement For: [] Primary [X] General 2014 [] Other (specify)

Full Name of Payee Hannah K Smith
Mailing Address 633 Scott Dr
City Gibsonville State NC Zip Code 27249
Purpose of Expenditure Mileage Category/Type 002
Name of Federal Candidate Ms. Kay Hagan [] Support [X] Oppose
Calendar Year-To-Date Per Election for Office Sought 1070184.43

Date of Public Distribution/Dissemination 10 / 28 / 2014
Amount 11.40
Transaction ID : 35d86f94-1315-43b3-9
Date of Disbursement or Obligation 10 / 28 / 2014
Office Sought: [] House District: 00 [] President [X] Senate State: NC
Disbursement For: [] Primary [X] General 2014 [] Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures 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 10 / 30 / 2014
Signature

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

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

Full Name of Payee Anselma A Trinidad
Mailing Address 7915 Curtina Ln
City Lewisville State NC Zip Code 27023
Purpose of Expenditure Salary Category/Type 001
Name of Federal Candidate Ms. Kay Hagan [] Support [X] Oppose
Calendar Year-To-Date Per Election for Office Sought 1070184.43

Date of Public Distribution/Dissemination 10 / 28 / 2014
Amount 90.00
Transaction ID : 8c773e6c-fc9f-4127-a
Date of Disbursement or Obligation 10 / 28 / 2014
Office Sought: [] House District: 00 [] President [X] Senate State: NC
Disbursement For: [] Primary [X] General 2014 [] Other (specify)

Full Name of Payee Chance B Ross
Mailing Address 920 W Gracewood Apt 106
City Fayetteville State AR Zip Code 72701
Purpose of Expenditure Salary Category/Type 001
Name of Federal Candidate Mr. Mark L Pryor [] Support [X] Oppose
Calendar Year-To-Date Per Election for Office Sought 214365.41

Date of Public Distribution/Dissemination 10 / 28 / 2014
Amount 40.00
Transaction ID : e0165e0f-5d83-4a2e-a
Date of Disbursement or Obligation 10 / 28 / 2014
Office Sought: [] House District: 00 [] President [X] Senate State: AR
Disbursement For: [] Primary [X] General 2014 [] Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures 130.00
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL Independent Expenditures

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.
Ms. Emily Buchanan [Electronically Filed] Date 10 / 30 / 2014
Signature

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

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

Full Name of Payee Chance B Ross
Mailing Address 920 W Gracewood Apt 106
City Fayetteville State AR Zip Code 72701
Purpose of Expenditure Mileage Category/Type 002
Date of Public Distribution/Dissemination 10/28/2014
Amount 21.00
Transaction ID : 2c5abb8e-6a3a-4719-8
Date of Disbursement or Obligation 10/28/2014
Name of Federal Candidate Mr. Mark L Pryor [] Support [X] Oppose
Office Sought: [] House District: 00 [] President [X] Senate State: AR
Calendar Year-To-Date Per Election for Office Sought 214365.41
Disbursement For: [] Primary [X] General 2014 [] Other (specify)

Full Name of Payee Rhonda Moback
Mailing Address 2704 E Glen Oaks Dr
City Wichita State KS Zip Code 67216
Purpose of Expenditure Salary Category/Type 001
Date of Public Distribution/Dissemination 10/28/2014
Amount 40.00
Transaction ID : c75e8776-fcd7-4b1f-9
Date of Disbursement or Obligation 10/28/2014
Name of Federal Candidate Mr. Greg Orman [] Support [X] Oppose
Office Sought: [] House District: 00 [] President [X] Senate State: KS
Calendar Year-To-Date Per Election for Office Sought 190677.60
Disbursement For: [] Primary [X] General 2014 [] Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures 61.00
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL Independent Expenditures

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.
Ms. Emily Buchanan [Electronically Filed] Date 10/30/2014
Signature

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

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

Full Name of Payee Rhonda Moback
Mailing Address 2704 E Glen Oaks Dr
City Wichita State KS Zip Code 67216
Purpose of Expenditure Mileage Category/Type 002
Name of Federal Candidate Mr. Greg Orman [] Support [X] Oppose
Calendar Year-To-Date Per Election for Office Sought 190677.60

Date of Public Distribution/Dissemination 10 / 28 / 2014
Amount 16.20
Transaction ID : 132425f1-86ae-44cd-b
Date of Disbursement or Obligation 10 / 28 / 2014
Office Sought: [] House District: 00 [] President [X] Senate State: KS
Disbursement For: [] Primary [X] General 2014 [] Other (specify)

Full Name of Payee Corban L Barnett
Mailing Address 1001 N Prospect
City Liberal State KS Zip Code 67901
Purpose of Expenditure Salary Category/Type 001
Name of Federal Candidate Mr. Greg Orman [] Support [X] Oppose
Calendar Year-To-Date Per Election for Office Sought 190677.60

Date of Public Distribution/Dissemination 10 / 28 / 2014
Amount 15.00
Transaction ID : 5249add1-938d-483e-9
Date of Disbursement or Obligation 10 / 28 / 2014
Office Sought: [] House District: 00 [] President [X] Senate State: KS
Disbursement For: [] Primary [X] General 2014 [] Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures 31.20
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL Independent Expenditures

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.
Ms. Emily Buchanan [Electronically Filed] Date 10 / 30 / 2014
Signature

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

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

Full Name of Payee Corban L Barnett
Mailing Address 1001 N Prospect
City Liberal State KS Zip Code 67901
Purpose of Expenditure Mileage Category/Type 002
Name of Federal Candidate Mr. Greg Orman [] Support [X] Oppose
Calendar Year-To-Date Per Election for Office Sought 190677.60

Date of Public Distribution/Dissemination 10 / 28 / 2014
Amount 0.90
Transaction ID : 200f4022-48b0-401d-8
Date of Disbursement or Obligation 10 / 28 / 2014
Office Sought: [] House District: 00 [] President [X] Senate State: KS
Disbursement For: [] Primary [X] General 2014 [] Other (specify)

Full Name of Payee Chad Stieben
Mailing Address 16864 Stillwell Rd
City Bonner Springs State KS Zip Code 66012
Purpose of Expenditure Salary Category/Type 001
Name of Federal Candidate Mr. Greg Orman [] Support [X] Oppose
Calendar Year-To-Date Per Election for Office Sought 190677.60

Date of Public Distribution/Dissemination 10 / 28 / 2014
Amount 10.00
Transaction ID : de7efd1e-358f-4c37-a
Date of Disbursement or Obligation 10 / 28 / 2014
Office Sought: [] House District: 00 [] President [X] Senate State: KS
Disbursement For: [] Primary [X] General 2014 [] Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures 10.90
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL Independent Expenditures

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.
Ms. Emily Buchanan [Electronically Filed] Date 10 / 30 / 2014
Signature

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

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

Full Name of Payee Chad Stieben
Mailing Address 16864 Stillwell Rd
City Bonner Springs State KS Zip Code 66012
Purpose of Expenditure Mileage Category/Type 002
Name of Federal Candidate Mr. Greg Orman [] Support [X] Oppose
Calendar Year-To-Date Per Election for Office Sought 190677.60

Date of Public Distribution/Dissemination 10 / 28 / 2014
Amount 6.00
Transaction ID : 1af55eee-73b3-4a38-8
Date of Disbursement or Obligation 10 / 28 / 2014
Office Sought: [] House District: 00 [] President [X] Senate State: KS
Disbursement For: [] Primary [X] General 2014 [] Other (specify)

Full Name of Payee Dianna R Williams
Mailing Address 1510 W Pawnee Apt 2103
City Wichita State KS Zip Code 67213
Purpose of Expenditure Salary Category/Type 001
Name of Federal Candidate Mr. Greg Orman [] Support [X] Oppose
Calendar Year-To-Date Per Election for Office Sought 190677.60

Date of Public Distribution/Dissemination 10 / 28 / 2014
Amount 40.00
Transaction ID : 078c0972-cea5-4439-8
Date of Disbursement or Obligation 10 / 28 / 2014
Office Sought: [] House District: 00 [] President [X] Senate State: KS
Disbursement For: [] Primary [X] General 2014 [] Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures 46.00
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL Independent Expenditures

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.
Ms. Emily Buchanan [Electronically Filed] Date 10 / 30 / 2014
Signature

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

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

Full Name of Payee Dianna R Williams
Mailing Address 1510 W Pawnee Apt 2103
City Wichita State KS Zip Code 67213
Purpose of Expenditure Mileage Category/Type 002
Name of Federal Candidate Mr. Greg Orman [] Support [X] Oppose
Calendar Year-To-Date Per Election for Office Sought 190677.60

Date of Public Distribution/Dissemination 10 / 28 / 2014
Amount 6.30
Transaction ID : 78aa3e3a-20c0-4be5-a
Date of Disbursement or Obligation 10 / 28 / 2014
Office Sought: [] House District: 00 [] President [X] Senate State: KS
Disbursement For: [] Primary [X] General 2014 [] Other (specify)

Full Name of Payee Andrea M Gatts
Mailing Address 6894 106th
City Ozawkie State KS Zip Code 66070
Purpose of Expenditure Salary Category/Type 001
Name of Federal Candidate Mr. Greg Orman [] Support [X] Oppose
Calendar Year-To-Date Per Election for Office Sought 190677.60

Date of Public Distribution/Dissemination 10 / 28 / 2014
Amount 10.00
Transaction ID : 49852378-acd5-4abc-8
Date of Disbursement or Obligation 10 / 28 / 2014
Office Sought: [] House District: 00 [] President [X] Senate State: KS
Disbursement For: [] Primary [X] General 2014 [] Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures 16.30
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL Independent Expenditures

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

Ms. Emily Buchanan [Electronically Filed] Date 10 / 30 / 2014
Signature

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

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

Full Name of Payee Andrea M Gatts
Mailing Address 6894 106th
City Ozawkie State KS Zip Code 66070
Purpose of Expenditure Mileage Category/Type 002
Date of Public Distribution/Dissemination 10/28/2014
Amount 6.00
Transaction ID : 37cbfe59-7962-4367-b
Date of Disbursement or Obligation 10/28/2014
Name of Federal Candidate Mr. Greg Orman [] Support [X] Oppose
Office Sought: [] House District: 00 [] President [X] Senate State: KS
Calendar Year-To-Date Per Election for Office Sought 190677.60
Disbursement For: [] Primary [X] General 2014 [] Other (specify)

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

Table with 2 columns: Description and Amount. (a) SUBTOTAL of Itemized Independent Expenditures 6.00; (b) SUBTOTAL of Unitemized Independent Expenditures; (c) TOTAL Independent Expenditures 13641.36

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.
Ms. Emily Buchanan [Electronically Filed] Date 10/30/2014
Signature