

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) WOMEN VOTE!	FEC IDENTIFICATION NUMBER ▼ C 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 / D D / Y Y Y Y Y Y	

Full Name of Payee Moxie Media	Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 05 / 09 / 2014
Mailing Address PO Box 30084	Amount 1000.00
City State Zip Code Seattle WA 98113	Transaction ID : SE-6222 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 05 / 08 / 2014
Purpose of Expenditure Website	Category/Type
Name of Federal Candidate Brendan Boyle	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input checked="" type="checkbox"/> House District: <u>13</u> <input type="checkbox"/> President <input type="checkbox"/> Senate State: <u>PA</u>
Calendar Year-To-Date Per Election for Office Sought 42545.00	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶

Full Name of Payee Moxie Media	Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 05 / 12 / 2014
Mailing Address PO Box 30084	Amount 11128.00
City State Zip Code Seattle WA 98113	Transaction ID : SE-6223 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 05 / 08 / 2014
Purpose of Expenditure Mailhouse	Category/Type
Name of Federal Candidate Brendan Boyle	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input checked="" type="checkbox"/> House District: <u>13</u> <input type="checkbox"/> President <input type="checkbox"/> Senate State: <u>PA</u>
Calendar Year-To-Date Per Election for Office Sought 42545.00	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	12128.00
(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.

Caroline Fines [Electronically Filed] Date M M / D D / Y Y Y Y Y Y
06 / 20 / 2014

Signature _____