

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

 PAGE 1 OF 1  
FOR SE OF FORM 24/48

|                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                   |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------|
| NAME OF COMMITTEE (In Full)<br><b>WOMEN VOTE!</b>                                                                                                                                                                                                                                                                                                      | <b>FEC IDENTIFICATION NUMBER ▼</b><br><div style="border: 1px solid black; padding: 2px; display: inline-block;"> <b>C</b> C00473918       </div> |
| Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <div style="display: inline-block; border: 1px solid black; padding: 2px; margin-left: 10px;">           M M M / D D D / Y Y Y Y Y Y         </div> |                                                                                                                                                   |

|                                                                                                                                                     |             |                                                                                                      |                                                                                                                                                                                                                                                                                                                                                                        |  |
|-----------------------------------------------------------------------------------------------------------------------------------------------------|-------------|------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| Full Name of Payee<br><b>Mission Control</b>                                                                                                        |             |                                                                                                      | Date of Public Distribution/Dissemination<br><div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">02</div> <div style="border: 1px solid black; padding: 2px;">03</div> <div style="border: 1px solid black; padding: 2px;">2014</div> </div>                                                               |  |
| Mailing Address 114 A Mansfield Hollow Rd                                                                                                           |             |                                                                                                      | Amount<br><div style="border: 1px solid black; padding: 2px; display: inline-block;">15263.81</div>                                                                                                                                                                                                                                                                    |  |
| City<br>Mansfield Center                                                                                                                            | State<br>CT | Zip Code<br>06250                                                                                    | <b>Transaction ID : SE-6206</b><br>Date of Disbursement or Obligation<br><div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">M M M / D D D / Y Y Y Y Y Y</div> </div>                                                                                                                                      |  |
| Purpose of Expenditure<br>Mailhouse                                                                                                                 |             | Category/<br>Type <div style="border: 1px solid black; padding: 2px; display: inline-block;"> </div> | <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">M M M / D D D / Y Y Y Y Y Y</div> </div>                                                                                                                                                                                                               |  |
| Name of Federal Candidate<br>David Jolly                                                                                                            |             |                                                                                                      | <div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> Support<br/> <input checked="" type="checkbox"/> Oppose         </div> <div>           Office Sought: <input checked="" type="checkbox"/> House District: <u>13</u><br/> <input type="checkbox"/> President <input type="checkbox"/> Senate State: <u>FL</u> </div> </div> |  |
| Calendar Year-To-Date<br>Per Election for Office Sought                                                                                             |             |                                                                                                      | <div style="border: 1px solid black; padding: 2px; display: inline-block;">59415.09</div>                                                                                                                                                                                                                                                                              |  |
| Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input checked="" type="checkbox"/> Other (specify) ▶ Sp-Gen |             |                                                                                                      | 2014                                                                                                                                                                                                                                                                                                                                                                   |  |

|                                                                                                                                         |       |                                                                                                      |                                                                                                                                                                                                                                                                                                                                                  |  |
|-----------------------------------------------------------------------------------------------------------------------------------------|-------|------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| Full Name of Payee                                                                                                                      |       |                                                                                                      | Date of Public Distribution/Dissemination<br><div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">M M M / D D D / Y Y Y Y Y Y</div> </div>                                                                                                                                            |  |
| Mailing Address                                                                                                                         |       |                                                                                                      | Amount<br><div style="border: 1px solid black; padding: 2px; display: inline-block;"> </div>                                                                                                                                                                                                                                                     |  |
| City                                                                                                                                    | State | Zip Code                                                                                             | Date of Disbursement or Obligation<br><div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">M M M / D D D / Y Y Y Y Y Y</div> </div>                                                                                                                                                   |  |
| Purpose of Expenditure                                                                                                                  |       | Category/<br>Type <div style="border: 1px solid black; padding: 2px; display: inline-block;"> </div> | <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">M M M / D D D / Y Y Y Y Y Y</div> </div>                                                                                                                                                                                         |  |
| Name of Federal Candidate                                                                                                               |       |                                                                                                      | <div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> Support<br/> <input type="checkbox"/> Oppose         </div> <div>           Office Sought: <input type="checkbox"/> House District: _____<br/> <input type="checkbox"/> President <input type="checkbox"/> Senate State: _____         </div> </div> |  |
| Calendar Year-To-Date<br>Per Election for Office Sought                                                                                 |       |                                                                                                      | <div style="border: 1px solid black; padding: 2px; display: inline-block;"> </div>                                                                                                                                                                                                                                                               |  |
| Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▶ _____ |       |                                                                                                      | 2014                                                                                                                                                                                                                                                                                                                                             |  |

|                                                                    |                                                                                           |
|--------------------------------------------------------------------|-------------------------------------------------------------------------------------------|
| (a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶    | <div style="border: 1px solid black; padding: 2px; display: inline-block;">15263.81</div> |
| (b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶ | <div style="border: 1px solid black; padding: 2px; display: inline-block;"> </div>        |
| (c) <b>TOTAL</b> Independent Expenditures..... ▶                   | <div style="border: 1px solid black; padding: 2px; display: inline-block;">15263.81</div> |

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

02

04

2014

Signature