

# 24/48 HOUR NOTICE OF INDEPENDENT EXPENDITURES (SCHEDULE E)

PAGE 1 OF 3  
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) <b>WOMEN VOTE!</b>	FEC IDENTIFICATION NUMBER <b>C</b> C00473918
Check If <input checked="" type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input checked="" type="checkbox"/> Amends report filed on	
<div style="display: flex; justify-content: space-around;"> <span>MM / DD / YYYY 10 / 19 / 2012</span> </div>	

Full Name (Last, First, Middle Initial) of Payee <b>The Pivot Group, Inc</b>		Date MM / DD / YYYY 10 / 19 / 2012
Mailing Address 1720 I St. NW Suite 550		Amount 17321.76
City Washington	State DC	
Purpose of Expenditure Mailhouse	Category/ Type	Transaction ID : <b>SE-6198</b>
Name of Federal Candidate Supported or Opposed by Expenditure: Jonathan Paton		Office Sought: <input checked="" type="checkbox"/> House    State: <u>AZ</u> <input type="checkbox"/> Senate    District: <u>01</u> <input type="checkbox"/> President
Calendar Year-To-Date Per Election for Office Sought 132549.12		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)

Full Name (Last, First, Middle Initial) of Payee <b>The Strategy Group</b>		Date MM / DD / YYYY 10 / 19 / 2012
Mailing Address 1606 20th Street NW Floor 3		Amount 12462.46
City Washington	State DC	
Purpose of Expenditure Mailhouse	Category/ Type	Transaction ID : <b>SE-6200</b>
Name of Federal Candidate Supported or Opposed by Expenditure: Robert Schilling		Office Sought: <input checked="" type="checkbox"/> House    State: <u>IL</u> <input type="checkbox"/> Senate    District: <u>17</u> <input type="checkbox"/> President
Calendar Year-To-Date Per Election for Office Sought 274428.70		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures.....	29784.22
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures .....	[Empty Box]
(c) <b>TOTAL</b> Independent Expenditures.....	[Empty Box]

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

*Caroline Fines*

Signature \_\_\_\_\_ [Electronically Filed] Date MM / DD / YYYY  
10 / 29 / 2012

# 24/48 HOUR NOTICE OF INDEPENDENT EXPENDITURES (SCHEDULE E)

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<div style="display: flex; justify-content: space-around;"> <span>M M / D D / Y Y Y Y Y Y 10 / 19 / 2012</span> </div>	

Full Name (Last, First, Middle Initial) of Payee <b>The Strategy Group</b>		Date 10 / 19 / 2012
Mailing Address 1606 20th Street NW Floor 3		Amount 4154.15
City Washington	State DC	Zip Code 20009
Purpose of Expenditure Mailhouse	Category/Type	Transaction ID : SE-6201
Name of Federal Candidate Supported or Opposed by Expenditure: Cheri Bustos		Office Sought: <input checked="" type="checkbox"/> House    State: IL <input type="checkbox"/> Senate    District: 17 <input type="checkbox"/> President
Calendar Year-To-Date Per Election for Office Sought 274428.70		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)

Full Name (Last, First, Middle Initial) of Payee <b>Waterfront Strategies</b>		Date 10 / 19 / 2012
Mailing Address 3050 K Street NW Suite 100		Amount 319125.00
City Washington	State DC	Zip Code 20007
Purpose of Expenditure Media Buy	Category/Type	Transaction ID : SE-6202
Name of Federal Candidate Supported or Opposed by Expenditure: Dean Heller		Office Sought: <input type="checkbox"/> House    State: NV <input checked="" type="checkbox"/> Senate    District: <input type="checkbox"/> President
Calendar Year-To-Date Per Election for Office Sought 615430.32		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures.....	323279.15
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures .....	
(c) <b>TOTAL</b> Independent Expenditures.....	

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*Caroline Fines*  
Signature \_\_\_\_\_ [Electronically Filed] Date 10 / 29 / 2012

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M M / D D / Y Y Y Y Y Y 10 / 19 / 2012	

Full Name (Last, First, Middle Initial) of Payee <b>Waterfront Strategies</b>	
Mailing Address 3050 K Street NW Suite 100	
City Washington	State DC
Zip Code 20007	
Purpose of Expenditure Media Production	Category/ Type
Name of Federal Candidate Supported or Opposed by Expenditure: Dean Heller	
Calendar Year-To-Date Per Election for Office Sought <b>615430.32</b>	

Date 10 / 19 / 2012
Amount <b>4832.32</b>
Transaction ID : <b>SE-6203</b>
Office Sought: <input type="checkbox"/> House    State: <u>NV</u> <input checked="" type="checkbox"/> Senate    District: _____ <input type="checkbox"/> President
Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

Full Name (Last, First, Middle Initial) of Payee <b>Misson Control</b>	
Mailing Address 114 A Mansfield Hollow Rd	
City Mansfield Center	State CT
Zip Code 06250	
Purpose of Expenditure Mailhouse	Category/ Type
Name of Federal Candidate Supported or Opposed by Expenditure: Tommy Thompson	
Calendar Year-To-Date Per Election for Office Sought <b>1969008.92</b>	

Date 10 / 19 / 2012
Amount <b>54114.00</b>
Transaction ID : <b>SE-6207</b>
Office Sought: <input type="checkbox"/> House    State: <u>WI</u> <input checked="" type="checkbox"/> Senate    District: _____ <input type="checkbox"/> President
Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures.....	<b>58946.32</b>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures .....	
(c) <b>TOTAL</b> Independent Expenditures.....	<b>412009.69</b>

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*Caroline Fines*  
Signature \_\_\_\_\_ [Electronically Filed] Date 10 / 29 / 2012