

# FEC FORM 3X

# REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼ Example: If typing, type over the lines.

WOMEN VOTE!

ADDRESS (number and street)   
  
 Check if different than previously reported. (ACC)

2. FEC IDENTIFICATION NUMBER ▼ CITY ▲ STATE ▲ ZIP CODE ▲

3. IS THIS REPORT  NEW (N) OR  AMENDED (A)

### 4. TYPE OF REPORT (Choose One)

(a) Quarterly Reports:

- April 15 Quarterly Report (Q1)
- July 15 Quarterly Report (Q2)
- October 15 Quarterly Report (Q3)
- January 31 Year-End Report (YE)
- July 31 Mid-Year Report (Non-election Year Only) (MY)
- Termination Report (TER)

- (b) Monthly Report Due On:
- |                                      |                                      |   |  |
|--------------------------------------|--------------------------------------|---|--|
| <input type="checkbox"/> Feb 20 (M2) | <input type="checkbox"/> May 20 (M5) | <input type="checkbox"/> Aug 20 (M8)            | <input type="checkbox"/> Nov 20 (M11) (Non-Election Year Only) |
| <input type="checkbox"/> Mar 20 (M3) | <input type="checkbox"/> Jun 20 (M6) | <input checked="" type="checkbox"/> Sep 20 (M9) | <input type="checkbox"/> Dec 20 (M12) (Non-Election Year Only) |
| <input type="checkbox"/> Apr 20 (M4) | <input type="checkbox"/> Jul 20 (M7) | <input type="checkbox"/> Oct 20 (M10)           | <input type="checkbox"/> Jan 31 (YE)                           |

- (c) 12-Day PRE-Election Report for the:
- |   |  |                                       |
|---|--|---------------------------------------|
| <input type="checkbox"/> Primary (12P)    | <input type="checkbox"/> General (12G) | <input type="checkbox"/> Runoff (12R) |
| <input type="checkbox"/> Convention (12C) | <input type="checkbox"/> Special (12S) |                                       |

Election on  /  /  in the State of

- (d) 30-Day POST-Election Report for the:
- |  |                                       |  |
|--|---------------------------------------|--|
| <input type="checkbox"/> General (30G) | <input type="checkbox"/> Runoff (30R) | <input type="checkbox"/> Special (30S) |
|--|---------------------------------------|--|

Election on  /  /  in the State of

5. Covering Period  /  /  through  /  /

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer

Signature of Treasurer  [Electronically Filed] Date  /  /

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

Office Use Only									
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**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Write or Type Committee Name

**WOMEN VOTE!**

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="2016"/>		<input type="text" value="1525736.05"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="1768801.77"/>	
(c) Total Receipts (from Line 19) .....	<input type="text" value="5531034.90"/>	<input type="text" value="18354456.21"/>
(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="7299836.67"/>	<input type="text" value="19880192.26"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="4203317.43"/>	<input type="text" value="16783673.02"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="3096519.24"/>	<input type="text" value="3096519.24"/>
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<input type="text" value="0.00"/>	
10. Debts and Obligations Owed <b>BY</b> 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

FEC Form 3X (Rev. 06/2004)

Write or Type Committee Name

**WOMEN VOTE!**

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

<b>I. Receipts</b>	<b>COLUMN A Total This Period</b>	<b>COLUMN B Calendar Year-to-Date</b>
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	1107750.00	7012068.53
(ii) Unitemized .....	470.00	5295.00
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	1108220.00	7017363.53
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs).....	4275000.00	10407866.00
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5) .....	5383220.00	17425229.53
12. Transfers From Affiliated/Other Party Committees.....	135000.00	855000.00
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).....	12814.90	74226.68
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))..	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))..... ▶	5531034.90	18354456.21
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	5531034.90	18354456.21

**DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

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 .....	-693693.10	2508171.22
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	-693693.10	2508171.22
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	200000.00	725000.00
24. Independent Expenditures (use Schedule E) .....	4572010.53	13425501.80
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 .....	0.00	0.00
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	0.00
29. Other Disbursements .....	125000.00	125000.00
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	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	4203317.43	16783673.02
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	4203317.43	16783673.02

**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) .....	5383220.00	17425229.53
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	5383220.00	17425229.53
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) .....	-693693.10	2508171.22
37. Offsets to Operating Expenditures (from Line 15, page 3).....	12814.90	74226.68
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	-706508.00	2433944.54

**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 65
	<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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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 VOTE!**

**A. Ronald Abramson**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1700 K Street, NW, #300  
 City Washington State DC Zip Code 20006  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Buchanan Ingersoll & Rooney Occupation Attorney  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 20000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 08 / 09 / 2016  
**Transaction ID : 4739448**  
 Amount of Each Receipt this Period  
 5000.00  
 Memo Item

**B. Ronald Abramson**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1700 K Street, NW, #300  
 City Washington State DC Zip Code 20006  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Buchanan Ingersoll & Rooney Occupation Attorney  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 20000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 08 / 11 / 2016  
**Transaction ID : 4742828**  
 Amount of Each Receipt this Period  
 5000.00  
 Memo Item

**C. Ronald Abramson**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1700 K Street, NW, #300  
 City Washington State DC Zip Code 20006  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Buchanan Ingersoll & Rooney Occupation Attorney  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 20000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 08 / 12 / 2016  
**Transaction ID : 4743614**  
 Amount of Each Receipt this Period  
 5000.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	15000.00
<b>TOTAL</b> 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 65
	<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 VOTE!**

**A. Ronald Abramson**  
Full Name (Last, First, Middle Initial)

Mailing Address 1700 K Street, NW, #300

City Washington State DC Zip Code 20006

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

Name of Employer Buchanan Ingersoll & Rooney Occupation Attorney

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
20000.00

Date of Receipt  
08 / 15 / 2016  
Transaction ID : 4745809

Amount of Each Receipt this Period  
5000.00

Memo Item

**B. William Barker**  
Full Name (Last, First, Middle Initial)

Mailing Address 132 E. Delaware Pl. Apt. 5806

City Chicago State IL Zip Code 60611

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

Name of Employer Dentons US, LLP Occupation Lawyer

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1000.00

Date of Receipt  
08 / 02 / 2016  
Transaction ID : 4726934

Amount of Each Receipt this Period  
1000.00

Memo Item

**C. Paul Berman**  
Full Name (Last, First, Middle Initial)

Mailing Address 13808 Ivywood Lane

City Silver Spring State MD Zip Code 20904

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

Name of Employer Covington & Burling LLP Occupation Lawyer

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1000.00

Date of Receipt  
08 / 01 / 2016  
Transaction ID : 4722966

Amount of Each Receipt this Period  
1000.00

Memo Item

**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 65
	<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 VOTE!**

Full Name (Last, First, Middle Initial) <b>A. Susan Berman</b>		Date of Receipt MM / DD / YYYY 08 / 01 / 2016 <b>Transaction ID : 4722965</b>
Mailing Address 13808 Ivywood Lane		Amount of Each Receipt this Period 1000.00
City Silver Spring	State MD	Zip Code 20904
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Memo Item
Name of Employer Self-Employed	Occupation Acupuncturist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

Full Name (Last, First, Middle Initial) <b>B. Kathleen Burke</b>		Date of Receipt MM / DD / YYYY 08 / 29 / 2016 <b>Transaction ID : 4765043</b>
Mailing Address 320 Blackfield Drive		Amount of Each Receipt this Period 2500.00
City Tiburon	State CA	Zip Code 94920
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Memo Item
Name of Employer Not-Employed	Occupation Retired	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2500.00	

Full Name (Last, First, Middle Initial) <b>C. Amanda Cross</b>		Date of Receipt MM / DD / YYYY 08 / 19 / 2016 <b>Transaction ID : 4754214</b>
Mailing Address 1349 Bay Dr		Amount of Each Receipt this Period 20000.00
City Sanibel	State FL	Zip Code 33957
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Memo Item
Name of Employer CWC Software Inc	Occupation software developer	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 20000.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	23500.00
<b>TOTAL</b> 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 65
	<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 VOTE!**

Full Name (Last, First, Middle Initial)  
**A. Geraldine Laybourne**

Mailing Address 67 Orchard Drive

City Rhinecliff State NY Zip Code 12574

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

Name of Employer Oxygen Media, Inc. Occupation President

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1000.00

Date of Receipt  
08 / 03 / 2016

**Transaction ID : 4729732**

Amount of Each Receipt this Period  
1000.00

Memo Item

Full Name (Last, First, Middle Initial)  
**B. David Leiwant**

Mailing Address 2 Baker Road

City Medfield State MA Zip Code 02052

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

Name of Employer Not-Employed Occupation Not-Employed

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
55000.00

Date of Receipt  
08 / 19 / 2016

**Transaction ID : 4754215**

Amount of Each Receipt this Period  
20000.00

Memo Item

Full Name (Last, First, Middle Initial)  
**C. Elizabeth Naftali**

Mailing Address 10960 Wilshire Blvd Suite 700

City Los Angeles State CA Zip Code 90024

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

Name of Employer Self-Employed Occupation Investor

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
10000.00

Date of Receipt  
08 / 26 / 2016

**Transaction ID : 4760563**

Amount of Each Receipt this Period  
10000.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	31000.00
<b>TOTAL</b> 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 65
	<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 VOTE!**

**A. Francene Rodgers**  
Full Name (Last, First, Middle Initial)

Mailing Address 100 Belvidere St  
Apt 8g

City Boston State MA Zip Code 02199

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

Name of Employer Not-Employed Occupation Retired

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
30000.00

Date of Receipt  
08 / 09 / 2016  
**Transaction ID : 4739741**

Amount of Each Receipt this Period  
10000.00

Memo Item

**B. Katherine Stechschulte**  
Full Name (Last, First, Middle Initial)

Mailing Address 2950 Avalon Ave.

City Berkeley State CA Zip Code 94705

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

Name of Employer REQUESTED Occupation REQUESTED

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1000.00

Date of Receipt  
08 / 23 / 2016  
**Transaction ID : 4756933**

Amount of Each Receipt this Period  
1000.00

Memo Item

**C. Donald Sussman**  
Full Name (Last, First, Middle Initial)

Mailing Address 888 E. Las Olas Boulevard

City Fort Lauderdale State FL Zip Code 33301

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

Name of Employer Trust Asset Management Occupation Chairman

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
2500000.00

Date of Receipt  
08 / 05 / 2016  
**Transaction ID : 4731006**

Amount of Each Receipt this Period  
1000000.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	1011000.00
<b>TOTAL</b> 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 11 OF 65  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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NAME OF COMMITTEE (In Full)  
**WOMEN VOTE!**

Full Name (Last, First, Middle Initial)  
**A. Sylvia Sykora**

Mailing Address 6250 Melville Dr.

City State Zip Code  
Oakland CA 94611

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

Name of Employer Occupation  
Not-Employed Retired

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 08 / 05 / 2016  
**Transaction ID : 4733967**

Amount of Each Receipt this Period  
250.00

Memo Item

Full Name (Last, First, Middle Initial)  
**B. Amanda Cross**

Mailing Address 1349 Bay Dr

City State Zip Code  
Sanibel FL 33957

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

Name of Employer Occupation  
CWC Software Inc software developer

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
40000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 08 / 31 / 2016  
**Transaction ID : 4773140**

Amount of Each Receipt this Period  
20000.00

Memo Item

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

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  
 M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	20250.00
<b>TOTAL</b> This Period (last page this line number only).....▶	1107750.00

**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 65
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" 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 VOTE!**

**A. Amalgamated Transit Union - COPE**

Full Name (Last, First, Middle Initial)  
Mailing Address 5025 Wisconsin Ave NW

City Washington	State DC	Zip Code 20016
--------------------	-------------	-------------------

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
10000.00

Date of Receipt  

M M	/	D D	/	Y Y Y Y
08		23		2016

**Transaction ID : 4756929**

Amount of Each Receipt this Period  

10000.00
----------

 Memo Item

**B. American Association for Justice PAC**

Full Name (Last, First, Middle Initial)  
Mailing Address 777 6th Street NW

City Washington	State DC	Zip Code 20001
--------------------	-------------	-------------------

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
50000.00

Date of Receipt  

M M	/	D D	/	Y Y Y Y
08		10		2016

**Transaction ID : 4741078**

Amount of Each Receipt this Period  

50000.00
----------

 Memo Item

**C. CHC BOLD PAC**

Full Name (Last, First, Middle Initial)  
Mailing Address PO Box 75357

City Washington	State DC	Zip Code 20013
--------------------	-------------	-------------------

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
150000.00

Date of Receipt  

M M	/	D D	/	Y Y Y Y
08		23		2016

**Transaction ID : 4755480**

Amount of Each Receipt this Period  

150000.00
-----------

 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	210000.00
<b>TOTAL</b> 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 65
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" 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 VOTE!**

Full Name (Last, First, Middle Initial)  
**A. For Our Future PAC**

Mailing Address 888 16th Street, NW  
Ste 650

City Washington State DC Zip Code 20006

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
750000.00

Date of Receipt  
08 / 29 / 2016  
**Transaction ID : 4764117**

Amount of Each Receipt this Period  
750000.00

Memo Item

Full Name (Last, First, Middle Initial)  
**B. Priorities USA**

Mailing Address 1718 M Street NW #204

City Washington State DC Zip Code 20036

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
8770000.00

Date of Receipt  
08 / 05 / 2016  
**Transaction ID : 4731004**

Amount of Each Receipt this Period  
1000000.00

Memo Item

Full Name (Last, First, Middle Initial)  
**C. Priorities USA**

Mailing Address 1718 M Street NW #204

City Washington State DC Zip Code 20036

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
8770000.00

Date of Receipt  
08 / 05 / 2016  
**Transaction ID : 4731005**

Amount of Each Receipt this Period  
1315000.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	3065000.00
<b>TOTAL</b> 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 14 OF 65  
(check only one)

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" 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 VOTE!**

**A. Priorities USA**  
Full Name (Last, First, Middle Initial)  
Mailing Address 1718 M Street NW #204  
City Washington State DC Zip Code 20036  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Occupation  
Receipt For:  
 Primary  General  
 Other (specify) ▼  
Aggregate Year-to-Date ▼  
**8770000.00**

Date of Receipt  
MM / DD / YYYY  
**08 / 26 / 2016**  
**Transaction ID : 4761972**  
Amount of Each Receipt this Period  
**1000000.00**  
 Memo Item

**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  
 Memo Item

**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  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>1000000.00</b>
<b>TOTAL</b> This Period (last page this line number only).....▶	<b>4275000.00</b>

**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 15 OF 65
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="" 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 VOTE!**

**A.** Full Name (Last, First, Middle Initial)  
PRIORITIES USA ACTION AND EMILY'S LIST WOMEN VOTE! JOINT FUNDRAISING COMMITTEE

Mailing Address 1800 M Street NW  
Suite 375N

City Washington State DC Zip Code 20036

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
855000.00

Date of Receipt  
08 / 04 / 2016  
Transaction ID : 4773142

Amount of Each Receipt this Period  
135000.00

Memo Item

Distribution of Joint Fundraising Funds - See Attribution Below

**B.** Full Name (Last, First, Middle Initial)  
Gladys Cofrin

Mailing Address 14720 NW 13th Pl

City Newberry State FL Zip Code 32669

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

Name of Employer Occupation  
Not-Employed Retired

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
135000.00

Date of Receipt  
06 / 20 / 2016  
Transaction ID : 4773143

Amount of Each Receipt this Period  
135000.00

Memo Item

Transfer from PRIORITIES USA ACTION AND EMILY'S LIST WOMEN VOTE! JOINT FUNDRAISING COMMITTEE

**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

Amount of Each Receipt this Period

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	135000.00
<b>TOTAL</b> This Period (last page this line number only).....▶	135000.00

**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 16 OF 65
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input checked="" type="checkbox"/> 15	<input type="checkbox"/> 16
			<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**WOMEN VOTE!**

Full Name (Last, First, Middle Initial) <b>A. Priorities USA</b>		Date of Receipt
Mailing Address 1718 M Street NW #204		<input type="text" value="08"/> / <input type="text" value="23"/> / <input type="text" value="2016"/>
City	State	Zip Code
Washington	DC	20036
FEC ID number of contributing federal political committee.		<b>Transaction ID : 4773141</b>
<input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="12814.90"/>
Name of Employer		<input type="checkbox"/> Memo Item
Occupation		<input type="checkbox"/> Ad Production
Receipt For:		Aggregate Year-to-Date ▼
<input type="checkbox"/> Primary <input type="checkbox"/> General		<input type="text" value="0.00"/>
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>B.</b>		Date of Receipt
Mailing Address		<input type="text"/> / <input type="text"/> / <input type="text"/>
City	State	Zip Code
FEC ID number of contributing federal political committee.		Amount of Each Receipt this Period
<input type="text" value="C"/>		<input type="text"/>
Name of Employer		<input type="checkbox"/> Memo Item
Occupation		
Receipt For:		Aggregate Year-to-Date ▼
<input type="checkbox"/> Primary <input type="checkbox"/> General		<input type="text"/>
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>C.</b>		Date of Receipt
Mailing Address		<input type="text"/> / <input type="text"/> / <input type="text"/>
City	State	Zip Code
FEC ID number of contributing federal political committee.		Amount of Each Receipt this Period
<input type="text" value="C"/>		<input type="text"/>
Name of Employer		<input type="checkbox"/> Memo Item
Occupation		
Receipt For:		Aggregate Year-to-Date ▼
<input type="checkbox"/> Primary <input type="checkbox"/> General		<input type="text"/>
<input type="checkbox"/> Other (specify) ▼		

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<input type="text" value="12814.90"/>
<b>TOTAL</b> This Period (last page this line number only).....▶	<input type="text" value="12814.90"/>



**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 VOTE!**

Full Name (Last, First, Middle Initial)

**A. Authorize.net**

Mailing Address 808 East Utah Valley Drive

City American Fork State UT Zip Code 84003

Purpose of Disbursement  
Credit Card Service Charges

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

M M / D D / Y Y Y Y Y  
08 / 02 / 2016

**Transaction ID : SB21B-868**

Amount of Each Disbursement this Period

82.25

Memo Item

Full Name (Last, First, Middle Initial)

**B. First Data Merchant Services**

Mailing Address PO Box 6010

City Hagerstown State MD Zip Code 21741

Purpose of Disbursement  
Credit Card Service Charges

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

M M / D D / Y Y Y Y Y  
08 / 03 / 2016

**Transaction ID : SB21B-869**

Amount of Each Disbursement this Period

946.38

Memo Item

Full Name (Last, First, Middle Initial)

**C. Zoe Bulls**

Mailing Address 2500 Wisconsin Ave, Apt 746

City Washington State DC Zip Code 20007

Purpose of Disbursement  
Travel/Accommodation /Meals

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

M M / D D / Y Y Y Y Y  
08 / 04 / 2016

**Transaction ID : SB21B-812**

Amount of Each Disbursement this Period

58.26

Memo Item

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

1086.89

**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 VOTE!**

Full Name (Last, First, Middle Initial)

**A. Dixon Davis Media Group, LLC**

Mailing Address 1028 33rd Street NW  
Suite 300

City Washington State DC Zip Code 20007

Purpose of Disbursement  
Polling/Surveys

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

**Transaction ID : SB21B-813**

Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

**B. GBA Strategies**

Mailing Address 1901 L St NW  
Suite 702

City Washington State DC Zip Code 20036

Purpose of Disbursement  
Polling/Surveys

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

**Transaction ID : SB21B-814**

Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

**C. Teal Media**

Mailing Address 704 G Street NE

City Washington State DC Zip Code 20002

Purpose of Disbursement  
Design/Graphics

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

**Transaction ID : SB21B-822**

Amount of Each Disbursement this Period

Memo Item

**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 VOTE!**

Full Name (Last, First, Middle Initial) <b>A. Benenson Strategy Group</b>		Date of Disbursement MM / DD / YYYY 08 / 11 / 2016
Mailing Address 720 S. Colorado Blvd Ste 500N		<b>Transaction ID : SB21B-828</b>
City Denver	State CO	
Zip Code 80246	Purpose of Disbursement Polling/Surveys	Amount of Each Disbursement this Period 18000.00
Candidate Name	Category/Type	<input type="checkbox"/> Memo Item
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Blackbaud Merchant Services</b>		Date of Disbursement MM / DD / YYYY 08 / 12 / 2016
Mailing Address 2000 Daniel Island Drive		<b>Transaction ID : SB21B-870</b>
City Charleston	State SC	
Zip Code 29492	Purpose of Disbursement Credit Card Service Charges	Amount of Each Disbursement this Period 1351.74
Candidate Name	Category/Type	<input type="checkbox"/> Memo Item
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) <b>C. Global Strategy Group</b>		Date of Disbursement MM / DD / YYYY 08 / 18 / 2016
Mailing Address 215 Park Ave South 15th Floor		<b>Transaction ID : SB21B-835</b>
City New York	State NY	
Zip Code 10003	Purpose of Disbursement Polling/Surveys	Amount of Each Disbursement this Period 23700.00
Candidate Name	Category/Type	<input type="checkbox"/> Memo Item
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	43051.74
<b>TOTAL</b> 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 VOTE!**

Full Name (Last, First, Middle Initial) <b>A. Precision Network, LLC</b>		Date of Disbursement MM / DD / YYYY 08 / 09 / 2016
Mailing Address 1140 Connecticut Ave NW Ste 800		<b>Transaction ID : VN7A7A31501</b>
City Washington State DC Zip Code 20036-4010	Amount of Each Disbursement this Period -140664.51	
Purpose of Disbursement Digital Advertising Offset-See Line 24 Schedule E	Category/Type 004	<input type="checkbox"/> Memo Item
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>B. Precision Network, LLC</b>		Date of Disbursement MM / DD / YYYY 08 / 09 / 2016
Mailing Address 1140 Connecticut Ave NW Ste 800		<b>Transaction ID : VN7A7A31527</b>
City Washington State DC Zip Code 20036-4010	Amount of Each Disbursement this Period -273054.65	
Purpose of Disbursement Digital Advertising Offset-See Line 24 Schedule E	Category/Type 004	<input type="checkbox"/> Memo Item
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>C. Precision Network, LLC</b>		Date of Disbursement MM / DD / YYYY 08 / 31 / 2016
Mailing Address 1140 Connecticut Ave NW Ste 800		<b>Transaction ID : VN7A7A31535</b>
City Washington State DC Zip Code 20036-4010	Amount of Each Disbursement this Period -281737.71	
Purpose of Disbursement Digital Advertising Offset-See Line 24 Schedule E	Category/Type 004	<input type="checkbox"/> Memo Item
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

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

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

-695456.87

**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 VOTE!**

Full Name (Last, First, Middle Initial)

**A. Precision Network, LLC**

Mailing Address 1140 Connecticut Ave NW  
Ste 800

City Washington State DC Zip Code 20036-4010

Purpose of Disbursement  
Digital Advertising Offset-See Line 24 Schedule E

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

**Transaction ID : VN7A7A31543**

Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

**B.**

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

**C.**

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

Amount of Each Disbursement this Period

Memo Item

**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 type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" 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 VOTE!**

Full Name (Last, First, Middle Initial)

**A. House Majority PAC**

Mailing Address 2100 Pennsylvania Ave NE  
Ste 545

City Washington State DC Zip Code 20037

Purpose of Disbursement  
Committee Contribution

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M / D D / Y Y Y Y Y Y  
08 / 11 / 2016

**Transaction ID : SB23-834**

Amount of Each Disbursement this Period

200000.00

Memo Item

Full Name (Last, First, Middle Initial)

**B.**

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M / D D / Y Y Y Y Y Y

Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

**C.**

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M / D D / Y Y Y Y Y Y

Amount of Each Disbursement this Period

Memo Item

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

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

200000.00

200000.00

**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 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 checked="" 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 VOTE!**

**A. Vermonters for Strong Leadership**

Full Name (Last, First, Middle Initial)

Mailing Address PO Box 67

City Montpelier State VT Zip Code 05601

Purpose of Disbursement Committee Contribution

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: MM / DD / YYYY  
08 / 04 / 2016

**Transaction ID : SB29-824**

Amount of Each Disbursement this Period: 125000.00

Memo Item

**B.**

Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: MM / DD / YYYY

Amount of Each Disbursement this Period

Memo Item

**C.**

Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: MM / DD / YYYY

Amount of Each Disbursement this Period

Memo Item

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	125000.00
<b>TOTAL</b> This Period (last page this line number only).....▶	125000.00

**SCHEDULE D (FEC Form 3X)**

**DEBTS AND OBLIGATIONS**

**Excluding Loans**

(Use separate schedule(s) for each numbered line)	PAGE 24 OF 65
	FOR LINE NUMBER: (check only one)
<input type="checkbox"/> 9	<input checked="" type="checkbox"/> 10

NAME OF COMMITTEE (In Full)  
**WOMEN VOTE!**

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>Moxie Media</b>	Nature of Debt (Purpose): Mailhouse
Mailing Address PO Box 30084	
City State Zip Code Seattle WA 98113-2084	

Outstanding Balance Beginning This Period 9669.72	<b>Transaction ID : VN5BQ9HCA51</b>	
Amount Incurred This Period 0.00	Payment This Period 9669.72	Outstanding Balance at Close of This Period 0.00

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>Moxie Media</b>	Nature of Debt (Purpose): Mailouse
Mailing Address PO Box 30084	
City State Zip Code Seattle WA 98113-2084	

Outstanding Balance Beginning This Period 9669.72	<b>Transaction ID : VN5BQ9HCA69</b>	
Amount Incurred This Period 0.00	Payment This Period 9669.72	Outstanding Balance at Close of This Period 0.00

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>Moxie Media</b>	Nature of Debt (Purpose): Mailhouse
Mailing Address PO Box 30084	
City State Zip Code Seattle WA 98113-2084	

Outstanding Balance Beginning This Period 8625.12	<b>Transaction ID : VN5BQ9HCA76</b>	
Amount Incurred This Period 0.00	Payment This Period 8625.12	Outstanding Balance at Close of This Period 0.00

1) <b>SUBTOTALS</b> This Period This Page (optional)..... ▶	0.00
2) <b>TOTALS</b> This Period (last page this line number only)..... ▶	
3) <b>TOTAL OUTSTANDING LOANS</b> from Schedule C (last page only) ..... ▶	
4) <b>ADD 2) and 3)</b> and carry forward to appropriate line of Summary Page (last page only) ▶	



**SCHEDULE D (FEC Form 3X)**

**DEBTS AND OBLIGATIONS**

**Excluding Loans**

(Use separate schedule(s) for each numbered line)	PAGE 25 OF 65
	FOR LINE NUMBER: (check only one)
<input type="checkbox"/>	9
<input checked="" type="checkbox"/>	10

NAME OF COMMITTEE (In Full)  
**WOMEN VOTE!**

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>Moxie Media</b>	Nature of Debt (Purpose): Mailhouse
Mailing Address PO Box 30084	
City State Zip Code Seattle WA 98113-2084	

Outstanding Balance Beginning This Period 9669.72	<b>Transaction ID : VN5BQ9HCA84</b>	
Amount Incurred This Period 0.00	Payment This Period 9669.72	Outstanding Balance at Close of This Period 0.00

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>Moxie Media</b>	Nature of Debt (Purpose): Mailhouse
Mailing Address PO Box 30084	
City State Zip Code Seattle WA 98113-2084	

Outstanding Balance Beginning This Period 9669.72	<b>Transaction ID : VN5BQ9HCA92</b>	
Amount Incurred This Period 0.00	Payment This Period 9669.72	Outstanding Balance at Close of This Period 0.00

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>Priorities USA</b>	Nature of Debt (Purpose): Media Production
Mailing Address 601 13th St NW Ste 610N	
City State Zip Code Washington DC 20005-3807	

Outstanding Balance Beginning This Period 54500.00	<b>Transaction ID : VN5BQ9HCA43</b>	
Amount Incurred This Period 0.00	Payment This Period 54500.00	Outstanding Balance at Close of This Period 0.00

1) <b>SUBTOTALS</b> This Period This Page (optional)..... ▶	0.00
2) <b>TOTALS</b> This Period (last page this line number only)..... ▶	0.00
3) <b>TOTAL OUTSTANDING LOANS</b> from Schedule C (last page only) ..... ▶	
4) <b>ADD 2) and 3)</b> and carry forward to appropriate line of Summary Page (last page only) ▶	

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) <b>WOMEN VOTE!</b>	<b>FEC IDENTIFICATION NUMBER ▼</b> <b>C</b> C00473918
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 <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span>	

Full Name of Payee <input type="checkbox"/> Memo Item <b>AL Media LLC</b>	Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 08 / 17 / 2016
Mailing Address 222 W Ontario St Ste 600	Amount <span style="border: 1px solid black; padding: 2px;">5000.00</span>
City State Zip Code Chicago IL 60654-3655	<b>Transaction ID : VN7A7A2BSS7</b> Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 08 / 18 / 2016
Purpose of Expenditure Media Production	Category/Type <span style="border: 1px solid black; padding: 2px;">004</span>
Name of Federal Candidate Susannah Randolph	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate District: 09 State: FL
Calendar Year-To-Date Per Election for Office Sought	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶
<span style="border: 1px solid black; padding: 2px;">140780.84</span>	

Full Name of Payee <input type="checkbox"/> Memo Item <b>AL Media LLC</b>	Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 08 / 17 / 2016
Mailing Address 222 W Ontario St Ste 600	Amount <span style="border: 1px solid black; padding: 2px;">2500.00</span>
City State Zip Code Chicago IL 60654-3655	<b>Transaction ID : VN7A7A2BST5</b> Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 08 / 18 / 2016
Purpose of Expenditure Media Production	Category/Type <span style="border: 1px solid black; padding: 2px;">004</span>
Name of Federal Candidate Dena Grayson MD, PHD	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate District: 09 State: FL
Calendar Year-To-Date Per Election for Office Sought	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶
<span style="border: 1px solid black; padding: 2px;">140780.84</span>	

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures.....▶	<span style="border: 1px solid black; padding: 2px;">7500.00</span>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures.....▶	<span style="border: 1px solid black; padding: 2px;"> </span>
(c) <b>TOTAL</b> Independent Expenditures.....▶	<span style="border: 1px solid black; padding: 2px;"> </span>

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

*Caroline Fines* [Electronically Filed] Date M M / D D / Y Y Y Y Y Y  
03 / 03 / 2016

Signature \_\_\_\_\_

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) <b>WOMEN VOTE!</b>	<b>FEC IDENTIFICATION NUMBER ▼</b> <b>C</b> C00473918
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 <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span>	

Full Name of Payee <input type="checkbox"/> Memo Item <b>AL Media LLC</b>	Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 08 / 17 / 2016
Mailing Address 222 W Ontario St Ste 600	Amount <span style="border: 1px solid black; padding: 2px;">2500.00</span>
City State Zip Code Chicago IL 60654-3655	<b>Transaction ID : VN7A7A2BSV3</b> Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 08 / 18 / 2016
Purpose of Expenditure Media Production	Category/Type <span style="border: 1px solid black; padding: 2px;">004</span>
Name of Federal Candidate <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Darren Soto	Office Sought: <input checked="" type="checkbox"/> House District: 09 <input type="checkbox"/> President <input type="checkbox"/> Senate State: FL
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">140780.84</span>	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶

Full Name of Payee <input type="checkbox"/> Memo Item <b>AL Media LLC</b>	Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 08 / 17 / 2016
Mailing Address 222 W Ontario St Ste 600	Amount <span style="border: 1px solid black; padding: 2px;">20000.00</span>
City State Zip Code Chicago IL 60654-3655	<b>Transaction ID : VN7A7A2BSW1</b> Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 08 / 18 / 2016
Purpose of Expenditure Media Buy Digital	Category/Type <span style="border: 1px solid black; padding: 2px;">004</span>
Name of Federal Candidate <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Susannah Randolph	Office Sought: <input checked="" type="checkbox"/> House District: 09 <input type="checkbox"/> President <input type="checkbox"/> Senate State: FL
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">140780.84</span>	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶	<span style="border: 1px solid black; padding: 2px;">22500.00</span>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	<span style="border: 1px solid black; padding: 2px;"> </span>
(c) <b>TOTAL</b> Independent Expenditures..... ▶	<span style="border: 1px solid black; padding: 2px;"> </span>

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

*Caroline Fines* [Electronically Filed] Date M M / D D / Y Y Y Y Y Y  
03 / 03 / 2016

Signature \_\_\_\_\_

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) <b>WOMEN VOTE!</b>	<b>FEC IDENTIFICATION NUMBER ▼</b> <b>C</b> C00473918
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 <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span>	

Full Name of Payee <b>AL Media LLC</b> <input type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 08 / 17 / 2016
Mailing Address 222 W Ontario St Ste 600	Amount <span style="border: 1px solid black; padding: 2px;">10000.00</span>
City State Zip Code Chicago IL 60654-3655	
Purpose of Expenditure Media Buy Digital	Category/Type <span style="border: 1px solid black; padding: 2px;">004</span>
Name of Federal Candidate Dena Grayson MD, PHD	Office Sought: <input checked="" type="checkbox"/> House District: 09 <input type="checkbox"/> President <input type="checkbox"/> Senate State: FL
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">140780.84</span>	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶

Full Name of Payee <b>AL Media LLC</b> <input type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 08 / 17 / 2016
Mailing Address 222 W Ontario St Ste 600	Amount <span style="border: 1px solid black; padding: 2px;">10000.00</span>
City State Zip Code Chicago IL 60654-3655	
Purpose of Expenditure Media Buy Digital	Category/Type <span style="border: 1px solid black; padding: 2px;">004</span>
Name of Federal Candidate Darren Soto	Office Sought: <input checked="" type="checkbox"/> House District: 09 <input type="checkbox"/> President <input type="checkbox"/> Senate State: FL
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">140780.84</span>	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶	<span style="border: 1px solid black; padding: 2px;">20000.00</span>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	<span style="border: 1px solid black; padding: 2px;"> </span>
(c) <b>TOTAL</b> Independent Expenditures..... ▶	<span style="border: 1px solid black; padding: 2px;"> </span>

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

*Caroline Fines* [Electronically Filed] Date M M / D D / Y Y Y Y Y Y  
03 / 03 / 2016

Signature \_\_\_\_\_

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) <b>WOMEN VOTE!</b>	<b>FEC IDENTIFICATION NUMBER ▼</b> <b>C</b> C00473918
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 <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span>	

Full Name of Payee <b>Ambrosino Muir Hansan Crouse</b> <input type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 09 / 06 / 2016
Mailing Address 5500 Sansome Street Suite 404	Amount <span style="border: 1px solid black; padding: 2px;">119370.00</span>
City State Zip Code Washington DC 94111	
Purpose of Expenditure Mailhouse	Category/Type <span style="border: 1px solid black; padding: 2px;">004</span>
Name of Federal Candidate Patrick Toomey <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: PA
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">1451668.29</span>	Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 08 / 31 / 2016
Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee <b>Catalist, LLC</b> <input type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 08 / 09 / 2016
Mailing Address 1090 Vermont Ave NW Ste 300	Amount <span style="border: 1px solid black; padding: 2px;">500.00</span>
City State Zip Code Washington DC 20005-4966	
Purpose of Expenditure Mailhouse	Category/Type <span style="border: 1px solid black; padding: 2px;">004</span>
Name of Federal Candidate Val Demings <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House District: 10 <input type="checkbox"/> President <input type="checkbox"/> Senate State: FL
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">56754.60</span>	Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 08 / 11 / 2016
Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶	<span style="border: 1px solid black; padding: 2px;">119870.00</span>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	<span style="border: 1px solid black; padding: 2px;"> </span>
(c) <b>TOTAL</b> Independent Expenditures..... ▶	<span style="border: 1px solid black; padding: 2px;"> </span>

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

*Caroline Fines*
[Electronically Filed]
Date M M / D D / Y Y Y Y Y Y 03 / 03 / 2016

Signature

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) <b>WOMEN VOTE!</b>	<b>FEC IDENTIFICATION NUMBER ▼</b> <b>C</b> C00473918
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 <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span>	

Full Name of Payee <b>Catalist, LLC</b> <input type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 08 / 15 / 2016
Mailing Address 1090 Vermont Ave NW Ste 300	Amount <span style="border: 1px solid black; padding: 2px;">773.23</span>
City State Zip Code Washington DC 20005-4966	
Purpose of Expenditure Mailhouse	Category/Type <span style="border: 1px solid black; padding: 2px;">004</span>
Name of Federal Candidate Annette Taddeo	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate District: 26 State: FL
Calendar Year-To-Date Per Election for Office Sought	<span style="border: 1px solid black; padding: 2px;">103113.67</span> Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶

Full Name of Payee <b>Catalist, LLC</b> <input type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 08 / 26 / 2016
Mailing Address 1090 Vermont Ave NW Ste 300	Amount <span style="border: 1px solid black; padding: 2px;">1305.09</span>
City State Zip Code Washington DC 20005-4966	
Purpose of Expenditure Mailhouse	Category/Type <span style="border: 1px solid black; padding: 2px;">004</span>
Name of Federal Candidate Joe Heck	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate District: 00 State: NV
Calendar Year-To-Date Per Election for Office Sought	<span style="border: 1px solid black; padding: 2px;">92819.05</span> Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶	<span style="border: 1px solid black; padding: 2px;">2078.32</span>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures..... ▶	<span style="border: 1px solid black; padding: 2px;"> </span>
(c) <b>TOTAL</b> Independent Expenditures..... ▶	<span style="border: 1px solid black; padding: 2px;"> </span>

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

*Caroline Fines*
[Electronically Filed]
Date M M / D D / Y Y Y Y Y Y 03 / 03 / 2016

Signature

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) <b>WOMEN VOTE!</b>	<b>FEC IDENTIFICATION NUMBER</b> ▼ <b>C</b> C00473918
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 <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span>	

Full Name of Payee <b>Mission Control, Inc.</b> <input type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 08 / 12 / 2016
Mailing Address 624 Hebron Ave	Amount <span style="border: 1px solid black; padding: 2px;">9907.06</span>
City State Zip Code Glastonbury CT 06033-2470	
Purpose of Expenditure Mailhouse	Category/Type <span style="border: 1px solid black; padding: 2px;">004</span>
Name of Federal Candidate Susannah Randolph	Office Sought: <input checked="" type="checkbox"/> House District: 09 <input type="checkbox"/> President <input type="checkbox"/> Senate State: FL
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">140780.84</span>	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶

Full Name of Payee <b>Mission Control, Inc.</b> <input type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 08 / 12 / 2016
Mailing Address 624 Hebron Ave	Amount <span style="border: 1px solid black; padding: 2px;">4953.53</span>
City State Zip Code Glastonbury CT 06033-2470	
Purpose of Expenditure Mailhouse	Category/Type <span style="border: 1px solid black; padding: 2px;">004</span>
Name of Federal Candidate Darren Soto	Office Sought: <input checked="" type="checkbox"/> House District: 09 <input type="checkbox"/> President <input type="checkbox"/> Senate State: FL
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">140780.84</span>	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶	<span style="border: 1px solid black; padding: 2px;">14860.59</span>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	<span style="border: 1px solid black; padding: 2px;"> </span>
(c) <b>TOTAL</b> Independent Expenditures..... ▶	<span style="border: 1px solid black; padding: 2px;"> </span>

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

*Caroline Fines* [Electronically Filed] Date M M / D D / Y Y Y Y Y Y  
03 / 03 / 2016

Signature \_\_\_\_\_

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) <b>WOMEN VOTE!</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00473918	
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 <b>Mission Control, Inc.</b>		<input type="checkbox"/> Memo Item		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y <b>08 / 12 / 2016</b>	
Mailing Address 624 Hebron Ave				Amount <b>4953.53</b>	
City Glastonbury	State CT	Zip Code 06033-2470		<b>Transaction ID : VN7A7A27RM5</b>	
Purpose of Expenditure Mailhouse		Category/Type <b>004</b>		Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y <b>08 / 18 / 2016</b>	
Name of Federal Candidate Dena Grayson MD, PHD		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose		Office Sought: <input checked="" type="checkbox"/> House District: <u>09</u> <input type="checkbox"/> President <input type="checkbox"/> Senate State: <u>FL</u>	
Calendar Year-To-Date Per Election for Office Sought		<b>140780.84</b>		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee <b>Mission Control, Inc.</b>		<input type="checkbox"/> Memo Item		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y <b>08 / 15 / 2016</b>	
Mailing Address 624 Hebron Ave				Amount <b>9442.56</b>	
City Glastonbury	State CT	Zip Code 06033-2470		<b>Transaction ID : VN7A7A29R93</b>	
Purpose of Expenditure Mailhouse		Category/Type <b>004</b>		Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y <b>08 / 18 / 2016</b>	
Name of Federal Candidate Susannah Randolph		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose		Office Sought: <input checked="" type="checkbox"/> House District: <u>09</u> <input type="checkbox"/> President <input type="checkbox"/> Senate State: <u>FL</u>	
Calendar Year-To-Date Per Election for Office Sought		<b>140780.84</b>		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures.....▶	<b>14396.09</b>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures.....▶	
(c) <b>TOTAL</b> 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.

*Caroline Fines*  
Signature

[Electronically Filed]

Date **03 / 03 / 2016**



**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) <b>WOMEN VOTE!</b>	<b>FEC IDENTIFICATION NUMBER ▼</b> <b>C</b> C00473918
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 <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span>	

Full Name of Payee <input type="checkbox"/> Memo Item <b>Mission Control, Inc.</b>	Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 08 / 15 / 2016
Mailing Address 624 Hebron Ave	Amount <span style="border: 1px solid black; padding: 2px;">4721.28</span>
City State Zip Code Glastonbury CT 06033-2470	
Purpose of Expenditure Mailhouse	Category/Type <span style="border: 1px solid black; padding: 2px;">004</span>
Name of Federal Candidate <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Dena Grayson MD, PHD	Office Sought: <input checked="" type="checkbox"/> House District: 09 <input type="checkbox"/> President <input type="checkbox"/> Senate State: FL
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">140780.84</span>	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶

Full Name of Payee <input type="checkbox"/> Memo Item <b>Mission Control, Inc.</b>	Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 08 / 15 / 2016
Mailing Address 624 Hebron Ave	Amount <span style="border: 1px solid black; padding: 2px;">4721.28</span>
City State Zip Code Glastonbury CT 06033-2470	
Purpose of Expenditure Mailhouse	Category/Type <span style="border: 1px solid black; padding: 2px;">004</span>
Name of Federal Candidate <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Darren Soto	Office Sought: <input checked="" type="checkbox"/> House District: 09 <input type="checkbox"/> President <input type="checkbox"/> Senate State: FL
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">140780.84</span>	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶	<span style="border: 1px solid black; padding: 2px;">9442.56</span>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	<span style="border: 1px solid black; padding: 2px;"> </span>
(c) <b>TOTAL</b> Independent Expenditures..... ▶	<span style="border: 1px solid black; padding: 2px;"> </span>

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

*Caroline Fines* [Electronically Filed] Date M M / D D / Y Y Y Y Y Y  
03 / 03 / 2016

Signature \_\_\_\_\_

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) <b>WOMEN VOTE!</b>	<b>FEC IDENTIFICATION NUMBER</b> ▼ <b>C</b> C00473918
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 <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span>	

Full Name of Payee <input type="checkbox"/> Memo Item <b>Mission Control, Inc.</b>	Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 08 / 17 / 2016
Mailing Address 624 Hebron Ave	Amount <span style="border: 1px solid black; padding: 2px;">6554.45</span>
City State Zip Code Glastonbury CT 06033-2470	<b>Transaction ID : VN7A7A2BSN6</b> Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 08 / 18 / 2016
Purpose of Expenditure Mailhouse	Category/Type <span style="border: 1px solid black; padding: 2px;">004</span>
Name of Federal Candidate Susannah Randolph	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate District: 09 <input type="checkbox"/> President State: FL
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">140780.84</span>	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶

Full Name of Payee <input type="checkbox"/> Memo Item <b>Mission Control, Inc.</b>	Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 08 / 17 / 2016
Mailing Address 624 Hebron Ave	Amount <span style="border: 1px solid black; padding: 2px;">3277.22</span>
City State Zip Code Glastonbury CT 06033-2470	<b>Transaction ID : VN7A7A2BSQ2</b> Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 08 / 18 / 2016
Purpose of Expenditure Mailhouse	Category/Type <span style="border: 1px solid black; padding: 2px;">004</span>
Name of Federal Candidate Dena Grayson MD, PHD	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate District: 09 <input type="checkbox"/> President State: FL
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">140780.84</span>	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures.....▶	<span style="border: 1px solid black; padding: 2px;">9831.67</span>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures.....▶	<span style="border: 1px solid black; padding: 2px;"> </span>
(c) <b>TOTAL</b> Independent Expenditures.....▶	<span style="border: 1px solid black; padding: 2px;"> </span>

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

*Caroline Fines* [Electronically Filed] Date M M / D D / Y Y Y Y Y Y  
03 / 03 / 2016

Signature \_\_\_\_\_

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) <b>WOMEN VOTE!</b>	FEC IDENTIFICATION NUMBER <b>C</b> C00473918
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 <b>Mission Control, Inc.</b>	"> <input type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination 08 / 17 / 2016
Mailing Address 624 Hebron Ave		Amount 3277.23
City Glastonbury	State CT	Zip Code 06033-2470
Purpose of Expenditure Mailhouse	Category/Type 004	Date of Disbursement or Obligation 08 / 18 / 2016
Name of Federal Candidate Darren Soto		Office Sought: <input checked="" type="checkbox"/> House District: 09 <input type="checkbox"/> President <input type="checkbox"/> Senate State: FL
Calendar Year-To-Date Per Election for Office Sought 140780.84		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶

Full Name of Payee <b>Mission Control, Inc.</b>	"> <input type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination 08 / 19 / 2016
Mailing Address 624 Hebron Ave		Amount 6495.45
City Glastonbury	State CT	Zip Code 06033-2470
Purpose of Expenditure Mailhouse	Category/Type 004	Date of Disbursement or Obligation 08 / 18 / 2016
Name of Federal Candidate Susannah Randolph		Office Sought: <input checked="" type="checkbox"/> House District: 09 <input type="checkbox"/> President <input type="checkbox"/> Senate State: FL
Calendar Year-To-Date Per Election for Office Sought 140780.84		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶	9772.68
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	
(c) <b>TOTAL</b> 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.

Caroline Fines [Electronically Filed] Date 03 / 03 / 2016  
Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full)
WOMEN VOTE!
FEC IDENTIFICATION NUMBER
C C00473918
Check if 24-hour report 48-hour report New report Amends report filed on

Full Name of Payee Mission Control, Inc.
Mailing Address 624 Hebron Ave
City Glastonbury State CT Zip Code 06033-2470
Purpose of Expenditure Mailhouse Category/Type 004
Name of Federal Candidate Dena Grayson MD, PHD
Office Sought: House District: 09 State: FL
Disbursement For: Primary
Calendar Year-To-Date Per Election for Office Sought 140780.84
Date of Public Distribution/Dissemination 08/19/2016
Amount 3247.73
Transaction ID: VN7A7A2CXB2
Date of Disbursement or Obligation 08/18/2016

Full Name of Payee Mission Control, Inc.
Mailing Address 624 Hebron Ave
City Glastonbury State CT Zip Code 06033-2470
Purpose of Expenditure Mailhouse Category/Type 004
Name of Federal Candidate Darren Soto
Office Sought: House District: 09 State: FL
Disbursement For: Primary
Calendar Year-To-Date Per Election for Office Sought 140780.84
Date of Public Distribution/Dissemination 08/19/2016
Amount 3247.72
Transaction ID: VN7A7A2CXC0
Date of Disbursement or Obligation 08/18/2016

(a) SUBTOTAL of Itemized Independent Expenditures 6495.45
(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 Caroline Fines [Electronically Filed] Date 03/03/2016

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) <b>WOMEN VOTE!</b>	<b>FEC IDENTIFICATION NUMBER ▼</b> <b>C</b> C00473918
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 <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span>	

Full Name of Payee <input type="checkbox"/> Memo Item <b>Mission Control, Inc.</b>	Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 08 / 23 / 2016
Mailing Address 624 Hebron Ave	Amount <span style="border: 1px solid black; padding: 2px;">6495.45</span>
City State Zip Code Glastonbury CT 06033-2470	<b>Transaction ID : VN7A7A2G6R9</b> Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 08 / 25 / 2016
Purpose of Expenditure Mailhouse	Category/Type <span style="border: 1px solid black; padding: 2px;">004</span>
Name of Federal Candidate Susannah Randolph	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate District: 09 State: FL
Calendar Year-To-Date Per Election for Office Sought	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶
<span style="border: 1px solid black; padding: 2px;">140780.84</span>	

Full Name of Payee <input type="checkbox"/> Memo Item <b>Mission Control, Inc.</b>	Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 08 / 24 / 2016
Mailing Address 624 Hebron Ave	Amount <span style="border: 1px solid black; padding: 2px;">6495.45</span>
City State Zip Code Glastonbury CT 06033-2470	<b>Transaction ID : VN7A7A2G6S7</b> Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 08 / 25 / 2016
Purpose of Expenditure Mailhouse	Category/Type <span style="border: 1px solid black; padding: 2px;">004</span>
Name of Federal Candidate Susannah Randolph	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate District: 09 State: FL
Calendar Year-To-Date Per Election for Office Sought	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶
<span style="border: 1px solid black; padding: 2px;">140780.84</span>	

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶	<span style="border: 1px solid black; padding: 2px;">12990.90</span>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	<span style="border: 1px solid black; padding: 2px;"> </span>
(c) <b>TOTAL</b> Independent Expenditures..... ▶	<span style="border: 1px solid black; padding: 2px;"> </span>

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

*Caroline Fines* [Electronically Filed] Date M M / D D / Y Y Y Y Y Y  
03 / 03 / 2016

Signature \_\_\_\_\_

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full)
WOMEN VOTE!
FEC IDENTIFICATION NUMBER
C C00473918
Check if 24-hour report 48-hour report New report Amends report filed on

Full Name of Payee
Mission Control, Inc.
Mailing Address
624 Hebron Ave
City
Glastonbury State
CT Zip Code
06033-2470
Purpose of Expenditure
Mailhouse Category/
Type 004
Name of Federal Candidate
Dena Grayson MD, PHD
Support
Oppose
Calendar Year-To-Date
Per Election for Office Sought
140780.84

Date of Public Distribution/Dissemination
08 / 23 / 2016
Amount
3247.73
Transaction ID : VN7A7A2G6V3
Date of Disbursement or Obligation
08 / 25 / 2016
Office Sought:
House District: 09
Senate State: FL
Disbursement For:
Primary General
Other (specify)

Full Name of Payee
Mission Control, Inc.
Mailing Address
624 Hebron Ave
City
Glastonbury State
CT Zip Code
06033-2470
Purpose of Expenditure
Mailhouse Category/
Type 004
Name of Federal Candidate
Dena Grayson MD, PHD
Support
Oppose
Calendar Year-To-Date
Per Election for Office Sought
140780.84

Date of Public Distribution/Dissemination
08 / 24 / 2016
Amount
3247.73
Transaction ID : VN7A7A2G6W9
Date of Disbursement or Obligation
08 / 25 / 2016
Office Sought:
House District: 09
Senate State: FL
Disbursement For:
Primary General
Other (specify)

Table with 2 columns: Description and Amount. Row (a) SUBTOTAL of Itemized Independent Expenditures 6495.46. Row (b) SUBTOTAL of Unitemized Independent Expenditures. Row (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 Caroline Fines [Electronically Filed] Date 03 / 03 / 2016

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) <b>WOMEN VOTE!</b>		<b>FEC IDENTIFICATION NUMBER ▼</b> <b>C</b> C00473918
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 <input type="checkbox"/> Memo Item <b>Mission Control, Inc.</b>		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 08 / 24 / 2016	
Mailing Address 624 Hebron Ave		Amount 3247.72	
City Glastonbury	State CT	Zip Code 06033-2470	<b>Transaction ID : VN7A7A2G6X7</b>
Purpose of Expenditure Mailhouse	Category/ Type 004	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 08 / 25 / 2016	
Name of Federal Candidate Darren Soto		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House District: 09 <input type="checkbox"/> President <input type="checkbox"/> Senate State: FL
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	
		140780.84	

Full Name of Payee <input type="checkbox"/> Memo Item <b>Mission Control, Inc.</b>		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 08 / 23 / 2016	
Mailing Address 624 Hebron Ave		Amount 3247.72	
City Glastonbury	State CT	Zip Code 06033-2470	<b>Transaction ID : VN7A7A2G6Y5</b>
Purpose of Expenditure Mailhouse	Category/ Type 004	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 08 / 25 / 2016	
Name of Federal Candidate Darren Soto		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House District: 09 <input type="checkbox"/> President <input type="checkbox"/> Senate State: FL
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	
		140780.84	

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures.....▶	6495.44
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures.....▶	
(c) <b>TOTAL</b> 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.

Caroline Fines

[Electronically Filed]

Signature \_\_\_\_\_ Date M M M / D D D / Y Y Y Y Y Y  
03 / 03 / 2016

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) <b>WOMEN VOTE!</b>	<b>FEC IDENTIFICATION NUMBER ▼</b> <b>C</b> C00473918
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Check if  24-hour report  48-hour report  New report  Amends report filed on M M / D D / Y Y Y Y Y Y

Full Name of Payee <b>Moxie Media</b> <input type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 07 / 21 / 2016
Mailing Address PO Box 30084	Amount <span style="border: 1px solid black; padding: 2px;">9669.72</span>
City State Zip Code Seattle WA 98113-2084	<b>Transaction ID : VN7A7A1TEC7</b> Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 08 / 04 / 2016
Purpose of Expenditure Mailhouse Category/Type <span style="border: 1px solid black; padding: 2px;">001</span>	Name of Federal Candidate Pramila Jayapal <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Name of Federal Candidate Pramila Jayapal	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate District: 07 State: WA
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">48200.98</span>	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

Full Name of Payee <b>Moxie Media</b> <input type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 07 / 22 / 2016
Mailing Address PO Box 30084	Amount <span style="border: 1px solid black; padding: 2px;">9669.72</span>
City State Zip Code Seattle WA 98113-2084	<b>Transaction ID : VN7A7A1TED5</b> Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 08 / 04 / 2016
Purpose of Expenditure Mailhouse Category/Type <span style="border: 1px solid black; padding: 2px;">001</span>	Name of Federal Candidate Pramila Jayapal <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Name of Federal Candidate Pramila Jayapal	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate District: 07 State: WA
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">48200.98</span>	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures.....▶	<span style="border: 1px solid black; padding: 2px;">19339.44</span>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures.....▶	<span style="border: 1px solid black; padding: 2px;"> </span>
(c) <b>TOTAL</b> Independent Expenditures.....▶	<span style="border: 1px solid black; padding: 2px;"> </span>

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

*Caroline Fines* [Electronically Filed] Date M M / D D / Y Y Y Y Y Y  
03 / 03 / 2016

Signature \_\_\_\_\_



**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) <b>WOMEN VOTE!</b>	<b>FEC IDENTIFICATION NUMBER</b> ▼ <b>C</b> C00473918
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 <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span>	

Full Name of Payee <b>Moxie Media</b> <input type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 07 / 25 / 2016
Mailing Address PO Box 30084	Amount <span style="border: 1px solid black; padding: 2px;">8625.12</span>
City State Zip Code Seattle WA 98113-2084	<b>Transaction ID : VN7A7A1W831</b> Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 08 / 04 / 2016
Purpose of Expenditure Mailhouse	Category/Type <span style="border: 1px solid black; padding: 2px;">001</span>
Name of Federal Candidate Pramila Jayapal <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate District: 07 State: WA
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">48200.98</span>	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶

Full Name of Payee <b>Moxie Media</b> <input type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 07 / 26 / 2016
Mailing Address PO Box 30084	Amount <span style="border: 1px solid black; padding: 2px;">9669.72</span>
City State Zip Code Seattle WA 98113-2084	<b>Transaction ID : VN7A7A1W968</b> Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 08 / 04 / 2016
Purpose of Expenditure Mailhouse	Category/Type <span style="border: 1px solid black; padding: 2px;">001</span>
Name of Federal Candidate Pramila Jayapal <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate District: 07 State: WA
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">48200.98</span>	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶	<span style="border: 1px solid black; padding: 2px;">18294.84</span>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	<span style="border: 1px solid black; padding: 2px;"> </span>
(c) <b>TOTAL</b> Independent Expenditures..... ▶	<span style="border: 1px solid black; padding: 2px;"> </span>

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

*Caroline Fines* [Electronically Filed] Date M M / D D / Y Y Y Y Y Y  
03 / 03 / 2016

Signature

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) <b>WOMEN VOTE!</b>	<b>FEC IDENTIFICATION NUMBER ▼</b> <b>C</b> C00473918
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 <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span>	

Full Name of Payee <b>Moxie Media</b> <input type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 07 / 27 / 2016
Mailing Address PO Box 30084	Amount <span style="border: 1px solid black; padding: 2px;">9669.72</span>
City State Zip Code Seattle WA 98113-2084	<b>Transaction ID : VN7A7A1W975</b> Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 08 / 04 / 2016
Purpose of Expenditure Mailhouse Category/Type <span style="border: 1px solid black; padding: 2px;">001</span>	Name of Federal Candidate Pramila Jayapal <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">48200.98</span>	Office Sought: <input checked="" type="checkbox"/> House District: 07 <input type="checkbox"/> President <input type="checkbox"/> Senate State: WA Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶

Full Name of Payee <b>Moxie Media</b> <input type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 08 / 15 / 2016
Mailing Address PO Box 30084	Amount <span style="border: 1px solid black; padding: 2px;">16914.74</span>
City State Zip Code Seattle WA 98113-2084	<b>Transaction ID : VN7A7A29R85</b> Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 08 / 18 / 2016
Purpose of Expenditure Mailhouse Category/Type <span style="border: 1px solid black; padding: 2px;">004</span>	Name of Federal Candidate Annette Taddeo <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">103113.67</span>	Office Sought: <input checked="" type="checkbox"/> House District: 26 <input type="checkbox"/> President <input type="checkbox"/> Senate State: FL Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶	<span style="border: 1px solid black; padding: 2px;">26584.46</span>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	<span style="border: 1px solid black; padding: 2px;"> </span>
(c) <b>TOTAL</b> Independent Expenditures..... ▶	<span style="border: 1px solid black; padding: 2px;"> </span>

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

*Caroline Fines* [Electronically Filed] Date M M / D D / Y Y Y Y Y Y  
03 / 03 / 2016

Signature \_\_\_\_\_

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full)
WOMEN VOTE!
FEC IDENTIFICATION NUMBER
C C00473918
Check if 24-hour report 48-hour report New report Amends report filed on

Full Name of Payee Moxie Media
Mailing Address PO Box 30084
City Seattle State WA Zip Code 98113-2084
Purpose of Expenditure Mailhouse Category/Type 004
Name of Federal Candidate Annette Taddeo Support
Office Sought: House District: 26 State: FL
Calendar Year-To-Date Per Election for Office Sought 103113.67
Disbursement For: Primary 2016

Full Name of Payee Moxie Media
Mailing Address PO Box 30084
City Seattle State WA Zip Code 98113-2084
Purpose of Expenditure Mailhouse Category/Type 004
Name of Federal Candidate Annette Taddeo Support
Office Sought: House District: 26 State: FL
Calendar Year-To-Date Per Election for Office Sought 103113.67
Disbursement For: Primary 2016

(a) SUBTOTAL of Itemized Independent Expenditures 28640.79
(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 Caroline Fines [Electronically Filed] Date 03/03/2016

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full)
WOMEN VOTE!
FEC IDENTIFICATION NUMBER
C C00473918
Check if 24-hour report 48-hour report New report Amends report filed on

Full Name of Payee: Moxie Media
Mailing Address: PO Box 30084
City: Seattle, State: WA, Zip Code: 98113-2084
Purpose of Expenditure: Mailhouse, Category/Type: 004
Date of Public Distribution/Dissemination: 08/19/2016
Amount: 6040.69
Transaction ID: VN7A7A2CXE5
Date of Disbursement or Obligation: 08/18/2016
Name of Federal Candidate: Joe Garcia, Support/Oppose
Office Sought: House, District: 26, State: FL
Disbursement For: Primary

Full Name of Payee: Moxie Media
Mailing Address: PO Box 30084
City: Seattle, State: WA, Zip Code: 98113-2084
Purpose of Expenditure: Mailhouse, Category/Type: 004
Date of Public Distribution/Dissemination: 08/22/2016
Amount: 5751.01
Transaction ID: VN7A7A2F3J7
Date of Disbursement or Obligation: 08/18/2016
Name of Federal Candidate: Annette Taddeo, Support/Oppose
Office Sought: House, District: 26, State: FL
Disbursement For: Primary

(a) SUBTOTAL of Itemized Independent Expenditures: 11791.70
(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.
Signature: Caroline Fines
Date: 03/03/2016

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full)
WOMEN VOTE!
FEC IDENTIFICATION NUMBER
C C00473918
Check if 24-hour report 48-hour report New report Amends report filed on

Full Name of Payee: Moxie Media
Mailing Address: PO Box 30084
City: Seattle, State: WA, Zip Code: 98113-2084
Purpose of Expenditure: Mailhouse, Category/Type: 004
Date of Public Distribution/Dissemination: 08/22/2016
Amount: 11163.73
Transaction ID: VN7A7A2F3K5
Date of Disbursement or Obligation: 08/18/2016
Name of Federal Candidate: Joe Garcia, Support/Oppose
Office Sought: House, District: 26, State: FL
Disbursement For: Primary

Full Name of Payee: Moxie Media
Mailing Address: PO Box 30084
City: Seattle, State: WA, Zip Code: 98113-2084
Purpose of Expenditure: Mailhouse, Category/Type: 004
Date of Public Distribution/Dissemination: 08/23/2016
Amount: 8457.37
Transaction ID: VN7A7A2G726
Date of Disbursement or Obligation: 08/25/2016
Name of Federal Candidate: Annette Taddeo, Support/Oppose
Office Sought: House, District: 26, State: FL
Disbursement For: Primary

(a) SUBTOTAL of Itemized Independent Expenditures: 19621.10
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL Independent Expenditures

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.
Signature: Caroline Fines
Date: 03/03/2016

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) <b>WOMEN VOTE!</b>	<b>FEC IDENTIFICATION NUMBER ▼</b> <b>C</b> C00473918
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 <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span>	

Full Name of Payee <b>Moxie Media</b> <input type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 08 / 24 / 2016
Mailing Address PO Box 30084	Amount <span style="border: 1px solid black; padding: 2px;">8457.37</span>
City State Zip Code Seattle WA 98113-2084	
Purpose of Expenditure Mailhouse	Category/Type <span style="border: 1px solid black; padding: 2px;">004</span>
Name of Federal Candidate Annette Taddeo	Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 08 / 25 / 2016
<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House District: <u>26</u> <input type="checkbox"/> President <input type="checkbox"/> Senate State: <u>FL</u>
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">103113.67</span>	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶

Full Name of Payee <b>Moxie Media</b> <input type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 08 / 24 / 2016
Mailing Address PO Box 30084	Amount <span style="border: 1px solid black; padding: 2px;">8457.37</span>
City State Zip Code Seattle WA 98113-2084	
Purpose of Expenditure Mailhouse	Category/Type <span style="border: 1px solid black; padding: 2px;">004</span>
Name of Federal Candidate Joe Garcia	Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 08 / 25 / 2016
<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House District: <u>26</u> <input type="checkbox"/> President <input type="checkbox"/> Senate State: <u>FL</u>
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">103113.67</span>	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures.....▶	<span style="border: 1px solid black; padding: 2px;">16914.74</span>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures.....▶	<span style="border: 1px solid black; padding: 2px;"> </span>
(c) <b>TOTAL</b> Independent Expenditures.....▶	<span style="border: 1px solid black; padding: 2px;"> </span>

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

*Caroline Fines* [Electronically Filed] Date M M / D D / Y Y Y Y Y Y  
03 / 03 / 2016

Signature \_\_\_\_\_

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) <b>WOMEN VOTE!</b>	<b>FEC IDENTIFICATION NUMBER ▼</b> <b>C</b> C00473918
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 <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span>	

Full Name of Payee <b>Moxie Media</b> <input type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">08 / 23 / 2016</span>
Mailing Address PO Box 30084	Amount <span style="border: 1px solid black; padding: 2px;">8457.37</span>
City State Zip Code Seattle WA 98113-2084	
Purpose of Expenditure Mailhouse	Category/Type <span style="border: 1px solid black; padding: 2px;">004</span>
Name of Federal Candidate Joe Garcia <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House District: <u>26</u> <input type="checkbox"/> President <input type="checkbox"/> Senate State: <u>FL</u>
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">103113.67</span>	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____

Full Name of Payee <b>NGP Van Inc</b> <input type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">08 / 26 / 2016</span>
Mailing Address 48 Grove St Ste 202	Amount <span style="border: 1px solid black; padding: 2px;">855.55</span>
City State Zip Code Somerville MA 02144-2500	
Purpose of Expenditure Mailhouse	Category/Type <span style="border: 1px solid black; padding: 2px;">004</span>
Name of Federal Candidate Lisa Blunt Rochester <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input type="checkbox"/> Senate State: <u>DE</u>
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">60172.48</span>	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶	<span style="border: 1px solid black; padding: 2px;">9312.92</span>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	<span style="border: 1px solid black; padding: 2px;"> </span>
(c) <b>TOTAL</b> Independent Expenditures..... ▶	<span style="border: 1px solid black; padding: 2px;"> </span>

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

*Caroline Fines* [Electronically Filed] Date 03 / 03 / 2016

Signature \_\_\_\_\_

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full)
WOMEN VOTE!
FEC IDENTIFICATION NUMBER
C C00473918
Check if 24-hour report 48-hour report New report Amends report filed on

Full Name of Payee
Precision Network, LLC
Mailing Address
1140 Connecticut Ave NW
Ste 800
City
Washington State
DC Zip Code
20036-4010
Purpose of Expenditure
Media Buy Digital
Category/Type
004
Name of Federal Candidate
Hillary Rodham Clinton
Support
Office Sought:
President
Disbursement For:
General
Calendar Year-To-Date
Per Election for Office Sought
3697100.23

Date of Public Distribution/Dissemination
08 / 08 / 2016
Amount
286885.97
Transaction ID : VN7A7A25MY9
Date of Disbursement or Obligation
08 / 09 / 2016
Office Sought:
House District: 00
Senate State: 00
Disbursement For:
Primary
General
Other (specify)

Full Name of Payee
Precision Network, LLC
Mailing Address
1140 Connecticut Ave NW
Ste 800
City
Washington State
DC Zip Code
20036-4010
Purpose of Expenditure
Media Buy Digital
Category/Type
004
Name of Federal Candidate
Donald J. Trump
Oppose
Office Sought:
President
Disbursement For:
General
Calendar Year-To-Date
Per Election for Office Sought
3697100.23

Date of Public Distribution/Dissemination
08 / 08 / 2016
Amount
556896.28
Transaction ID : VN7A7A25MZ7
Date of Disbursement or Obligation
08 / 09 / 2016
Office Sought:
House District: 00
Senate State: 00
Disbursement For:
Primary
General
Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures 843782.25
(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 Caroline Fines [Electronically Filed] Date 03 / 03 / 2016



**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) <b>WOMEN VOTE!</b>	<b>FEC IDENTIFICATION NUMBER</b> ▼ <b>C</b> C00473918
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Check if  24-hour report  48-hour report  New report  Amends report filed on M M / D D / Y Y Y Y Y Y

Full Name of Payee <b>Precision Network, LLC</b> <input type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 08 / 08 / 2016
Mailing Address 1140 Connecticut Ave NW Ste 800	Amount <span style="border: 1px solid black; padding: 2px;">140664.51</span>
City State Zip Code Washington DC 20036-4010	
Purpose of Expenditure Media Buy Digital	Category/Type <span style="border: 1px solid black; padding: 2px;">004</span>
Name of Federal Candidate Hillary Rodham Clinton	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: 00
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">3697100.23</span>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶

**Transaction ID : VN7A7A25N05**

Date of Disbursement or Obligation

Full Name of Payee <b>Precision Network, LLC</b> <input type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 08 / 08 / 2016
Mailing Address 1140 Connecticut Ave NW Ste 800	Amount <span style="border: 1px solid black; padding: 2px;">273054.65</span>
City State Zip Code Washington DC 20036-4010	
Purpose of Expenditure Media Buy Digital	Category/Type <span style="border: 1px solid black; padding: 2px;">004</span>
Name of Federal Candidate Donald J. Trump	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: 00
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">3697100.23</span>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶

**Transaction ID : VN7A7A25N13**

Date of Disbursement or Obligation

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶	<span style="border: 1px solid black; padding: 2px;">413719.16</span>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	<span style="border: 1px solid black; padding: 2px;"> </span>
(c) <b>TOTAL</b> Independent Expenditures..... ▶	<span style="border: 1px solid black; padding: 2px;"> </span>

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

*Caroline Fines* [Electronically Filed] Date M M / D D / Y Y Y Y Y Y  
03 / 03 / 2016

Signature \_\_\_\_\_

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full)
WOMEN VOTE!
FEC IDENTIFICATION NUMBER
C C00473918
Check if 24-hour report 48-hour report New report Amends report filed on

Full Name of Payee: Precision Network, LLC
Mailing Address: 1140 Connecticut Ave NW, Ste 800
City: Washington, State: DC, Zip Code: 20036-4010
Purpose of Expenditure: Digital Media Buy and Production
Category/Type: 004
Name of Federal Candidate: Donald J. Trump
Office Sought: President
Disbursement For: General
Amount: 20000.00
Transaction ID: VN7A7A27DD7
Date of Disbursement: 08/11/2016

Full Name of Payee: Precision Network, LLC
Mailing Address: 1140 Connecticut Ave NW, Ste 800
City: Washington, State: DC, Zip Code: 20036-4010
Purpose of Expenditure: Digital Media Buy and Production
Category/Type: 004
Name of Federal Candidate: Donald J. Trump
Office Sought: President
Disbursement For: General
Amount: 10000.00
Transaction ID: VN7A7A2SJK1
Date of Disbursement: 08/31/2016

(a) SUBTOTAL of Itemized Independent Expenditures: 30000.00
(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: Caroline Fines
Date: 03/03/2016

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full)
WOMEN VOTE!
FEC IDENTIFICATION NUMBER
C C00473918
Check if 24-hour report 48-hour report New report Amends report filed on

Full Name of Payee: Precision Network, LLC
Mailing Address: 1140 Connecticut Ave NW, Ste 800, Washington, DC 20036-4010
Purpose of Expenditure: Media Buy Digital
Category/Type: 004
Name of Federal Candidate: Hillary Rodham Clinton
Support: [X]
Office Sought: [X] President
Date of Public Distribution/Dissemination: 09/01/2016
Amount: 277238.54
Transaction ID: VN7A7A2SJK7
Date of Disbursement or Obligation: 08/31/2016
Calendar Year-To-Date Per Election for Office Sought: 3697100.23
Disbursement For: [X] General

Full Name of Payee: Precision Network, LLC
Mailing Address: 1140 Connecticut Ave NW, Ste 800, Washington, DC 20036-4010
Purpose of Expenditure: Media Buy Digital
Category/Type: 004
Name of Federal Candidate: Donald J. Trump
Support: [X] Oppose
Office Sought: [X] President
Date of Public Distribution/Dissemination: 09/01/2016
Amount: 69309.63
Transaction ID: VN7A7A2SJM5
Date of Disbursement or Obligation: 08/31/2016
Calendar Year-To-Date Per Election for Office Sought: 3697100.23
Disbursement For: [X] General

(a) SUBTOTAL of Itemized Independent Expenditures: 346548.17
(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: Caroline Fines
Date: 03/03/2016
[Electronically Filed]

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full)
WOMEN VOTE!
FEC IDENTIFICATION NUMBER
C C00473918

Check if 24-hour report 48-hour report New report Amends report filed on

Full Name of Payee: Precision Network, LLC
Mailing Address: 1140 Connecticut Ave NW, Ste 800
City: Washington, State: DC, Zip Code: 20036-4010
Purpose of Expenditure: Media Buy Digital, Category/Type: 004
Name of Federal Candidate: Hillary Rodham Clinton, Support
Office Sought: President
Disbursement For: General
Amount: 281737.71
Transaction ID: VN7A7A2SJN3
Date of Disbursement or Obligation: 08/31/2016
Calendar Year-To-Date Per Election for Office Sought: 3697100.23

Full Name of Payee: Precision Network, LLC
Mailing Address: 1140 Connecticut Ave NW, Ste 800
City: Washington, State: DC, Zip Code: 20036-4010
Purpose of Expenditure: Media Buy Digital, Category/Type: 004
Name of Federal Candidate: Donald J. Trump, Oppose
Office Sought: President
Disbursement For: General
Amount: 104204.36
Transaction ID: VN7A7A2SJP1
Date of Disbursement or Obligation: 08/31/2016
Calendar Year-To-Date Per Election for Office Sought: 3697100.23

(a) SUBTOTAL of Itemized Independent Expenditures: 385942.07
(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: Caroline Fines
[Electronically Filed]
Date: 03/03/2016

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) <b>WOMEN VOTE!</b>	<b>FEC IDENTIFICATION NUMBER ▼</b> <b>C</b> C00473918
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 <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span>	

Full Name of Payee <b>Priorities USA</b> <input type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 07 / 14 / 2016
Mailing Address 601 13th St NW Ste 610N	Amount <span style="border: 1px solid black; padding: 2px;">54500.00</span>
City State Zip Code Washington DC 20005-3807	
Purpose of Expenditure Media Production	Category/Type <span style="border: 1px solid black; padding: 2px;">004</span>
Name of Federal Candidate Hillary Rodham Clinton	Office Sought: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate District: 00 State: 00
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">3697100.23</span>	Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 08 / 04 / 2016
Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee <b>Priorities USA</b> <input type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 08 / 02 / 2016
Mailing Address 601 13th St NW Ste 610N	Amount <span style="border: 1px solid black; padding: 2px;">1701.16</span>
City State Zip Code Washington DC 20005-3807	
Purpose of Expenditure Media Production	Category/Type <span style="border: 1px solid black; padding: 2px;">004</span>
Name of Federal Candidate Donald J. Trump	Office Sought: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate District: 00 State: 00
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">3697100.23</span>	Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 08 / 04 / 2016
Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶	<span style="border: 1px solid black; padding: 2px;">56201.16</span>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	<span style="border: 1px solid black; padding: 2px;"> </span>
(c) <b>TOTAL</b> Independent Expenditures..... ▶	<span style="border: 1px solid black; padding: 2px;"> </span>

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

*Caroline Fines* [Electronically Filed] Date M M / D D / Y Y Y Y Y Y  
03 / 03 / 2016

Signature \_\_\_\_\_

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) <b>WOMEN VOTE!</b>	<b>FEC IDENTIFICATION NUMBER ▼</b> <b>C</b> C00473918
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Check if  24-hour report  48-hour report  New report  Amends report filed on M M / D D / Y Y Y Y Y Y

Full Name of Payee <b>Priorities USA</b> <input type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 08 / 23 / 2016
Mailing Address 601 13th St NW Ste 610N	Amount <span style="border: 1px solid black; padding: 2px;">5336.87</span>
City State Zip Code Washington DC 20005-3807	
Purpose of Expenditure Media Production	Category/Type <span style="border: 1px solid black; padding: 2px;">004</span>
Name of Federal Candidate Donald J. Trump <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: 00
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">3697100.23</span>	Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 08 / 25 / 2016
Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee <b>Ralston Lapp Media</b> <input type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 08 / 02 / 2016
Mailing Address 1054 31st St NW Ste 34	Amount <span style="border: 1px solid black; padding: 2px;">9724.20</span>
City State Zip Code Washington DC 20007-4403	
Purpose of Expenditure Media Production	Category/Type <span style="border: 1px solid black; padding: 2px;">004</span>
Name of Federal Candidate Donald J. Trump <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: 00
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">3697100.23</span>	Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 08 / 04 / 2016
Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶	<span style="border: 1px solid black; padding: 2px;">15061.07</span>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	<span style="border: 1px solid black; padding: 2px;"> </span>
(c) <b>TOTAL</b> Independent Expenditures..... ▶	<span style="border: 1px solid black; padding: 2px;"> </span>

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

*Caroline Fines* [Electronically Filed] Date M M / D D / Y Y Y Y Y Y 03 / 03 / 2016

Signature \_\_\_\_\_

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) <b>WOMEN VOTE!</b>	<b>FEC IDENTIFICATION NUMBER ▼</b> <b>C</b> C00473918
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Check if  24-hour report  48-hour report  New report  Amends report filed on M M / D D / Y Y Y Y Y Y

Full Name of Payee <input type="checkbox"/> Memo Item <b>Ralston Lapp Media</b>	Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 08 / 23 / 2016
Mailing Address 1054 31st St NW Ste 34	Amount <span style="border: 1px solid black; padding: 2px;">8399.20</span>
City State Zip Code Washington DC 20007-4403	
Purpose of Expenditure Media Production	Category/Type <span style="border: 1px solid black; padding: 2px;">004</span>
Name of Federal Candidate Donald J. Trump	Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: 00
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">3697100.23</span>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶

Full Name of Payee <input type="checkbox"/> Memo Item <b>Shepardson Stern + Kaminsky</b>	Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 08 / 08 / 2016
Mailing Address 88 Pine St Fl 30	Amount <span style="border: 1px solid black; padding: 2px;">5000.00</span>
City State Zip Code New York NY 10005-1825	
Purpose of Expenditure Media Production	Category/Type <span style="border: 1px solid black; padding: 2px;">004</span>
Name of Federal Candidate Donald J. Trump	Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: 00
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">3697100.23</span>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶	<span style="border: 1px solid black; padding: 2px;">13399.20</span>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	<span style="border: 1px solid black; padding: 2px;"> </span>
(c) <b>TOTAL</b> Independent Expenditures..... ▶	<span style="border: 1px solid black; padding: 2px;"> </span>

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

*Caroline Fines* [Electronically Filed] Date M M / D D / Y Y Y Y Y Y  
03 / 03 / 2016

Signature \_\_\_\_\_

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full)
WOMEN VOTE!
FEC IDENTIFICATION NUMBER
C C00473918
Check if 24-hour report 48-hour report New report Amends report filed on

Full Name of Payee: Shepardson Stern + Kaminsky
Mailing Address: 88 Pine St, Fl 30, New York, NY 10005-1825
Purpose of Expenditure: Media Production
Category/Type: 004
Name of Federal Candidate: Donald J. Trump
Office Sought: President
Disbursement For: General
Amount: 5000.00
Transaction ID: VN7A7A2SJF5

Full Name of Payee: SKDKnickerbocker LLC
Mailing Address: 1818 N St NW, Ste 450, Washington, DC 20036-2473
Purpose of Expenditure: Media Production
Category/Type: 004
Name of Federal Candidate: Kelly Ayotte
Office Sought: Senate
Disbursement For: Primary
Amount: 2247856.55
Transaction ID: VN7A7A25MV6

(a) SUBTOTAL of Itemized Independent Expenditures: 27190.81
(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: Caroline Fines
Date: 03/03/2016



SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full)
WOMEN VOTE!
FEC IDENTIFICATION NUMBER
C C00473918
Check if 24-hour report 48-hour report New report Amends report filed on

Full Name of Payee: Targeted Platform Media
Mailing Address: 1291 Hollywood Ave
City: Annapolis, State: MD, Zip Code: 21403-4909
Purpose of Expenditure: Media Buy TV, Category/Type: 004
Date of Public Distribution/Dissemination: 08/02/2016
Amount: 423570.30
Transaction ID: VN7A7A217N7
Date of Disbursement or Obligation: 08/01/2016
Name of Federal Candidate: Donald J. Trump, Support: Oppose, Office Sought: President
Disbursement For: General

Full Name of Payee: Targeted Platform Media
Mailing Address: 1291 Hollywood Ave
City: Annapolis, State: MD, Zip Code: 21403-4909
Purpose of Expenditure: Media Buy TV, Category/Type: 004
Date of Public Distribution/Dissemination: 08/09/2016
Amount: 421819.70
Transaction ID: VN7A7A25MW4
Date of Disbursement or Obligation: 08/05/2016
Name of Federal Candidate: Donald J. Trump, Support: Oppose, Office Sought: President
Disbursement For: General

(a) SUBTOTAL of Itemized Independent Expenditures: 845390.00
(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: Caroline Fines
Date: 03/03/2016
[Electronically Filed]

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full)
WOMEN VOTE!
FEC IDENTIFICATION NUMBER
C C00473918
Check if 24-hour report 48-hour report New report Amends report filed on

Full Name of Payee
Targeted Platform Media
Mailing Address
1291 Hollywood Ave
City
Annapolis State
MD Zip Code
21403-4909
Purpose of Expenditure
Media Buy TV Category/
Type
004

Date of Public Distribution/Dissemination
08 / 23 / 2016
Amount
39119.00
Transaction ID : VN7A7A2G7R0
Date of Disbursement or Obligation
08 / 19 / 2016

Name of Federal Candidate
Donald J. Trump
Support
Oppose
Office Sought:
President
Senate
State: 00

Disbursement For:
Primary
General
Other (specify)

Full Name of Payee
The Pivot Group, Inc.
Mailing Address
1720 I St NW
Ste 550
City
Washington State
DC Zip Code
20006-3741
Purpose of Expenditure
Mailhouse Category/
Type
004

Date of Public Distribution/Dissemination
08 / 09 / 2016
Amount
9562.50
Transaction ID : VN7A7A25MS0
Date of Disbursement or Obligation
08 / 04 / 2016

Name of Federal Candidate
Val Demings
Support
Oppose
Office Sought:
House
Senate
State: FL

Disbursement For:
Primary
General
Other (specify)

Table with 2 columns: Description and Amount. Row (a) SUBTOTAL of Itemized Independent Expenditures: 400681.50. Row (b) SUBTOTAL of Unitemized Independent Expenditures. Row (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.

Caroline Fines

[Electronically Filed]

Date

03 / 03 / 2016

Signature

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) <b>WOMEN VOTE!</b>	<b>FEC IDENTIFICATION NUMBER ▼</b> <b>C</b> C00473918
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 <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span>	

Full Name of Payee <input type="checkbox"/> Memo Item <b>The Pivot Group, Inc.</b>	Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 08 / 12 / 2016
Mailing Address 1720 I St NW Ste 550	Amount <span style="border: 1px solid black; padding: 2px;">9562.50</span>
City Washington State DC Zip Code 20006-3741	
Purpose of Expenditure Mailhouse Category/Type 004	Transaction ID : VN7A7A27RG3 Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 08 / 04 / 2016
Name of Federal Candidate Val Demings <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House District: 10 <input type="checkbox"/> President <input type="checkbox"/> Senate State: FL
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">56754.60</span>	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶

Full Name of Payee <input type="checkbox"/> Memo Item <b>The Pivot Group, Inc.</b>	Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 08 / 15 / 2016
Mailing Address 1720 I St NW Ste 550	Amount <span style="border: 1px solid black; padding: 2px;">8621.82</span>
City Washington State DC Zip Code 20006-3741	
Purpose of Expenditure Mailhouse Category/Type 004	Transaction ID : VN7A7A29RC7 Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 08 / 11 / 2016
Name of Federal Candidate Val Demings <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House District: 10 <input type="checkbox"/> President <input type="checkbox"/> Senate State: FL
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">56754.60</span>	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶	<span style="border: 1px solid black; padding: 2px;">18184.32</span>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	<span style="border: 1px solid black; padding: 2px;"> </span>
(c) <b>TOTAL</b> Independent Expenditures..... ▶	<span style="border: 1px solid black; padding: 2px;"> </span>

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

*Caroline Fines* [Electronically Filed] Date M M / D D / Y Y Y Y Y Y  
03 / 03 / 2016

Signature \_\_\_\_\_

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full)
WOMEN VOTE!
FEC IDENTIFICATION NUMBER
C C00473918
Check if 24-hour report 48-hour report New report Amends report filed on

Full Name of Payee: The Pivot Group, Inc.
Mailing Address: 1720 I St NW, Ste 550
City: Washington, State: DC, Zip Code: 20006-3741
Purpose of Expenditure: Mailhouse, Category/Type: 004
Date of Public Distribution/Dissemination: 08/18/2016
Amount: 8846.46
Transaction ID: VN7A7A2CQV6
Date of Disbursement or Obligation: 08/11/2016
Name of Federal Candidate: Val Demings, Support
Office Sought: House, District: 10, State: FL
Disbursement For: Primary

Full Name of Payee: The Pivot Group, Inc.
Mailing Address: 1720 I St NW, Ste 550
City: Washington, State: DC, Zip Code: 20006-3741
Purpose of Expenditure: Mailhouse, Category/Type: 004
Date of Public Distribution/Dissemination: 08/12/2016
Amount: 1568.40
Transaction ID: VN7A7A27RH1
Date of Disbursement or Obligation: 08/18/2016
Name of Federal Candidate: Val Demings, Support
Office Sought: House, District: 10, State: FL
Disbursement For: Primary

(a) SUBTOTAL of Itemized Independent Expenditures: 10414.86
(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: Caroline Fines
[Electronically Filed]
Date: 03/03/2016

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) <b>WOMEN VOTE!</b>	<b>FEC IDENTIFICATION NUMBER</b> ▼ <b>C</b> C00473918
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 <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span>	

Full Name of Payee <input type="checkbox"/> Memo Item <b>The Pivot Group, Inc.</b>	Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 08 / 15 / 2016
Mailing Address 1720 I St NW Ste 550	Amount <span style="border: 1px solid black; padding: 2px;">200.00</span>
City Washington State DC Zip Code 20006-3741	<b>Transaction ID : VN7A7A29RD5</b> Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 08 / 18 / 2016
Purpose of Expenditure Mailhouse Category/Type 004	Name of Federal Candidate Val Demings <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input checked="" type="checkbox"/> House District: 10 <input type="checkbox"/> President <input type="checkbox"/> Senate State: FL
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">56754.60</span>	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

Full Name of Payee <input type="checkbox"/> Memo Item <b>The Pivot Group, Inc.</b>	Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 08 / 18 / 2016
Mailing Address 1720 I St NW Ste 550	Amount <span style="border: 1px solid black; padding: 2px;">200.00</span>
City Washington State DC Zip Code 20006-3741	<b>Transaction ID : VN7A7A2CQT8</b> Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 08 / 18 / 2016
Purpose of Expenditure Mailhouse Category/Type 004	Name of Federal Candidate Val Demings <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input checked="" type="checkbox"/> House District: 10 <input type="checkbox"/> President <input type="checkbox"/> Senate State: FL
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">56754.60</span>	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶	<span style="border: 1px solid black; padding: 2px;">400.00</span>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	<span style="border: 1px solid black; padding: 2px;"> </span>
(c) <b>TOTAL</b> Independent Expenditures..... ▶	<span style="border: 1px solid black; padding: 2px;"> </span>

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

*Caroline Fines* [Electronically Filed] Date M M / D D / Y Y Y Y Y Y  
03 / 03 / 2016

Signature \_\_\_\_\_

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) <b>WOMEN VOTE!</b>	<b>FEC IDENTIFICATION NUMBER ▼</b> <b>C</b> C00473918
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 <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span>	

Full Name of Payee <input type="checkbox"/> Memo Item <b>The Pivot Group, Inc.</b>	Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">08 / 22 / 2016</span>
Mailing Address 1720 I St NW Ste 550	Amount <span style="border: 1px solid black; padding: 2px;">8846.46</span>
City Washington State DC Zip Code 20006-3741	<b>Transaction ID : VN7A7A2F3H9</b> Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">08 / 18 / 2016</span>
Purpose of Expenditure Mailhouse Category/Type <span style="border: 1px solid black; padding: 2px;">004</span>	Name of Federal Candidate Val Demings <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> President <input type="checkbox"/> Senate District: 10 State: FL
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">56754.60</span>	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

Full Name of Payee <input type="checkbox"/> Memo Item <b>The Pivot Group, Inc.</b>	Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">08 / 24 / 2016</span>
Mailing Address 1720 I St NW Ste 550	Amount <span style="border: 1px solid black; padding: 2px;">8846.46</span>
City Washington State DC Zip Code 20006-3741	<b>Transaction ID : VN7A7A2G7P4</b> Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">08 / 18 / 2016</span>
Purpose of Expenditure Mailhouse Category/Type <span style="border: 1px solid black; padding: 2px;">004</span>	Name of Federal Candidate Val Demings <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> President <input type="checkbox"/> Senate District: 10 State: FL
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">56754.60</span>	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶	<span style="border: 1px solid black; padding: 2px;">17692.92</span>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	<span style="border: 1px solid black; padding: 2px;"> </span>
(c) <b>TOTAL</b> Independent Expenditures..... ▶	<span style="border: 1px solid black; padding: 2px;"> </span>

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 Caroline Fines [Electronically Filed] Date 03 / 03 / 2016

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) <b>WOMEN VOTE!</b>	<b>FEC IDENTIFICATION NUMBER</b> ▼ <b>C</b> C00473918
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 <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span>	

Full Name of Payee <input type="checkbox"/> Memo Item <b>The Pivot Group, Inc.</b>	Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 08 / 26 / 2016
Mailing Address 1720 I St NW Ste 550	Amount <span style="border: 1px solid black; padding: 2px;">18842.66</span>
City Washington State DC Zip Code 20006-3741	<b>Transaction ID : VN7A7A2JPP2</b> Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 08 / 31 / 2016
Purpose of Expenditure Mailhouse Category/Type 004	Name of Federal Candidate Lisa Blunt Rochester <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input checked="" type="checkbox"/> House District: 00 <input type="checkbox"/> President <input type="checkbox"/> Senate State: DE
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">60172.48</span>	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶

Full Name of Payee <input type="checkbox"/> Memo Item <b>The Pivot Group, Inc.</b>	Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 08 / 29 / 2016
Mailing Address 1720 I St NW Ste 550	Amount <span style="border: 1px solid black; padding: 2px;">18842.66</span>
City Washington State DC Zip Code 20006-3741	<b>Transaction ID : VN7A7A2JPQ9</b> Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 08 / 31 / 2016
Purpose of Expenditure Mailhouse Category/Type 004	Name of Federal Candidate Lisa Blunt Rochester <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input checked="" type="checkbox"/> House District: 00 <input type="checkbox"/> President <input type="checkbox"/> Senate State: DE
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">60172.48</span>	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶	<span style="border: 1px solid black; padding: 2px;">37685.32</span>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	<span style="border: 1px solid black; padding: 2px;"> </span>
(c) <b>TOTAL</b> Independent Expenditures..... ▶	<span style="border: 1px solid black; padding: 2px;"> </span>

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

*Caroline Fines* [Electronically Filed] Date M M / D D / Y Y Y Y Y Y  
03 / 03 / 2016

Signature \_\_\_\_\_

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) <b>WOMEN VOTE!</b>	<b>FEC IDENTIFICATION NUMBER</b> ▼ <b>C</b> C00473918
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 <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span>	

Full Name of Payee <b>The Pivot Group, Inc.</b> <input type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">08 / 26 / 2016</span>
Mailing Address 1720 I St NW Ste 550	Amount <span style="border: 1px solid black; padding: 2px;">45756.98</span>
City State Zip Code Washington DC 20006-3741	
Purpose of Expenditure Mailhouse	Category/Type <span style="border: 1px solid black; padding: 2px;">004</span>
Name of Federal Candidate Joe Heck <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>NV</u>
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">92819.05</span>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶

Full Name of Payee <b>The Pivot Group, Inc.</b> <input type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">08 / 30 / 2016</span>
Mailing Address 1720 I St NW Ste 550	Amount <span style="border: 1px solid black; padding: 2px;">45756.98</span>
City State Zip Code Washington DC 20006-3741	
Purpose of Expenditure Mailhouse	Category/Type <span style="border: 1px solid black; padding: 2px;">004</span>
Name of Federal Candidate Joe Heck <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>NV</u>
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">92819.05</span>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶	<span style="border: 1px solid black; padding: 2px;">91513.96</span>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	<span style="border: 1px solid black; padding: 2px;"> </span>
(c) <b>TOTAL</b> Independent Expenditures..... ▶	<span style="border: 1px solid black; padding: 2px;"> </span>

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*Caroline Fines*  
Signature [Electronically Filed] Date 03 / 03 / 2016



**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) <b>WOMEN VOTE!</b>	<b>FEC IDENTIFICATION NUMBER ▼</b> <b>C</b> C00473918
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 <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span>	

Full Name of Payee <b>The Pivot Group, Inc.</b> <input type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 08 / 31 / 2016
Mailing Address 1720 I St NW Ste 550	Amount <span style="border: 1px solid black; padding: 2px;">21631.61</span>
City State Zip Code Washington DC 20006-3741	
Purpose of Expenditure Mailhouse	Category/Type <span style="border: 1px solid black; padding: 2px;">004</span>
Name of Federal Candidate Lisa Blunt Rochester	Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 08 / 31 / 2016
Name of Federal Candidate Lisa Blunt Rochester	Office Sought: <input checked="" type="checkbox"/> House District: 00 <input type="checkbox"/> President <input type="checkbox"/> Senate State: DE
Calendar Year-To-Date Per Election for Office Sought	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶
<span style="border: 1px solid black; padding: 2px;">60172.48</span>	

Full Name of Payee <b>Waterfront Strategies</b> <input type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 08 / 09 / 2016
Mailing Address 3050 K St NW Ste 100	Amount <span style="border: 1px solid black; padding: 2px;">583343.00</span>
City State Zip Code Washington DC 20007-5161	
Purpose of Expenditure Media Buy TV	Category/Type <span style="border: 1px solid black; padding: 2px;">004</span>
Name of Federal Candidate Kelly Ayotte	Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 08 / 03 / 2016
Name of Federal Candidate Kelly Ayotte	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NH
Calendar Year-To-Date Per Election for Office Sought	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶
<span style="border: 1px solid black; padding: 2px;">2247856.55</span>	

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶	<span style="border: 1px solid black; padding: 2px;">604974.61</span>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	<span style="border: 1px solid black; padding: 2px;"> </span>
(c) <b>TOTAL</b> Independent Expenditures..... ▶	<span style="border: 1px solid black; padding: 2px;">4572010.53</span>

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*Caroline Fines* [Electronically Filed] Date M M / D D / Y Y Y Y Y Y  
03 / 03 / 2016

Signature \_\_\_\_\_