

FEC FORM 5

09/12/2006 22:16

REPORT OF INDEPENDENT EXPENDITURES MADE AND CONTRIBUTIONS RECEIVED

To Be Used by Persons (Other than Political Committees) including Qualified Nonprofit Corporations

1. (a) Name of Individual, Organization or Corporation Women's Voices Women Vote Action Fund		3. FEC Identification Number C C00000000
(b) Address (number and street) <input type="checkbox"/> check if different than previously reported 1300 Connecticut Avenue, NW 6th FL		
(c) City, State and ZIP Code Washington DC 20036		
2. Corporate filers only Is the filer a qualified nonprofit corporation? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
Individual filers only Name of Employer		Occupation

4. TYPE OF REPORT (check appropriate boxes):

- (a) April 15 Quarterly Report 24-Hour Notice 48-Hour Notice
- July 15 Quarterly Report 12-Day Report preceding the election
- | | | | |
|--|------------------|------------------|-------|
| | Type of Election | Date of Election | State |
|--|------------------|------------------|-------|
- October Quarterly Report
- January 31 Year-End Report 30-Day Report following the General Election
- | | | |
|--|------------------|-------|
| | Date of Election | State |
|--|------------------|-------|
- (b) Is this Report an amendment? Yes No

5. COVERING PERIOD: FROM M M / D D / Y Y Y Y
09 / 12 / 2006
 THROUGH
M M / D D / Y Y Y Y
09 / 12 / 2006

6. TOTAL CONTRIBUTIONS00

7. TOTAL INDEPENDENT EXPENDITURES 42000.00

Under penalty of perjury, I certify that the independent expenditures reported herein were not made with the cooperation or prior consent of, or in consultation with, or at the request or suggestion of, a candidate or a candidate's agent or authorized committee or a political party committee or its agent. In addition, if the independent expenditures reported herein were made by a corporation, I certify that the corporation is a qualified nonprofit corporation under the Commission's regulations.

TYPE OR PRINT NAME OF PERSON COMPLETING FORM	SIGNATURE	DATE
Page Gardner		09/12/2006

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

For further information, contact:
 Federal Election Commission, 999 E Street, N.W., Washington, D.C. 20483 Toll Free 800-424-9530, Local 202-694-1100

25039182534

**SCHEDULE 5-E
ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF FILER (In Full)
Women's Voices Women Vote Action Fund

Full Name (Last, First, Middle Initial) of Payee MSHC Partners	Date M 09 / D 12 / Y 2006
Mailing Address 1155 15th Street, NW Suite 300	Amount 27222.00
City Washington State DC Zip Code 20005	

Purpose of Expenditure Mail design, production and mailing	Category/Type 004	Office Sought: <input type="checkbox"/> House State: AZ <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President District: _____
Name of Federal Candidate Supported or Opposed by Expenditure: Jim Pederson/Jon Kyle		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 30000.00		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

Full Name (Last, First, Middle Initial) of Payee Predicted Lists, LLC	Date M 09 / D 12 / Y 2006
Mailing Address 1155 15th Street, NW Suite 300	Amount 2778.00
City Washington State DC Zip Code 20005	

Purpose of Expenditure Purchase of mail list	Category/Type 004	Office Sought: <input type="checkbox"/> House State: AZ <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President District: _____
Name of Federal Candidate Supported or Opposed by Expenditure: Jim Pederson/Jon Kyle		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 30000.00		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

Full Name (Last, First, Middle Initial) of Payee MSHC Partners	Date M 09 / D 12 / Y 2006
Mailing Address 1155 15th Street, NW Suite 300	Amount 11908.00
City Washington State DC Zip Code 20005	

Purpose of Expenditure Mail design, production and mailing	Category/Type 004	Office Sought: <input checked="" type="checkbox"/> House State: AZ <input type="checkbox"/> Senate District: 05 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Harry Mitchell/JD Hayworth		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 12000.00		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

(a) SUBTOTAL of Itemized Independent Expenditures	41908.00
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	
(carry total from last page forward to Line 7)	

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**SCHEDULE 5-E
ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF FILER (In Full)
Women's Voices Women Vote Action Fund

Full Name (Last, First, Middle Initial) of Payee Predicted Lists, LLC	Date M M / D D / Y Y Y Y 08 / 12 / 2006
Mailing Address 1155 15th Street, NW Suite 300	Amount 92.00
City State Zip Code Washington DC 20005	

Purpose of Expenditure Purchase mail list	Category/ Type 004	Office Sought: <input checked="" type="checkbox"/> House State: <u>AZ</u> <input type="checkbox"/> Senate District: <u>05</u> <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Harry Mitchell/JD Hayworth		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose

Calendar Year-To-Data Per Election for Office Sought	12000.00	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) _____
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(This area is intentionally left blank for additional itemized expenditures.)

(a) SUBTOTAL of Itemized Independent Expenditures	92.00
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	42000.00
(carry total from last page forward to Line 7)	

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Federal Election Commission
ENVELOPE REPLACEMENT PAGE FOR INCOMING DOCUMENTS
 The FEC added this page to the end of this filing to indicate how it was received.

Hand Delivered Date of Receipt

USPS First Class Mail Postmarked

USPS Registered/Certified Postmarked (R/C)

USPS Priority Mail Postmarked
 Delivery Confirmation™ or Signature Confirmation™ Label

USPS Express Mail Postmarked

Postmark Illegible

No Postmark

Overnight Delivery Service (Specify): Shipping Date
 Next Business Day Delivery

Received from House Records & Registration Office Date of Receipt

Received from Senate Public Records Office Date of Receipt

Received from Electronic Filing Office Date of Receipt

Other (Specify): *Web Form* Date of Receipt or Postmarked
9/12/06

JAL
 PREPARER

9/13/06
 DATE PREPARED

200309182537