

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Page 2

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="2014"/>		393008.56
(b) Cash on Hand at Beginning of Reporting Period.....	462751.45	
(c) Total Receipts (from Line 19)	493750.00	1029117.61
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	956501.45	1422126.17
7. Total Disbursements (from Line 31).....	223422.12	689046.84
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	733079.33	733079.33
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	77018.38	

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: / /

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	492100.00	749350.00
(ii) Unitemized	1650.00	79767.61
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	493750.00	829117.61
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	200000.00
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5)	493750.00	1029117.61
12. Transfers From Affiliated/Other Party Committees.....	0.00	0.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received.....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....	0.00	0.00
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3).....	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfers (add 18(a) and 18(b))..	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))..... ▶	493750.00	1029117.61
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	493750.00	1029117.61

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	170686.00	408436.12
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	170686.00	408436.12
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	10000.00	10000.00
24. Independent Expenditures (use Schedule E)	42736.12	220610.72
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	0.00	50000.00
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)) ..	223422.12	689046.84
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	223422.12	689046.84

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)	493750.00	1029117.61
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	493750.00	1029117.61
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	170686.00	408436.12
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	170686.00	408436.12

**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 18
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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. 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
 M M M / D D D / Y Y Y Y Y Y
 04 / 28 / 2014
Transaction ID : 3972189
 Amount of Each Receipt this Period
 1000.00

B. Ellen Dale
 Full Name (Last, First, Middle Initial)
 Mailing Address 16 Gardiner Ct.
 City Orinda State CA Zip Code 94563
 FEC ID number of contributing federal political committee. **C**
 Name of Employer None Occupation None
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1100.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 24 / 2014
Transaction ID : 3969158
 Amount of Each Receipt this Period
 1000.00

C. Barbara Stowe
 Full Name (Last, First, Middle Initial)
 Mailing Address 11507 Woodstock Way
 City Reston State VA Zip Code 20194
 FEC ID number of contributing federal political committee. **C**
 Name of Employer None Occupation Retired
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2100.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 24 / 2014
Transaction ID : 3969150
 Amount of Each Receipt this Period
 100.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 OF 18
	<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. Sylvia Ford		Date of Receipt
Mailing Address 700 Greenlawn Dr		<input type="text" value="04"/> / <input type="text" value="04"/> / <input type="text" value="2014"/>
City	State	Zip Code
Columbia	SC	29209
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	Transaction ID : 3945006
Name of Employer	Occupation	Amount of Each Receipt this Period
Federal Govt	Physician	<input type="text" value="5000.00"/>
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="5000.00"/>	

Full Name (Last, First, Middle Initial) B. Marianne Gabel		Date of Receipt
Mailing Address 49 Forest Avenue		<input type="text" value="04"/> / <input type="text" value="29"/> / <input type="text" value="2014"/>
City	State	Zip Code
Delaware	OH	43015
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	Transaction ID : 3971129
Name of Employer	Occupation	Amount of Each Receipt this Period
self	Attorney	<input type="text" value="25000.00"/>
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="25000.00"/>	

Full Name (Last, First, Middle Initial) C. Scott Shenker		Date of Receipt
Mailing Address 66 Southampton Avenue		<input type="text" value="04"/> / <input type="text" value="22"/> / <input type="text" value="2014"/>
City	State	Zip Code
Berkeley	CA	94707
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	Transaction ID : 3964608
Name of Employer	Occupation	Amount of Each Receipt this Period
ICSI	Scientist	<input type="text" value="100000.00"/>
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="100000.00"/>	

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="130000.00"/>
TOTAL This Period (last page this line number only).....▶	<input type="text"/>

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

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

FOR LINE NUMBER: PAGE 8 OF 18
(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. Mary Delaney

Mailing Address 436 14th Street, Suite 1417

City State Zip Code
Oakland CA 94612

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

Name of Employer Occupation
Akonadi Foundation Executive

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
300000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 10 / 2014
Transaction ID : 3953028

Amount of Each Receipt this Period
 300000.00

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

Mailing Address 884 Portola Road

City State Zip Code
Portola Valley CA 94028

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

Name of Employer Occupation
Laurel Foundation President

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
60000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 11 / 2014
Transaction ID : 4953029

Amount of Each Receipt this Period
 60000.00

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

Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional).....▶	360000.00
TOTAL This Period (last page this line number only).....▶	492100.00

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
WOMEN 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

MM / DD / YYYY
04 / 02 / 2014

Transaction ID : SB21B-450

Amount of Each Disbursement this Period

85.00

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

MM / DD / YYYY
04 / 03 / 2014

Transaction ID : SB21B-451

Amount of Each Disbursement this Period

2522.37

Full Name (Last, First, Middle Initial)

C. Campaign Team, Inc. c/o Anna Lidman

Mailing Address 37 Brookview Terrace

City Portland State ME Zip Code 04102

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

MM / DD / YYYY
04 / 03 / 2014

Transaction ID : SB21B-424

Amount of Each Disbursement this Period

612.74

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

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

3220.11

**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. Dewey Square Group, LLC

Mailing Address PO Box 60340

City Charlotte State NC Zip Code 28260

Purpose of Disbursement
Strategic Consulting

Candidate Name

Office Sought: House Senate President

State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
04 / 10 / 2014

Transaction ID : SB21B-431

Amount of Each Disbursement this Period

9000.00

Full Name (Last, First, Middle Initial)

B. Campaign Team, Inc. c/o Anna Lidman

Mailing Address 37 Brookview Terrace

City Portland State ME Zip Code 04102

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

MM / DD / YYYY
04 / 10 / 2014

Transaction ID : SB21B-429

Amount of Each Disbursement this Period

1849.23

Full Name (Last, First, Middle Initial)

C. Campaign Team, Inc. c/o Anna Lidman

Mailing Address 37 Brookview Terrace

City Portland State ME Zip Code 04102

Purpose of Disbursement
Consulting Fundraising

Candidate Name

Office Sought: House Senate President

State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
04 / 10 / 2014

Transaction ID : SB21B-430

Amount of Each Disbursement this Period

10000.00

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

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

20849.23

**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. Angle Mastagni Mathews Political Strategies, LLC

Mailing Address 507 N. Sylvania Ave

City Fort Worth State TX Zip Code 76111

Purpose of Disbursement Polling/Surveys

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement: 04 / 15 / 2014

Transaction ID : **SB21B-432**

Amount of Each Disbursement this Period: 7626.66

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

Mailing Address 1926 N Street NW Third Floor

City Washington State DC Zip Code 20036

Purpose of Disbursement Strategic Consulting

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement: 04 / 15 / 2014

Transaction ID : **SB21B-433**

Amount of Each Disbursement this Period: 10000.00

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

Mailing Address 1200 N St NW #608

City Washington State DC Zip Code 20005

Purpose of Disbursement Travel/Accommodation /Meals

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement: 04 / 15 / 2014

Transaction ID : **SB21B-434**

Amount of Each Disbursement this Period: 165.00

SUBTOTAL of Disbursements This Page (optional)..... ▶ 17791.66

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. Sam Nitz

Mailing Address 1200 N St NW
#608

City Washington State DC Zip Code 20005

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 Y
04 / 15 / 2014

Transaction ID : SB21B-435

Amount of Each Disbursement this Period

50.00

Full Name (Last, First, Middle Initial)

B. Hart Research Associates

Mailing Address 1724 Connecticut Ave, NW

City Washington State DC Zip Code 20009

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

M M / D D / Y Y Y Y Y Y
04 / 15 / 2014

Transaction ID : SB21B-436

Amount of Each Disbursement this Period

40000.00

Full Name (Last, First, Middle Initial)

C. Anzalone Liszt Grove Research, Inc.

Mailing Address 260 Commerce Street
4th Floor

City Montgomery State AL Zip Code 36104

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

M M / D D / Y Y Y Y Y Y
04 / 24 / 2014

Transaction ID : SB21B-439

Amount of Each Disbursement this Period

26300.00

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

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

66350.00

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
WOMEN VOTE!

Full Name (Last, First, Middle Initial)

A. Benenson Strategy Group

Mailing Address 777 Third Ave., 33rd Floor

City New York State NY Zip Code 10017

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

MM / DD / YYYY
04 / 24 / 2014

Transaction ID : SB21B-440

Amount of Each Disbursement this Period

11875.00

Full Name (Last, First, Middle Initial)

B. Greenberg, Quinlan, Rosner Research

Mailing Address 10 G St, NE
Suite 500

City Washington State DC Zip Code 20002

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

MM / DD / YYYY
04 / 24 / 2014

Transaction ID : SB21B-443

Amount of Each Disbursement this Period

22600.00

Full Name (Last, First, Middle Initial)

C. Greenberg, Quinlan, Rosner Research

Mailing Address 10 G St, NE
Suite 500

City Washington State DC Zip Code 20002

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

MM / DD / YYYY
04 / 24 / 2014

Transaction ID : SB21B-444

Amount of Each Disbursement this Period

28000.00

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

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

62475.00

170686.00

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 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. North Carolina WOMEN VOTE!

Mailing Address 1800 M Street, NW
Ste 375N

City Washington State DC Zip Code 20036

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 M	/	D D D	/	Y Y Y Y Y Y
04	/	24	/	2014

Transaction ID : SB23-467

Amount of Each Disbursement this Period

10000.00

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

Amount of Each Disbursement this Period

--

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

Amount of Each Disbursement this Period

--

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

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

10000.00

10000.00

SCHEDULE D (FEC Form 3X)

DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate schedule(s) for each numbered line)	PAGE 15 OF 18
	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 Pivot Group	Nature of Debt (Purpose): NC-12 Mailhouse
Mailing Address 1720 I St., NW Ste 550	
City State Zip Code Washington DC 20006	

Outstanding Balance Beginning This Period <input type="text" value="0.00"/>	Transaction ID : SD-1252	
Amount Incurred This Period <input type="text" value="77018.38"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="77018.38"/>

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor	Nature of Debt (Purpose):
Mailing Address	
City State Zip Code	

Outstanding Balance Beginning This Period <input type="text"/>		
Amount Incurred This Period <input type="text"/>	Payment This Period <input type="text"/>	Outstanding Balance at Close of This Period <input type="text"/>

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor	Nature of Debt (Purpose):
Mailing Address	
City State Zip Code	

Outstanding Balance Beginning This Period <input type="text"/>		
Amount Incurred This Period <input type="text"/>	Payment This Period <input type="text"/>	Outstanding Balance at Close of This Period <input type="text"/>

1) SUBTOTALS This Period This Page (optional)..... ▶	<input type="text" value="77018.38"/>
2) TOTALS This Period (last page this line number only)..... ▶	<input type="text" value="77018.38"/>
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only) ▶	<input type="text" value="0.00"/>
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶	<input type="text" value="77018.38"/>

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
Pivot Group
MEMO ITEM
Mailing Address
1720 I St., NW
Ste 550
City
Washington State
DC Zip Code
20006
Purpose of Expenditure
Mailhouse Category/Type
Name of Federal Candidate
Alma Adams Support
Office Sought: House District: 12
State: NC
Calendar Year-To-Date
Per Election for Office Sought
119754.50

Date of Public Distribution/Dissemination
04 / 24 / 2014
Amount
18608.22
Transaction ID : SE-6210
Date of Disbursement or Obligation
05 / 09 / 2014
Disbursement For: Other (specify) Sp-Pr

Full Name of Payee
Pivot Group
MEMO ITEM
Mailing Address
1720 I St., NW
Ste 550
City
Washington State
DC Zip Code
20006
Purpose of Expenditure
Mailhouse Category/Type
Name of Federal Candidate
Alma Adams Support
Office Sought: House District: 12
State: NC
Calendar Year-To-Date
Per Election for Office Sought
119754.50

Date of Public Distribution/Dissemination
04 / 28 / 2014
Amount
21193.72
Transaction ID : SE-6211
Date of Disbursement or Obligation
05 / 01 / 2014
Disbursement For: Other (specify) Sp-Pr

Table with 2 columns: Description and Amount.
(a) SUBTOTAL of Itemized Independent Expenditures 0.00
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL Independent Expenditures 42736.12

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 05 / 20 / 2014