

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Write or Type Committee Name

Women Speak Out PAC

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

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2014"/>	<input type="text" value="1842.48"/>	<input type="text" value="1842.48"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="414481.22"/>	
(c) Total Receipts (from Line 19)	<input type="text" value="27620"/>	<input type="text" value="447830"/>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	<input type="text" value="442101.22"/>	<input type="text" value="449672.48"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="87198.18"/>	<input type="text" value="94769.44"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="354903.04"/>	<input type="text" value="354903.04"/>
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	<input type="text" value="-0.00"/>	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	<input type="text" value="-0.00"/>	

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

For further information contact:

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

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

DETAILED SUMMARY PAGE
of Receipts

Write or Type Committee Name

Women Speak Out PAC

Report Covering the Period: From: 05 / 01 / 2014 To: 05 / 31 / 2014

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	24050.00	444050.00
(ii) Unitemized	3570.00	3780.00
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	27620	447830
(b) Political Party Committees	0	0
(c) Other Political Committees (such as PACs).....	0	0
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5)	27620	447830
12. Transfers From Affiliated/Other Party Committees.....	-0.00	-0.00
13. All Loans Received	-0.00	-0.00
14. Loan Repayments Received.....	-0.00	-0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....	-0.00	-0.00
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	-0.00	-0.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	-0.00	-0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3).....	-0.00	-0.00
(b) Levin Funds (from Schedule H5)	-0.00	-0.00
(c) Total Transfers (add 18(a) and 18(b))..	0	0
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))..... ▶	27620	447830
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	27620	447830

DETAILED SUMMARY PAGE

of Disbursements

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share	-0.00	-0.00
(ii) Non-Federal Share.....	-0.00	-0.00
(b) Other Federal Operating Expenditures	31613.30	32059.56
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	31613.3	32059.56
22. Transfers to Affiliated/Other Party Committees.....	-0.00	-0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	0	0
24. Independent Expenditures (use Schedule E)	55584.88	62709.88
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....	-0.00	-0.00
26. Loan Repayments Made.....	-0.00	-0.00
27. Loans Made.....	-0.00	-0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0	0
(b) Political Party Committees	0	0
(c) Other Political Committees (such as PACs).....	0	0
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0	0
29. Other Disbursements	-0.00	-0.00
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share	-0.00	-0.00
(ii) "Levin" Share.....	-0.00	-0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	-0.00	-0.00
(c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b))....	-0.00	0
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	87198.18	94769.44
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	87198.18	94769.44

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3)	27620	447830
34. Total Contribution Refunds (from Line 28(d))	0	0
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	27620	447830
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	31613.3	32059.56
37. Offsets to Operating Expenditures (from Line 15, page 3).....	-0.00	-0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	31613.3	32059.56

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 6 OF 57
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

NAME OF COMMITTEE (In Full)
Women Speak Out PAC

A. Mrs. Mary Ellen Bork
 Full Name (Last, First, Middle Initial)
 Mailing Address 6520 Ridge Street
 City State Zip Code
 Mc Lean VA 22101
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Free Lance Writer American Enterprise
 Receipt For: 2014
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 21 / 2014
Transaction ID : BB-B669-17B9A1665972
 Amount of Each Receipt this Period
 500.00

B. Mr. Richard Bruno
 Full Name (Last, First, Middle Initial)
 Mailing Address P.O Box 11
 City State Zip Code
 Piermont NY 10968
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Contractor Self-Employed
 Receipt For: 2014
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 1000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 21 / 2014
Transaction ID : 86-9A14-D47DF677A8C0
 Amount of Each Receipt this Period
 1000.00

C. Mr. Michael D. Burchell
 Full Name (Last, First, Middle Initial)
 Mailing Address 28 Bryon Road Apt. 2
 City State Zip Code
 Chestnut Hill MA 02467
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Retired Retired
 Receipt For: 2014
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 600.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 22 / 2014
Transaction ID : 50-9C80-FEABB217896E
 Amount of Each Receipt this Period
 600.00

SUBTOTAL of Receipts This Page (optional).....▶	2100.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 OF 57
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
Women Speak Out PAC

A. Marylane Burry
Full Name (Last, First, Middle Initial)
Mailing Address 305 Southwinds
City Tinton Falls State NJ Zip Code 07753
FEC ID number of contributing federal political committee. **C**
Name of Employer Homemaker/Volunteer Occupation Homemaker/Volunteer
Receipt For: 2014
 Primary General
 Other (specify) ▼
Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
05 / 19 / 2014
Transaction ID : D8-B5D8-3213CBAA1351
Amount of Each Receipt this Period
1000.00

B. Mr. Robert Crnkovich
Full Name (Last, First, Middle Initial)
Mailing Address 5907 Moss Wood Lane
City McLean State VA Zip Code 22101
FEC ID number of contributing federal political committee. **C**
Name of Employer U.S. Department of Treasury Occupation Accountant
Receipt For: 2014
 Primary General
 Other (specify) ▼
Aggregate Year-to-Date ▼ 5000.00

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
05 / 29 / 2014
Transaction ID : 2B-88E7-0599EE2D6BAF
Amount of Each Receipt this Period
5000.00

C. Mrs. Carol Crossed
Full Name (Last, First, Middle Initial)
Mailing Address 1675 Clover Street
City Rochester State NY Zip Code 14618
FEC ID number of contributing federal political committee. **C**
Name of Employer Susan B Anthony Birthplace Museum" Occupation President
Receipt For: 2014
 Primary General
 Other (specify) ▼
Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
05 / 19 / 2014
Transaction ID : 95-9126-2B10363A79E7
Amount of Each Receipt this Period
1000.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 7000.00
TOTAL This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 OF 57
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)
Women Speak Out PAC

A. Mr. Jimmy Dempsey
 Full Name (Last, First, Middle Initial)
 Mailing Address 205 S Spruce Street
 City State Zip Code
 Vivian LA 71082
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Dempsey Oil Independent Oil Producer
 Receipt For: 2014
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 1000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 27 / 2014
Transaction ID : B6-B787-E4736305936E
 Amount of Each Receipt this Period
 1000.00

B. Miss Catherine Fiora
 Full Name (Last, First, Middle Initial)
 Mailing Address 5015 Battery Lane Apt. 1101
 City State Zip Code
 Bethesda MD 20814
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Retired Retired
 Receipt For: 2014
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 19 / 2014
Transaction ID : E2-8F83-618DA5CC1BCA
 Amount of Each Receipt this Period
 250.00

C. Ms. Maricel Heeter
 Full Name (Last, First, Middle Initial)
 Mailing Address 1435 Oakview Drive
 City State Zip Code
 McLean VA 22101
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Self-Employed Translator
 Receipt For: 2014
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 27 / 2014
Transaction ID : C2-8428-D3E9A2908687
 Amount of Each Receipt this Period
 500.00

SUBTOTAL of Receipts This Page (optional).....▶	1750.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 OF 57
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
Women Speak Out PAC

A. Mr. Loren Jahn
Full Name (Last, First, Middle Initial)

Mailing Address 13149 N Country Club Court

City Palos Heights State IL Zip Code 60463

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

Name of Employer Retired Occupation Retired

Receipt For: 2014
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 22 / 2014
Transaction ID : 5C-94F5-FE287E6087FC

Amount of Each Receipt this Period
 300.00

B. Mrs. Joanne Kemp
Full Name (Last, First, Middle Initial)

Mailing Address 7904 Greentree Road

City Bethesda State MD Zip Code 20817

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

Name of Employer Homemaker Occupation Homemaker

Receipt For: 2014
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 20 / 2014
Transaction ID : BB-929F-503683FE563A

Amount of Each Receipt this Period
 500.00

C. Mrs. Mary Koessler
Full Name (Last, First, Middle Initial)

Mailing Address South-6122 Old Lake Shore Road

City Lake View State NY Zip Code 14085

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

Name of Employer Retired Occupation Retired

Receipt For: 2014
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 30 / 2014
Transaction ID : 3A-984C-97938D56A4A3

Amount of Each Receipt this Period
 1000.00

SUBTOTAL of Receipts This Page (optional).....▶	1800.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 10 OF 57
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)
Women Speak Out PAC

A. Mrs. Nancy Koons
 Full Name (Last, First, Middle Initial)
 Mailing Address 1207 Windrock Drive
 City State Zip Code
 Mc Lean VA 22102
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Homemaker Homemaker
 Receipt For: 2014
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 22 / 2014
Transaction ID : 99-BBBE-7031F384F18E
 Amount of Each Receipt this Period
 500.00

B. Colonel Francis Patrick McDermott
 Full Name (Last, First, Middle Initial)
 Mailing Address 227 Courtyard Blvd Apt 107
 City State Zip Code
 Sun City Center FL 33573
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Retired Retired
 Receipt For: 2014
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 22 / 2014
Transaction ID : DB-9C4C-C6E71D7B5D7A
 Amount of Each Receipt this Period
 500.00

C. Mrs. Anne G. Morse
 Full Name (Last, First, Middle Initial)
 Mailing Address P.O. Box 11
 City State Zip Code
 Brookeville MD 20833
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Homemaker Homemaker
 Receipt For: 2014
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 21 / 2014
Transaction ID : 60-B74D-33AF24CD7EFD
 Amount of Each Receipt this Period
 500.00

SUBTOTAL of Receipts This Page (optional).....▶	1500.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 11 OF 57
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
Women Speak Out PAC

A. Mr. Robert O. Naegele Jr.
 Full Name (Last, First, Middle Initial)
 Mailing Address 7993 Via. Vecchia
 City Naples State FL Zip Code 34108
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Retired Occupation Retired
 Receipt For: 2014
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 27 / 2014
Transaction ID : 90-ADBF-9A8221A7EBDB
 Amount of Each Receipt this Period
 1000.00

B. Mrs. Carolyn Naughton
 Full Name (Last, First, Middle Initial)
 Mailing Address 3569 South Leisure World Boulevard
 City Silver Spring State MD Zip Code 20906
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Retired Occupation Retired
 Receipt For: 2014
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 600.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 29 / 2014
Transaction ID : 90-8C1C-80C2B651BF72
 Amount of Each Receipt this Period
 600.00

C. Mrs. Geraldine Novak
 Full Name (Last, First, Middle Initial)
 Mailing Address 801 Pennsylvania Avenue NW #1022
 City Washington State DC Zip Code 20004
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Retired Occupation Retired
 Receipt For: 2014
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 22 / 2014
Transaction ID : BE-A769-DEA4DC7E0962
 Amount of Each Receipt this Period
 1000.00

SUBTOTAL of Receipts This Page (optional).....▶	2600.00
TOTAL This Period (last page this line number only).....▶	

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 12 OF 57
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Women Speak Out PAC

A. Ms. Rosemary Perez
Full Name (Last, First, Middle Initial)
Mailing Address 6822 Oregon Street

City	State	Zip Code
Buena Park	CA	90621

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

Name of Employer	Occupation
St. Joseph Hospital	Mammographer

Receipt For: 2014
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **300.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	23	/	2014

Transaction ID : BD-884D-6B2F0BF4D6A8

Amount of Each Receipt this Period

300.00

B. Mr. Timothy Perri
Full Name (Last, First, Middle Initial)
Mailing Address 4975 Southwest 65th Avenue

City	State	Zip Code
Portland	OR	97221

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

Name of Employer	Occupation
Best Buy in Town	Business Owner

Receipt For: 2014
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **1500.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	19	/	2014

Transaction ID : 32-BFBF-8C3821085059

Amount of Each Receipt this Period

1500.00

C. Mr. Donald Pins
Full Name (Last, First, Middle Initial)
Mailing Address 19w127 Avenue Latour

City	State	Zip Code
Hinsdale	IL	60523

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

Name of Employer	Occupation
Retired	Retired

Receipt For: 2014
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **500.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	22	/	2014

Transaction ID : 1D-B87D-33ED3159F5FC

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional).....▶	2300.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 13 OF 57
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Women Speak Out PAC

A. Mr. Patrick T. Rainey
 Full Name (Last, First, Middle Initial)
 Mailing Address 3437 Cocard Court
 City Windermere State FL Zip Code 34786
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Retired Occupation Retired
 Receipt For: 2014
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 22 / 2014
Transaction ID : 6B-8988-59295FBC0EA5
 Amount of Each Receipt this Period
 1000.00

B. Mr. Travis Edward Rankin
 Full Name (Last, First, Middle Initial)
 Mailing Address 425 Alcatraz Avenue Apt. 1
 City Oakland State CA Zip Code 94609
 FEC ID number of contributing federal political committee. **C**
 Name of Employer ABM Securty Services Occupation Security Gaurd
 Receipt For: 2014
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 23 / 2014
Transaction ID : 36-AB0E-DAB7A14B467A
 Amount of Each Receipt this Period
 1000.00

C. Mrs. Patricia Scalia
 Full Name (Last, First, Middle Initial)
 Mailing Address 709 Potomac Knolls Drive
 City Mc Lean State VA Zip Code 22102
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Homemaker Occupation Homemaker
 Receipt For: 2014
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 15 / 2014
Transaction ID : BA-80FD-4667A30BB02C
 Amount of Each Receipt this Period
 500.00

SUBTOTAL of Receipts This Page (optional).....▶	2500.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 14 OF 57
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
Women Speak Out PAC

A. Mr. George Suter
Full Name (Last, First, Middle Initial)

Mailing Address 2580 Greenwood Acres Drive

City Dekalb	State IL	Zip Code 60115
----------------	-------------	-------------------

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

Name of Employer Retired	Occupation Retired
-----------------------------	-----------------------

Receipt For: 2014
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	27	/	2014

Transaction ID : 87-ACA1-7D715D4A8A09

Amount of Each Receipt this Period
1000.00

B. John Valerius
Full Name (Last, First, Middle Initial)

Mailing Address 1909 Canterbury St.

City Irving	State TX	Zip Code 75062
----------------	-------------	-------------------

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

Name of Employer Retired	Occupation Retired
-----------------------------	-----------------------

Receipt For: 2014
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	22	/	2014

Transaction ID : 0F-BE47-76F157C7DBC9

Amount of Each Receipt this Period
250.00

C. Bridgett and Steven Wagner
Full Name (Last, First, Middle Initial)

Mailing Address 410 Constitution Ave NE

City Washington	State DC	Zip Code 20002
--------------------	-------------	-------------------

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

Name of Employer QEV Analytics	Occupation Business Executive
-----------------------------------	----------------------------------

Receipt For: 2014
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	22	/	2014

Transaction ID : 0E-BC6F-DFD78014FCDB

Amount of Each Receipt this Period
1000.00

SUBTOTAL of Receipts This Page (optional).....▶	2250.00
TOTAL This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER: PAGE 15 OF 57
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

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NAME OF COMMITTEE (In Full)
Women Speak Out PAC

A. Full Name (Last, First, Middle Initial)
Mr. Michael W. Youtt

Mailing Address 1100 Louisiana Street Suite 4000

City Houston	State TX	Zip Code 77002
-----------------	-------------	-------------------

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

Name of Employer King & Spalding	Occupation Lawyer
-------------------------------------	----------------------

Receipt For: 2014
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
MM / DD / YYYY
05 / 27 / 2014

Transaction ID : FA-86B3-BB4F0868BFF6

Amount of Each Receipt this Period
250.00

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

Mailing Address

City	State	Zip Code
------	-------	----------

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

Name of Employer	Occupation
------------------	------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt
MM / DD / YYYY

Amount of Each Receipt this Period

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

Mailing Address

City	State	Zip Code
------	-------	----------

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

Name of Employer	Occupation
------------------	------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt
MM / DD / YYYY

Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional).....▶	250.00
TOTAL This Period (last page this line number only).....▶	24050.00

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Women Speak Out PAC

Full Name (Last, First, Middle Initial)

A. Activist Manager

Mailing Address PO Box 601

City State Zip Code
Great Falls VA 22066

Purpose of Disbursement
IEFiler.com (FEC Software)

001
Category/
Type

Candidate Name

Office Sought: House Senate President
Disbursement For: 2014
 Primary General
 Other (specify) ▼
State: District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
05 / 13 / 2014

Transaction ID : ED713DF6-710B-44A7-B

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

B. Deluxe Business Productts

Mailing Address PO Box 1186

City State Zip Code
Lancaster CA 93584

Purpose of Disbursement
Office Supplies

001
Category/
Type

Candidate Name

Office Sought: House Senate President
Disbursement For: 2014
 Primary General
 Other (specify) ▼
State: District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
05 / 08 / 2014

Transaction ID : 2B951FB7-EE51-46EB-9

Amount of Each Disbursement this Period

164.17

Full Name (Last, First, Middle Initial)

C. Authorize.Net

Mailing Address PO Box 947

City State Zip Code
American Fork UT 84003

Purpose of Disbursement
Online Fundraising Fees

003
Category/
Type

Candidate Name

Office Sought: House Senate President
Disbursement For: 2014
 Primary General
 Other (specify) ▼
State: District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
05 / 02 / 2014

Transaction ID : 02CCA36B-F359-4CB8-9

Amount of Each Disbursement this Period

30.70

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

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

5194.87

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Women Speak Out PAC

Full Name (Last, First, Middle Initial)

A. Chain Bridge Bank

Mailing Address 1445-A Laughlin Avenue

City McLean State VA Zip Code 22101

Purpose of Disbursement
Wire Transfer Fee

001

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
05 / 21 / 2014

Transaction ID : 8919B40F-E467-463E-A

Amount of Each Disbursement this Period

15.00

Full Name (Last, First, Middle Initial)

B. Intuit

Mailing Address 2632 Marine Way

City Mountain View State CA Zip Code 94042

Purpose of Disbursement
Fundraising Expenses

003

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
05 / 22 / 2014

Transaction ID : 10CB8B0E-3659-4063-A

Amount of Each Disbursement this Period

2.03

Full Name (Last, First, Middle Initial)

C. Intuit

Mailing Address 2632 Marine Way

City Mountain View State CA Zip Code 94042

Purpose of Disbursement
Fundraising Expenses

003

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
05 / 23 / 2014

Transaction ID : 25105C5F-5352-4A53-B

Amount of Each Disbursement this Period

19.85

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

36.88

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Women Speak Out PAC

Full Name (Last, First, Middle Initial)

A. Intuit

Mailing Address 2632 Marine Way

City Mountain View State CA Zip Code 94042

Purpose of Disbursement
Fundraising Expenses

003

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
05 / 27 / 2014

Transaction ID : D6508E13-1812-4F1C-9

Amount of Each Disbursement this Period

9.80

Full Name (Last, First, Middle Initial)

B. Intuit

Mailing Address 2632 Marine Way

City Mountain View State CA Zip Code 94042

Purpose of Disbursement
Fundraising Expenses

003

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
05 / 27 / 2014

Transaction ID : D840A4E9-72E3-44E3-B

Amount of Each Disbursement this Period

63.25

Full Name (Last, First, Middle Initial)

C. New Orleans RTL Educational Foundation

Mailing Address 12430 Brookshire Ave

City Baton Rouge State LA Zip Code 70815

Purpose of Disbursement
Event

007

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
05 / 27 / 2014

Transaction ID : 1490D2DD-0340-4272-A

Amount of Each Disbursement this Period

500.00

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

573.05

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Women Speak Out PAC

Full Name (Last, First, Middle Initial)

A. Intuit

Mailing Address 2632 Marine Way

City Mountain View State CA Zip Code 94042

Purpose of Disbursement
Fundraising Expenses

003

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
05 / 29 / 2014

Transaction ID : E60E81F4-073D-4AED-A

Amount of Each Disbursement this Period

25.30

Full Name (Last, First, Middle Initial)

B. Chain Bridge Bank

Mailing Address 1445-A Laughlin Avenue

City McLean State VA Zip Code 22101

Purpose of Disbursement
Wire Transfer Fee

001

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
05 / 27 / 2014

Transaction ID : 1D2BA2E6-F3CF-4BCB-B

Amount of Each Disbursement this Period

15.00

Full Name (Last, First, Middle Initial)

C. Intuit

Mailing Address 2632 Marine Way

City Mountain View State CA Zip Code 94042

Purpose of Disbursement
Fundraising Fee

003

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
05 / 30 / 2014

Transaction ID : 6FCE089E-6698-4C1C-A

Amount of Each Disbursement this Period

1.80

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

42.10

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Women Speak Out PAC

Full Name (Last, First, Middle Initial)

A. Karen Bell

Mailing Address 1705 N Taylor St.

City Little Rock State AR Zip Code 72207

Purpose of Disbursement
Payroll

001

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	5		0	8		2	0	1	4

Transaction ID : C1F6A399-08F0-4B9C-9

Amount of Each Disbursement this Period

1	6	7	.	0	0
---	---	---	---	---	---

Full Name (Last, First, Middle Initial)

B. Tami Fitzgerald

Mailing Address 109 Carpathian Way

City Raleigh State NC Zip Code 27615

Purpose of Disbursement
Payroll

001

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	5		0	8		2	0	1	4

Transaction ID : 2C396DA8-AA9A-4B21-B

Amount of Each Disbursement this Period

1	2	3	.	3	8
---	---	---	---	---	---

Full Name (Last, First, Middle Initial)

C. 1 Ruth Wisher

Mailing Address 515 Gardere Lane
Apt 215

City Baton Rouge State LA Zip Code 70820

Purpose of Disbursement
Payroll

001

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	5		2	9		2	0	1	4

Transaction ID : 9D8925BF-140A-40A6-9

Amount of Each Disbursement this Period

1	4	4	.	9	3
---	---	---	---	---	---

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

2	8	5	.	1	3
---	---	---	---	---	---

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

2	8	5	.	1	3
---	---	---	---	---	---

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Women Speak Out PAC

Full Name (Last, First, Middle Initial)

A. 1 Robert Clapper

Mailing Address 924 French St.

City State Zip Code
New Orleans LA 70124

Purpose of Disbursement
Payroll

001
Category/
Type

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For: 2014
 Primary General
 Other (specify) ▼

Date of Disbursement

/ /

Transaction ID : 7C6B30F9-2700-4008-A

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

B. 1 Ruth Wisher

Mailing Address 515 Gardere Lane
Apt 215

City State Zip Code
Baton Rouge LA 70820

Purpose of Disbursement
Payroll

001
Category/
Type

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For: 2014
 Primary General
 Other (specify) ▼

Date of Disbursement

/ /

Transaction ID : 7C75D128-7282-4AD2-8

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

C. Karen Bell

Mailing Address 1705 N Taylor St.

City State Zip Code
Little Rock AR 72207

Purpose of Disbursement
Payroll

001
Category/
Type

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For: 2014
 Primary General
 Other (specify) ▼

Date of Disbursement

/ /

Transaction ID : 87BA1A93-D0CE-4681-9

Amount of Each Disbursement this Period

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

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Women Speak Out PAC

Full Name (Last, First, Middle Initial)

A. 1 Patrice Wolfe

Mailing Address 9909 Treasure Hill Rd.

City Little Rock State AR Zip Code 72205

Purpose of Disbursement
Payroll

001

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President
State: District:

Disbursement For: 2014
 Primary General
 Other (specify) ▼

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	5		2	8		2	0	1	4

Transaction ID : 1D4986ED-DF06-4778-9

Amount of Each Disbursement this Period

1	4	4	6	.	2	8
---	---	---	---	---	---	---

Full Name (Last, First, Middle Initial)

B. Tami Fitzgerald

Mailing Address 109 Carpathian Way

City Raleigh State NC Zip Code 27615

Purpose of Disbursement
Payroll

001

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President
State: District:

Disbursement For: 2014
 Primary General
 Other (specify) ▼

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	5		2	8		2	0	1	4

Transaction ID : 1C8D5330-C168-4DD6-8

Amount of Each Disbursement this Period

4	2	0	2	.	8	0
---	---	---	---	---	---	---

Full Name (Last, First, Middle Initial)

C. 1 Grayson Greco

Mailing Address 115 Wyndham Way

City Wilmington State NC Zip Code 24811

Purpose of Disbursement
Payroll

001

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President
State: District:

Disbursement For: 2014
 Primary General
 Other (specify) ▼

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	5		2	8		2	0	1	4

Transaction ID : 44C045C5-69A9-4114-A

Amount of Each Disbursement this Period

5	8	8	.	6	5
---	---	---	---	---	---

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

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

6	2	3	7	.	7	3
---	---	---	---	---	---	---

--	--	--	--	--	--	--

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Women Speak Out PAC

Full Name (Last, First, Middle Initial)

A. Garland Honeycutt

Mailing Address 1081 Fork Mountain Rd

City Bakersville State NC Zip Code 28705

Purpose of Disbursement
Payroll

001
Category/
Type

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: 2014
 Primary General
 Other (specify) ▼

Date of Disbursement

/ /

Transaction ID : 87734103-2AF1-4AE4-B

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

B. 1 Kevin Shinault

Mailing Address 175 Hillcrest Ct.

City Pilot Mountain State NC Zip Code 27041

Purpose of Disbursement
Payroll

001
Category/
Type

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: 2014
 Primary General
 Other (specify) ▼

Date of Disbursement

/ /

Transaction ID : E5FD199A-3B36-467A-9

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

C. 1 Eric Soderstrom

Mailing Address 148 Berry Mountain Rd

City Cramerton State NC Zip Code 28032

Purpose of Disbursement
Payroll

001
Category/
Type

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: 2014
 Primary General
 Other (specify) ▼

Date of Disbursement

/ /

Transaction ID : 1E4B3465-8B2A-4898-8

Amount of Each Disbursement this Period

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

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

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

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

FOR LINE NUMBER:
(check only one)

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

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

NAME OF COMMITTEE (In Full)
Women Speak Out PAC

Full Name (Last, First, Middle Initial)

A. IRS

Mailing Address IRS

City Cincinnati State OH Zip Code 45999

Purpose of Disbursement Taxes

001
Category/
Type

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: 2014
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
05 / 08 / 2014

Transaction ID : 0FDB2471-6E02-488E-8

Amount of Each Disbursement this Period

392.63

Full Name (Last, First, Middle Initial)

B. DC Unemployment Services

Mailing Address 501 C St. NW #501

City Washington State DC Zip Code 20001

Purpose of Disbursement Taxes

001
Category/
Type

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: 2014
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
05 / 08 / 2014

Transaction ID : 553A2916-CCBA-4B91-9

Amount of Each Disbursement this Period

45.50

Full Name (Last, First, Middle Initial)

C. IRS

Mailing Address IRS

City Cincinnati State OH Zip Code 45999

Purpose of Disbursement Taxes

001
Category/
Type

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: 2014
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
05 / 19 / 2014

Transaction ID : 1A12EF90-1C63-4791-8

Amount of Each Disbursement this Period

504.53

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

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

942.66

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Women Speak Out PAC

Full Name (Last, First, Middle Initial)

A. IRS

Mailing Address IRS

City Cincinnati State OH Zip Code 45999

Purpose of Disbursement Taxes

Category/
Type

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: 2014
 Primary General
 Other (specify) ▼

Date of Disbursement

/ /

Transaction ID : 6F6663FC-7A91-4992-9

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

B. DC Unemployment Services

Mailing Address 501 C St. NW #501

City Washington State DC Zip Code 20001

Purpose of Disbursement Taxes

Category/
Type

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: 2014
 Primary General
 Other (specify) ▼

Date of Disbursement

/ /

Transaction ID : CA21D5FD-051F-4007-B

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

C. DC Unemployment Services

Mailing Address 501 C St. NW #501

City Washington State DC Zip Code 20001

Purpose of Disbursement Taxes

Category/
Type

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: 2014
 Primary General
 Other (specify) ▼

Date of Disbursement

/ /

Transaction ID : E0DCCE7F-0461-43D2-8

Amount of Each Disbursement this Period

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

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Women Speak Out PAC

Full Name (Last, First, Middle Initial)

A. LA Department of Taxation

Mailing Address PO Box 201

City State Zip Code
Baton Rouge LA 70802

Purpose of Disbursement
Taxes

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For: 2014
 Primary General
 Other (specify) ▼

Date of Disbursement

/ /

Transaction ID : 97F056F8-F812-48BD-A

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

B. LA Department of Taxation

Mailing Address PO Box 201

City State Zip Code
Baton Rouge LA 70802

Purpose of Disbursement
Taxes

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For: 2014
 Primary General
 Other (specify) ▼

Date of Disbursement

/ /

Transaction ID : C5A3F225-AF82-4F65-B

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

C. AR Department of Revenue

Mailing Address 1509 W. 7th Street

City State Zip Code
Little Rock AR 72201

Purpose of Disbursement
Taxes

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For: 2014
 Primary General
 Other (specify) ▼

Date of Disbursement

/ /

Transaction ID : E9187428-4EBE-4B89-A

Amount of Each Disbursement this Period

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

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

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

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

FOR LINE NUMBER:
(check only one)

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

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

NAME OF COMMITTEE (In Full)
Women Speak Out PAC

Full Name (Last, First, Middle Initial)

A. AR Department of Revenue

Mailing Address 1509 W. 7th Street

City Little Rock State AR Zip Code 72201

Purpose of Disbursement
Taxes

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For: 2014
 Primary General
 Other (specify) ▼

Date of Disbursement

/ /

Transaction ID : 70D44DA9-A3D8-4330-9

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

B. NC Department of Revenue

Mailing Address PO Box 25000

City Raleigh State NC Zip Code 27640

Purpose of Disbursement
Taxes

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For: 2014
 Primary General
 Other (specify) ▼

Date of Disbursement

/ /

Transaction ID : E2B0F7AD-D793-405A-B

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

C. NC Department of Revenue

Mailing Address PO Box 25000

City Raleigh State NC Zip Code 27640

Purpose of Disbursement
Taxes

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For: 2014
 Primary General
 Other (specify) ▼

Date of Disbursement

/ /

Transaction ID : 6A224665-40B6-4C41-8

Amount of Each Disbursement this Period

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

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Women Speak Out PAC

Full Name (Last, First, Middle Initial)

A. IRS

Mailing Address IRS

City Cincinnati State OH Zip Code 45999

Purpose of Disbursement

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: 2014
 Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
05 / 28 / 2014

Transaction ID : 0349AD16-4C12-4885-9

Amount of Each Disbursement this Period

47.87

Full Name (Last, First, Middle Initial)

B. IRS

Mailing Address IRS

City Cincinnati State OH Zip Code 45999

Purpose of Disbursement

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: 2014
 Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
05 / 29 / 2014

Transaction ID : AC7A6599-3B1E-46EF-A

Amount of Each Disbursement this Period

47.87

Full Name (Last, First, Middle Initial)

C. IRS

Mailing Address IRS

City Cincinnati State OH Zip Code 45999

Purpose of Disbursement

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: 2014
 Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
05 / 29 / 2014

Transaction ID : 859EC323-0A5A-4178-8

Amount of Each Disbursement this Period

23.93

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

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

119.67

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Women Speak Out PAC

Full Name (Last, First, Middle Initial)

A. DC Unemployment Services

Mailing Address 501 C St. NW #501

City Washington State DC Zip Code 20001

Purpose of Disbursement

Candidate Name

Office Sought: House Senate President

State: District:

Disbursement For: 2014
 Primary General Other (specify) ▼

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	5		2	8		2	0	1	4

Transaction ID : 81FE9625-40D0-4038-A

Amount of Each Disbursement this Period

1	6	.	8	2
---	---	---	---	---

Full Name (Last, First, Middle Initial)

B. DC Unemployment Services

Mailing Address 501 C St. NW #501

City Washington State DC Zip Code 20001

Purpose of Disbursement

Candidate Name

Office Sought: House Senate President

State: District:

Disbursement For: 2014
 Primary General Other (specify) ▼

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	5		2	9		2	0	1	4

Transaction ID : 0AD9EA05-9FB1-422A-9

Amount of Each Disbursement this Period

1	6	.	8	2
---	---	---	---	---

Full Name (Last, First, Middle Initial)

C. DC Unemployment Services

Mailing Address 501 C St. NW #501

City Washington State DC Zip Code 20001

Purpose of Disbursement

Candidate Name

Office Sought: House Senate President

State: District:

Disbursement For: 2014
 Primary General Other (specify) ▼

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	5		2	9		2	0	1	4

Transaction ID : 4982A2AC-F3BC-4325-9

Amount of Each Disbursement this Period

1	0	.	1	7
---	---	---	---	---

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

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

4	3	.	8	1
---	---	---	---	---

3	1	6	1	3	.	3	0
---	---	---	---	---	---	---	---

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

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

Full Name of Payee
The Stoneridge Group
Mailing Address
4400 North Point Parkway
Suite 190
City
Alpharetta State
GA Zip Code
30022
Purpose of Expenditure
Website Design Category/
Type
004

Date of Public Distribution/Dissemination
05 / 28 / 2104
Amount
2375.00
Transaction ID : 3c5e51df-30e1-465e-9
Date of Disbursement or Obligation
05 / 28 / 2014

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

Disbursement For:
Primary
General
Other (specify)
Calendar Year-To-Date
Per Election for Office Sought
23919.96

Full Name of Payee
Personalized Marketing Communications
Mailing Address
85 Air Park Drive
City
Lynchburg State
VA Zip Code
24502
Purpose of Expenditure
Fundraising Letter Category/
Type
003

Date of Public Distribution/Dissemination
05 / 13 / 2014
Amount
1675.20
Transaction ID : 82457858-bfa2-4ac7-b
Date of Disbursement or Obligation
05 / 13 / 2014

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

Disbursement For:
Primary
General
Other (specify)
Calendar Year-To-Date
Per Election for Office Sought
23919.96

(a) SUBTOTAL of Itemized Independent Expenditures 4050.20
(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
06 / 20 / 2014
Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

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

Full Name of Payee
Personalized Marketing Communications
Mailing Address
85 Air Park Drive
City
Lynchburg State
VA Zip Code
24502
Purpose of Expenditure
Fundraising Letter Category/
Type
003
Name of Federal Candidate
Ms. Mary L Landrieu
Support
Oppose
Calendar Year-To-Date
Per Election for Office Sought
23919.96

Date of Public Distribution/Dissemination
05 / 13 / 2014
Amount
2811.67
Transaction ID : 05745693-c72d-47f0-a
Date of Disbursement or Obligation
05 / 13 / 2014
Office Sought:
House
Senate
District: 00
State: LA
Disbursement For:
Primary
General
Other (specify)

Full Name of Payee
FedEx
Mailing Address
9945 Airline Hwy
City
Baton Rouge State
LA Zip Code
70816
Purpose of Expenditure
Handout Printing Category/
Type
004
Name of Federal Candidate
Ms. Mary L Landrieu
Support
Oppose
Calendar Year-To-Date
Per Election for Office Sought
23919.96

Date of Public Distribution/Dissemination
05 / 21 / 2014
Amount
122.03
Transaction ID : 6e73f573-11b9-45b9-b
Date of Disbursement or Obligation
05 / 21 / 2014
Office Sought:
House
Senate
District: 00
State: LA
Disbursement For:
Primary
General
Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures..... 2933.70
(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
06 / 20 / 2014
Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

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

Full Name of Payee Ms. Laura Jean	Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 05 / 24 / 2014
Mailing Address 821 Honeysuckle Pt.	Amount 2.70
City Gretna State LA Zip Code 70056	Transaction ID : 6cfdfdbf-e315-4a52-8 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 05 / 24 / 2014
Purpose of Expenditure Mileage Category/Type 002	Name of Federal Candidate Ms. Mary L Landrieu <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: LA
Calendar Year-To-Date Per Election for Office Sought 23919.96	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

Full Name of Payee Ms. Laura Jean	Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 05 / 23 / 2014
Mailing Address 821 Honeysuckle Pt.	Amount 45.00
City Gretna State LA Zip Code 70056	Transaction ID : cacc934e-7e0e-4112-a Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 05 / 23 / 2014
Purpose of Expenditure Salary Category/Type 001	Name of Federal Candidate Ms. Mary L Landrieu <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: LA
Calendar Year-To-Date Per Election for Office Sought 23919.96	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	47.70
(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 M M / D D / Y Y Y Y Y Y
06 / 20 / 2014

Signature _____

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

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

Full Name of Payee: Ms. Amanda Posey
Mailing Address: 819 Lyons St.
City: New Orleans, State: LA, Zip Code: 70115
Purpose of Expenditure: Salary, Category/Type: 001
Date of Public Distribution/Dissemination: 05/24/2014
Amount: 60.00
Transaction ID: 87111fe2-9586-459b-8
Name of Federal Candidate: Ms. Mary L Landrieu, Support: [], Oppose: [X]
Office Sought: [] President, [X] Senate, District: 00, State: LA
Disbursement For: [] Primary, [X] General, [] Other (specify)

Full Name of Payee: Ms. Ashlen Sandoz
Mailing Address: 204 Ranger Place
City: Slidell, State: LA, Zip Code: 70458
Purpose of Expenditure: Salary, Category/Type: 001
Date of Public Distribution/Dissemination: 05/23/2014
Amount: 45.00
Transaction ID: 6e856a0a-a293-4973-8
Name of Federal Candidate: Ms. Mary L Landrieu, Support: [], Oppose: [X]
Office Sought: [] President, [X] Senate, District: 00, State: LA
Disbursement For: [] Primary, [X] General, [] 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.

Signature: Ms. Emily Buchanan [Electronically Filed] Date: 06/20/2014

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

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

Full Name of Payee Mr. Paul Sutphen	Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 05 / 24 / 2014
Mailing Address 9 Rhine Dr	Amount 0.90
City Kenner State LA Zip Code 70065	Transaction ID : c65ea4ad-f33d-4cae-a Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 05 / 24 / 2014
Purpose of Expenditure Mileage Category/Type 002	Name of Federal Candidate Ms. Mary L Landrieu <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: LA
Calendar Year-To-Date Per Election for Office Sought 23919.96	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

Full Name of Payee Ms. Kate-Lyne Hecker	Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 05 / 23 / 2014
Mailing Address 1200 Colony Rd	Amount 25.00
City Mataire State LA Zip Code 70003	Transaction ID : 5ab69973-60fc-43a7-8 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 05 / 23 / 2014
Purpose of Expenditure Salary Category/Type 001	Name of Federal Candidate Ms. Mary L Landrieu <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: LA
Calendar Year-To-Date Per Election for Office Sought 23919.96	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

(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 M M / D D / Y Y Y Y Y Y
06 / 20 / 2014

Signature _____

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

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

Full Name of Payee: Mr. Francisco Gonzales
Mailing Address: 3461 Highway 39
City: Braithwaite, State: LA, Zip Code: 70040
Purpose of Expenditure: Mileage, Category/Type: 001
Date of Public Distribution/Dissemination: 05/20/2014
Amount: 0.60
Transaction ID: c4c0b5a9-7b5e-4f26-9
Name of Federal Candidate: Ms. Mary L Landrieu, Support/Oppose, Office Sought: Senate, State: LA
Calendar Year-To-Date Per Election for Office Sought: 23919.96
Disbursement For: General 2014

Full Name of Payee: Mr. Francisco Gonzales
Mailing Address: 3461 Highway 39
City: Braithwaite, State: LA, Zip Code: 70040
Purpose of Expenditure: Salary, Category/Type: 001
Date of Public Distribution/Dissemination: 05/23/2014
Amount: 25.00
Transaction ID: 61cef962-1b72-4838-a
Name of Federal Candidate: Ms. Mary L Landrieu, Support/Oppose, Office Sought: Senate, State: LA
Calendar Year-To-Date Per Election for Office Sought: 23919.96
Disbursement For: General 2014

(a) SUBTOTAL of Itemized Independent Expenditures: 25.60
(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 06/20/2014
Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

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

Full Name of Payee: Mr. Alex Peyton
Mailing Address: 859 Hicks Rd.
City: Washington State: LA Zip Code: 70589
Purpose of Expenditure: Salary Category/Type: 001
Date of Public Distribution/Dissemination: 05/20/2014
Amount: 30.00
Transaction ID: 51ad8bff-bfbb-406a-8
Date of Disbursement or Obligation: 05/20/2014
Name of Federal Candidate: Ms. Mary L Landrieu
Office Sought: Senate State: LA
Disbursement For: General 2014

Full Name of Payee: M.r Michael Vidrine
Mailing Address: 458 Herbery Rd.
City: Palmatto State: LA Zip Code: 71358
Purpose of Expenditure: Salary Category/Type: 001
Date of Public Distribution/Dissemination: 05/20/2014
Amount: 30.00
Transaction ID: c32918c4-9ba1-4046-b
Date of Disbursement or Obligation: 05/20/2014
Name of Federal Candidate: Ms. Mary L Landrieu
Office Sought: Senate State: LA
Disbursement For: General 2014

(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 06/20/2014
Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

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

Full Name of Payee Ms. Mehan Cleland	Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 05 / 20 / 2014
Mailing Address 78320 HWY 437	Amount 30.00
City State Zip Code Covington LA 70435	
Purpose of Expenditure Salary	Category/Type 001
Name of Federal Candidate Ms. Mary L Landrieu	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: LA
Calendar Year-To-Date Per Election for Office Sought 23919.96	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

Transaction ID : 10c1e10f-38e5-40ad-8

Full Name of Payee Mr. Evan Nohra	Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 05 / 20 / 2014
Mailing Address 42656 Spanish Oak Dr	Amount 30.00
City State Zip Code Ponchatoula LA 70545	
Purpose of Expenditure Salary	Category/Type 001
Name of Federal Candidate Ms. Mary L Landrieu	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: LA
Calendar Year-To-Date Per Election for Office Sought 23919.96	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

Transaction ID : 768a9369-ed16-4d2a-8

(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

Signature _____ [Electronically Filed] Date M M M / D D D / Y Y Y Y Y Y
06 / 20 / 2014

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

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

Full Name of Payee: Mr. Evan Nohra
Mailing Address: 42656 Spanish Oak Dr
City: Ponchatoula, State: LA, Zip Code: 70545
Purpose of Expenditure: Mileage, Category/Type: 002
Date of Public Distribution/Dissemination: 05/20/2014
Amount: 0.60
Transaction ID: e2d17f48-815c-402a-8
Date of Disbursement or Obligation: 05/20/2014
Name of Federal Candidate: Ms. Mary L Landrieu
Support: [], Oppose: [X]
Office Sought: [] House, [X] Senate, District: 00, State: LA
Calendar Year-To-Date Per Election for Office Sought: 23919.96
Disbursement For: [] Primary, [X] General, 2014

Full Name of Payee: Ms. Alexandria Doucet
Mailing Address: 73 Catalpa Trace
City: Covington, State: LA, Zip Code: 70433
Purpose of Expenditure: Salary, Category/Type: 001
Date of Public Distribution/Dissemination: 05/20/2014
Amount: 30.00
Transaction ID: 66dfc09a-89e6-4f6f-a
Date of Disbursement or Obligation: 05/20/2014
Name of Federal Candidate: Ms. Mary L Landrieu
Support: [], Oppose: [X]
Office Sought: [] House, [X] Senate, District: 00, State: LA
Calendar Year-To-Date Per Election for Office Sought: 23919.96
Disbursement For: [] Primary, [X] General, 2014

(a) SUBTOTAL of Itemized Independent Expenditures..... 30.60
(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: 06/20/2014
Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

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

Full Name of Payee Ms. Alexandria Doucet	Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 05 / 27 / 2014
Mailing Address 73 Catalpa Trace	Amount 10.00
City Covington State LA Zip Code 70433	Transaction ID : 1c878124-d61c-41d4-9 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 05 / 27 / 2014
Purpose of Expenditure Salary Category/Type 001	Name of Federal Candidate Ms. Mary L Landrieu <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: LA
Calendar Year-To-Date Per Election for Office Sought 23919.96	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

Full Name of Payee Ms. Jacqueline Doucet	Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 05 / 27 / 2014
Mailing Address 73 Catalpa Trace	Amount 10.00
City Covington State LA Zip Code 70433	Transaction ID : c379a48f-dafe-4f4d-8 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 05 / 27 / 2014
Purpose of Expenditure Salary Category/Type 001	Name of Federal Candidate Ms. Mary L Landrieu <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: LA
Calendar Year-To-Date Per Election for Office Sought 23919.96	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	20.00
(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 M M / D D / Y Y Y Y Y Y 06 / 20 / 2014

Signature _____

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

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

Full Name of Payee Ms. Madeline Doucet	Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 05 / 27 / 2014
Mailing Address 73 Catalpa Trace	Amount 10.00
City Covington State LA Zip Code 70433	Transaction ID : 27a87b0a-b707-482b-9 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 05 / 27 / 2014
Purpose of Expenditure Salary Category/Type 001	Name of Federal Candidate Ms. Mary L Landriau <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: LA
Calendar Year-To-Date Per Election for Office Sought 23919.96	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

Full Name of Payee Mr. Alex Peyton	Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 05 / 29 / 2014
Mailing Address 859 Hicks Rd	Amount 40.00
City Washington State LA Zip Code 70589	Transaction ID : bb054e22-18d2-4544-a Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 05 / 29 / 2014
Purpose of Expenditure Salary Category/Type 001	Name of Federal Candidate Ms. Mary L Landriau <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: LA
Calendar Year-To-Date Per Election for Office Sought 23919.96	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	50.00
(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 M M / D D / Y Y Y Y Y Y
06 / 20 / 2014

Signature _____

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

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

Full Name of Payee: Mr. Alex Peyton
Mailing Address: 859 Hicks Rd
City: Washington State: LA Zip Code: 70589
Purpose of Expenditure: Mileage Category/Type: 002
Date of Public Distribution/Dissemination: 05/29/2014
Amount: 18.00
Transaction ID: 433442bb-f659-4e32-b
Name of Federal Candidate: Ms. Mary L Landrieu
Office Sought: Senate State: LA
Disbursement For: General 2014

Full Name of Payee: Personalized Marketing Communications
Mailing Address: 85 Air Park Drive
City: Lynchburg State: VA Zip Code: 24502
Purpose of Expenditure: Fundraising Letter Category/Type: 003
Date of Public Distribution/Dissemination: 05/13/2014
Amount: 1675.20
Transaction ID: bbf68cc8-7662-46e2-8
Name of Federal Candidate: Mr. Mark L Pryor
Office Sought: Senate State: AR
Disbursement For: General 2014

(a) SUBTOTAL of Itemized Independent Expenditures: 1693.20
(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 06/20/2014

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

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

Full Name of Payee
Personalized Marketing Communications
Mailing Address
85 Air Park Drive
City
Lynchburg State
VA Zip Code
24502
Purpose of Expenditure
Fundraising Letter Category/
Type 003
Date of Public Distribution/Dissemination
05 / 13 / 2014
Amount
2811.67
Transaction ID : fbdd1903-6087-4507-a
Date of Disbursement or Obligation
05 / 13 / 2014
Name of Federal Candidate
Mr. Mark L Pryor Support Oppose
Office Sought: House Senate State: AR
Calendar Year-To-Date
Per Election for Office Sought 9817.87
Disbursement For: Primary General
2014 Other (specify)

Full Name of Payee
Personalized Marketing Communications
Mailing Address
85 Air Park Drive
City
Lynchburg State
VA Zip Code
24502
Purpose of Expenditure
Fundraising Letter Category/
Type 003
Date of Public Distribution/Dissemination
05 / 13 / 2014
Amount
1675.20
Transaction ID : d31ae219-4e32-4750-a
Date of Disbursement or Obligation
05 / 13 / 2014
Name of Federal Candidate
Ms. Kay Hagan Support Oppose
Office Sought: House Senate State: NC
Calendar Year-To-Date
Per Election for Office Sought 21847.05
Disbursement For: Primary General
2014 Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures 4486.87
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL Independent Expenditures

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

Ms. Emily Buchanan [Electronically Filed] Date 06 / 20 / 2014
Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

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

Full Name of Payee
Personalized Marketing Communications
Mailing Address
85 Air Park Drive
City
Lynchburg State
VA Zip Code
24502
Date of Public Distribution/Dissemination
05 / 13 / 2014
Amount
2811.67
Transaction ID : d97da449-680f-4f26-b
Date of Disbursement or Obligation
05 / 13 / 2014
Purpose of Expenditure
Fundraising Letter Category/Type
003
Name of Federal Candidate
Ms. Kay Hagan Support Oppose
Office Sought: House Senate State: NC
Calendar Year-To-Date
Per Election for Office Sought
21847.05
Disbursement For: Primary General
2014 Other (specify)

Full Name of Payee
The Stoneridge Group
Mailing Address
4400 North Point Parkway
Suite 190
City
Alpharetta State
GA Zip Code
30022
Date of Public Distribution/Dissemination
05 / 28 / 2014
Amount
250.00
Transaction ID : 741ac834-20c8-4ef9-8
Date of Disbursement or Obligation
05 / 28 / 2014
Purpose of Expenditure
Website Design Category/Type
004
Name of Federal Candidate
Mr. Mark L Pryor Support Oppose
Office Sought: House Senate State: AR
Calendar Year-To-Date
Per Election for Office Sought
9817.87
Disbursement For: Primary General
2014 Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures 3061.67
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL Independent Expenditures

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.
Ms. Emily Buchanan [Electronically Filed] Date 06 / 20 / 2014
Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

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

Full Name of Payee The Stoneridge Group	Date of Public Distribution/Dissemination M M / D D / Y Y Y Y 05 / 28 / 2014
Mailing Address 4400 North Point Parkway Suite 190	Amount 2375.00
City State Zip Code Alpharetta GA 30022	
Purpose of Expenditure Website Design	Category/Type 004
Name of Federal Candidate Mr. Mark L Pryor	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: AR
Calendar Year-To-Date Per Election for Office Sought 9817.87	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶

Full Name of Payee The Stoneridge Group	Date of Public Distribution/Dissemination M M / D D / Y Y Y Y 05 / 28 / 2014
Mailing Address 4400 North Point Parkway Suite 190	Amount 250.00
City State Zip Code Alpharetta GA 30022	
Purpose of Expenditure Website Design	Category/Type 004
Name of Federal Candidate Ms. Kay Hagan	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC
Calendar Year-To-Date Per Election for Office Sought 21847.05	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	2625.00
(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 M M / D D / Y Y Y Y
06 / 20 / 2014

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

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

Full Name of Payee The Stoneridge Group	Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 05 / 28 / 2014
Mailing Address 4400 North Point Parkway Suite 190	Amount 2375.00
City State Zip Code Alpharetta GA 30022	Transaction ID : 28f1260e-559d-4865-b Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 05 / 28 / 2014
Purpose of Expenditure Website Design	Category/Type 004
Name of Federal Candidate Ms. Kay Hagan	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC
Calendar Year-To-Date Per Election for Office Sought 21847.05	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶

Full Name of Payee Victory Phones	Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 05 / 28 / 2014
Mailing Address 190 Monroe Ave, NW 5th Floor	Amount 6735.18
City State Zip Code Grand Rapids MI 49503	Transaction ID : b577d535-dddf-4b6a-9 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 05 / 28 / 2014
Purpose of Expenditure Phone Calls	Category/Type 004
Name of Federal Candidate Ms. Kay Hagan	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC
Calendar Year-To-Date Per Election for Office Sought 21847.05	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	9110.18
(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 M M / D D / Y Y Y Y Y Y
06 / 20 / 2014

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

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

Full Name of Payee Pound Feinstein	Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 05 / 20 / 2014
Mailing Address 1620 I St., NW Suite 925	Amount 2706.00
City State Zip Code Washington DC 20006	Transaction ID : 102cfa1d-1279-45b5-a Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 05 / 20 / 2014
Purpose of Expenditure Brochures	Category/Type 004
Name of Federal Candidate Mr. Mark L Pryor	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate District: 00 State: AR
Calendar Year-To-Date Per Election for Office Sought 9817.87	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶

Full Name of Payee United States Treasury	Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 05 / 30 / 2014
Mailing Address PO Box 804522	Amount 22.93
City State Zip Code Cincinnati OH 45280	Transaction ID : 9c00cc2a-36f0-4369-9 Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 05 / 30 / 2014
Purpose of Expenditure Taxes	Category/Type 001
Name of Federal Candidate Ms. Mary L Landriau	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate District: 00 State: LA
Calendar Year-To-Date Per Election for Office Sought 23919.96	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	2728.93
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	

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

Ms. Emily Buchanan [Electronically Filed] Date M M M / D D D / Y Y Y Y Y Y
06 / 20 / 2014

Signature _____

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

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

Full Name of Payee
Department Of Employment Services
Mailing Address
4058 Minnesota Ave, NE
City
Washington State
DC Zip Code
20019
Purpose of Expenditure
Taxes Category/Type
001
Date of Public Distribution/Dissemination
05 / 30 / 2014
Amount
8.43
Transaction ID : 1f089523-315e-4efb-a
Date of Disbursement or Obligation
05 / 30 / 2014
Name of Federal Candidate
Ms. Mary L Landrieu
Office Sought:
Senate State: LA
Disbursement For:
General 2014

Full Name of Payee
Fast Signs
Mailing Address
3001 Tulana Ave.
Suite 1
City
New Orleans State
LA Zip Code
70111
Purpose of Expenditure
Banner Category/Type
004
Date of Public Distribution/Dissemination
05 / 29 / 2014
Amount
224.81
Transaction ID : dbae1047-c870-46bc-8
Date of Disbursement or Obligation
05 / 29 / 2014
Name of Federal Candidate
Ms. Mary L Landrieu
Office Sought:
Senate State: LA
Disbursement For:
General 2014

(a) SUBTOTAL of Itemized Independent Expenditures..... 233.24
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL Independent Expenditures.....

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.
Ms. Emily Buchanan [Electronically Filed] Date 06 / 20 / 2014
Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

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

Full Name of Payee: The Lukens Company
Mailing Address: 2800 Shirlington Road, 9th Floor, Arlington, VA 22206
Purpose of Expenditure: Door Hangers
Category/Type: 004
Date of Public Distribution/Dissemination: 05/30/2014
Amount: 8000.00
Transaction ID: 73b69a2b-fed1-4e55-b
Name of Federal Candidate: Ms. Kay Hagan
Office Sought: Senate, State: NC
Disbursement For: General 2014
Calendar Year-To-Date Per Election for Office Sought: 21847.05

Full Name of Payee: Mr. Francisco Gonzales
Mailing Address: 3461 NWY 39, Braithwaite, LA 70040
Purpose of Expenditure: Salary
Category/Type: 001
Date of Public Distribution/Dissemination: 05/31/2014
Amount: 90.00
Transaction ID: c9e3e3fc-e8f1-463c-b
Name of Federal Candidate: Ms. Mary L Landrieu
Office Sought: Senate, State: LA
Disbursement For: General 2014
Calendar Year-To-Date Per Election for Office Sought: 23919.96

(a) SUBTOTAL of Itemized Independent Expenditures: 8090.00
(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: 06/20/2014
Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

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

Full Name of Payee Mr. Francisco Gonzales	Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 05 / 31 / 2014
Mailing Address 3461 NWWY 39	Amount 6.60
City Braithwaite State LA Zip Code 70040	
Purpose of Expenditure Mileage	Category/Type 002
Name of Federal Candidate Ms. Mary L Landrieu	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: LA
Calendar Year-To-Date Per Election for Office Sought 23919.96	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

Transaction ID : ee50d351-0d79-426c-9

Full Name of Payee Mr. Alex Peyton	Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 05 / 31 / 2014
Mailing Address 859 Hicks Rd	Amount 150.00
City Washington State LA Zip Code 70589	
Purpose of Expenditure Salary	Category/Type 001
Name of Federal Candidate Ms. Mary L Landrieu	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: LA
Calendar Year-To-Date Per Election for Office Sought 23919.96	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

Transaction ID : f2d4ba4f-f926-4339-b

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	156.60
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	

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

Ms. Emily Buchanan

Signature _____ [Electronically Filed] Date M M / D D / Y Y Y Y Y Y
06 / 20 / 2014

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

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

Full Name of Payee Mr. Michael Vidrine	Date of Public Distribution/Dissemination MM / DD / YYYY 05 / 31 / 2014
Mailing Address 458 Hebert Rd	Amount 3.90
City Palmetto	State LA
Zip Code 71358	Transaction ID : 5dded79f-beab-4762-a
Purpose of Expenditure Mileage	Date of Disbursement or Obligation MM / DD / YYYY 05 / 31 / 2014
Category/Type 002	
Name of Federal Candidate Ms. Mary L Landrieu	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>LA</u>
Calendar Year-To-Date Per Election for Office Sought 23919.96	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____

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

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	3.90
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	55584.88

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

Ms. Emily Buchanan

Signature _____ [Electronically Filed] Date **06 / 20 / 2014**