

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. **12FE4M5**

WOMEN SPEAK OUT PAC

ADDRESS (number and street) 1200 NEW HAMPSHIRE AVE NW

SUITE 750

Check if different than previously reported. (ACC) WASHINGTON DC 20036

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

C C00530766

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:
- Feb 20 (M2) May 20 (M5) Aug 20 (M8) Nov 20 (M11) (Non-Election Year Only)
 - Mar 20 (M3) Jun 20 (M6) Sep 20 (M9) Dec 20 (M12) (Non-Election Year Only)
 - Apr 20 (M4) Jul 20 (M7) Oct 20 (M10) Jan 31 (YE)

- (c) 12-Day PRE-Election Report for the:
- Primary (12P) General (12G) Runoff (12R)
 - Convention (12C) Special (12S)

Election on / / in the State of

- (d) 30-Day POST-Election Report for the:
- General (30G) Runoff (30R) Special (30S)

Election on / / in the State of

5. Covering Period / / 09 01 2016 through / / 09 30 2016

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

Buchanan, Emily, , ,

Type or Print Name of Treasurer

Signature of Treasurer Buchanan, Emily, , , [Electronically Filed] Date 10 / 20 / 2016

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 52 U.S.C. § 30109.

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

FEC Form 3X (Rev. 05/2016)

Page 2

Write or Type Committee Name

WOMEN SPEAK OUT PAC

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="496911.89"/>	<input type="text" value="496911.89"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="783691.36"/>	
(c) Total Receipts (from Line 19)	<input type="text" value="277568.94"/>	<input type="text" value="882781.58"/>
(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="1061260.30"/>	<input type="text" value="1379693.47"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="523050.71"/>	<input type="text" value="841483.88"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="538209.59"/>	<input type="text" value="538209.59"/>
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	<input type="text" value="0.00"/>	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	<input type="text" value="29314.43"/>	

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. 05/2016)

Write or Type Committee Name

WOMEN SPEAK OUT PAC

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).....	277482.43	854282.43
(ii) Unitemized	86.51	17855.42
(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶	277568.94	872137.85
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5)	277568.94	872137.85
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	10643.73
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)).....▶	277568.94	882781.58
20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶	277568.94	882781.58

DETAILED SUMMARY PAGE
of Disbursements

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	253310.25	384967.33
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	253310.25	384967.33
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	0.00	0.00
24. Independent Expenditures (use Schedule E)	269740.46	456516.55
25. Coordinated Party Expenditures (52 U.S.C. § 30116(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 (Including Non-Federal Donations).....	0.00	0.00
30. Federal Election Activity (52 U.S.C. § 30101(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)) ..	523050.71	841483.88
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	523050.71	841483.88

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 05/2016)

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)	277568.94	872137.85
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	277568.94	872137.85
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	253310.25	384967.33
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	10643.73
38. Net Operating Expenditures (subtract Line 37 from Line 36)	253310.25	374323.60

**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 39
	<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 SPEAK OUT PAC

A. Lewarne, Stephen, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3040 North Quincy Street
 City Arlington State VA Zip Code 22207-4139
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Deloitte Occupation (for Individual) Principal
 Receipt For: 2016
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 23 / 2016
Transaction ID : SA11AI.6585
 Amount of Each Receipt this Period
 300.00
 Memo Item

B. Menner, Michael, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address P.O. Box 49
 City Penfield State IL Zip Code 61862-0049
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Diocese of Peoria Occupation (for Individual) Priest
 Receipt For: 2016
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 22 / 2016
Transaction ID : SA11AI.6574
 Amount of Each Receipt this Period
 500.00
 Memo Item

C. Mudd, Maura, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 40 Zaccheus Mead Lane
 City Greenwich State CT Zip Code 06831-3753
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Fortress Investment Group LLC Occupation (for Individual) CEO and Director
 Receipt For: 2016
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 5000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 24 / 2016
Transaction ID : SA11AI.6589
 Amount of Each Receipt this Period
 5000.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	5800.00
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 39
	<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 SPEAK OUT PAC

A. Susan B Anthony List, Inc.

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1200 New Hampshire Ave NW
Ste 750

City Washington State DC Zip Code 20036

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

Name of Employer (for Individual) Occupation (for Individual)

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
150000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 22 / 2016

Transaction ID : SA11AI.6593

Amount of Each Receipt this Period
150000.00

Memo Item Contribution

B. Susan B Anthony List, Inc.

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1200 New Hampshire Ave NW
Ste 750

City Washington State DC Zip Code 20036

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

Name of Employer (for Individual) Occupation (for Individual)

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
241682.43

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 30 / 2016

Transaction ID : SA11AI.6595

Amount of Each Receipt this Period
91682.43

Memo Item In-kind - shared staff support donated by SBA

C. Suter, George, B., ,

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 2580 Greenwood Acres Drive

City Dekalb State IL Zip Code 60115-4913

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

Name of Employer (for Individual) Occupation (for Individual)
Retired Retired

Receipt For: 2016
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
20000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 12 / 2016

Transaction ID : SA11AI.6572

Amount of Each Receipt this Period
20000.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	261682.43
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 39
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)
WOMEN SPEAK OUT PAC

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Tarzian, Tom, , ,

Mailing Address 1100 South High Street

City Bloomington	State IN	Zip Code 47401-6108
---------------------	-------------	------------------------

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

Name of Employer (for Individual) Sarkes Tarzian Inc.	Occupation (for Individual) Chairman of Board of Directors
--	---

Receipt For: 2016
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
10000.00

Date of Receipt
MM / DD / YYYY
09 / 23 / 2016

Transaction ID : SA11AI.6587

Amount of Each Receipt this Period
10000.00

Memo Item

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address

City	State	Zip Code
------	-------	----------

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

Name of Employer (for Individual)	Occupation (for Individual)
-----------------------------------	-----------------------------

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 of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address

City	State	Zip Code
------	-------	----------

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

Name of Employer (for Individual)	Occupation (for Individual)
-----------------------------------	-----------------------------

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼

Date of Receipt
MM / DD / YYYY

Amount of Each Receipt this Period

Memo Item

SUBTOTAL of Receipts This Page (optional).....	10000.00
TOTAL This Period (last page this line number only).....	277482.43

**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"/> 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 SPEAK OUT PAC

Full Name (Last, First, Middle Initial)

A. All Seasons Strategies, LLC

Mailing Address P.O. Box 3521

City Spokane State WA Zip Code 99202

Purpose of Disbursement
Salary for Assistant National Director

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
09 / 02 / 2016

FEC Identification Number

C
Transaction ID : SB21B.6620
Amount of Each Disbursement this Period
7000.00

Memo Item

Full Name (Last, First, Middle Initial)

B. All Seasons Strategies, LLC

Mailing Address P.O. Box 3521

City Spokane State WA Zip Code 99202

Purpose of Disbursement
Salary for Assistant National State Director

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
09 / 30 / 2016

FEC Identification Number

C
Transaction ID : SB21B.6623
Amount of Each Disbursement this Period
7000.00

Memo Item

Full Name (Last, First, Middle Initial)

C. Ashley, Michelle, , ,

Mailing Address 1200 New Hampshire Ave NW Ste 750

City Washington State DC Zip Code 20036

Purpose of Disbursement
Expense Reimbursement

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
09 / 20 / 2016

FEC Identification Number

C
Transaction ID : SB21B.6619
Amount of Each Disbursement this Period
271.20

Memo Item

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

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

14271.20

**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"/> 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 SPEAK OUT PAC

Full Name (Last, First, Middle Initial)

A. Authorize.net

Mailing Address P.O. Box 947

City American Fork State UT Zip Code 84003-0947

Purpose of Disbursement
Bank fees

Candidate Name

Office Sought: House Senate President
Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
09 / 02 / 2016

FEC Identification Number

C
Transaction ID : SB21B.6557
Amount of Each Disbursement this Period
77.12

Memo Item

Full Name (Last, First, Middle Initial)

B. Authorize.net

Mailing Address P.O. Box 947

City American Fork State UT Zip Code 84003-0947

Purpose of Disbursement
Credit Card processing fees

Candidate Name

Office Sought: House Senate President
Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
09 / 02 / 2016

FEC Identification Number

C
Transaction ID : SB21B.6562
Amount of Each Disbursement this Period
42.45

Memo Item

Full Name (Last, First, Middle Initial)

C. Blevio, Chrissy, , ,

Mailing Address 1200 New Hampshire Ave NW Ste 750

City Washington State DC Zip Code 20036

Purpose of Disbursement
Expense Reimbursement

Candidate Name

Office Sought: House Senate President
Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
09 / 19 / 2016

FEC Identification Number

C
Transaction ID : SB21B.6615
Amount of Each Disbursement this Period
138.37

Memo Item

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

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

257.94

**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"/> 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 SPEAK OUT PAC

Full Name (Last, First, Middle Initial)

A. Campaign HQ

Mailing Address 109 West Front St

City Brooklyn State IN Zip Code 52211

Purpose of Disbursement Telephone expense

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement
MM / DD / YYYY
09 / 24 / 2016

FEC Identification Number

C
Transaction ID : SB21B.6591
Amount of Each Disbursement this Period
500.00

Memo Item

Full Name (Last, First, Middle Initial)

B. Chain Bridge Bank

Mailing Address 1445 McLaughlin Ave

City McLean State VA Zip Code 22101

Purpose of Disbursement Wire transfer fees

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify)

Category/Type

Date of Disbursement
MM / DD / YYYY
09 / 12 / 2016

FEC Identification Number

C
Transaction ID : SB21B.6558
Amount of Each Disbursement this Period
120.00

Memo Item

Full Name (Last, First, Middle Initial)

C. Chain Bridge Bank

Mailing Address 1445 McLaughlin Ave

City McLean State VA Zip Code 22101

Purpose of Disbursement Bank fees for gift cards

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: 2016 Primary General Other (specify) ▼

Category/Type

Date of Disbursement
MM / DD / YYYY
09 / 16 / 2016

FEC Identification Number

C
Transaction ID : SB21B.6381
Amount of Each Disbursement this Period
119.00

Memo Item

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

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

739.00

**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"/> 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 SPEAK OUT PAC

A. Design 4 Advertising

Full Name (Last, First, Middle Initial)
Mailing Address 106 N Collins St

City Plant City State FL Zip Code 33563

Purpose of Disbursement Edits to handouts

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement: 09 / 13 / 2016

FEC Identification Number: C

Transaction ID : SB21B.6560

Amount of Each Disbursement this Period: 538.00

Memo Item

B. Escalante, Eileen, , ,

Full Name (Last, First, Middle Initial)
Mailing Address 1200 New Hampshire Ave

City Washington State DC Zip Code 20036

Purpose of Disbursement Expense Reimbursement

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement: 09 / 19 / 2016

FEC Identification Number: C

Transaction ID : SB21B.6616

Amount of Each Disbursement this Period: 389.88

Memo Item

C. Evolving Strategies

Full Name (Last, First, Middle Initial)
Mailing Address 3125 1st Place North

City Arlington State VA Zip Code 22201

Purpose of Disbursement Research

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement: 09 / 08 / 2016

FEC Identification Number: C

Transaction ID : SB21B.6564

Amount of Each Disbursement this Period: 20000.00

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶ 20927.88

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"/> 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 SPEAK OUT PAC

A. Fitzgerald, Tami, , ,

Full Name (Last, First, Middle Initial)

Mailing Address 1200 New Hampshire Ave NW Ste 750

City Washington State DC Zip Code 20036

Purpose of Disbursement Expense Reimbursement

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 09 / 19 / 2016

FEC Identification Number: C

Transaction ID : **SB21B.6611**

Amount of Each Disbursement this Period: 116.29

Memo Item

B. Greco, Grayson, , ,

Full Name (Last, First, Middle Initial)

Mailing Address 1200 New Hampshire Ave NW Ste 750

City Washington State DC Zip Code 20036

Purpose of Disbursement Expense Reimbursement

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 09 / 19 / 2016

FEC Identification Number: C

Transaction ID : **SB21B.6604**

Amount of Each Disbursement this Period: 363.35

Memo Item

C. Headway Workforce Solutions

Full Name (Last, First, Middle Initial)

Mailing Address 421 Fayetteville St #1020

City Raleigh State NC Zip Code 27601

Purpose of Disbursement Headway fees

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 09 / 30 / 2016

FEC Identification Number: C

Transaction ID : **SB21B.6598**

Amount of Each Disbursement this Period: 67806.66

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶ 68286.30

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"/> 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 SPEAK OUT PAC

Full Name (Last, First, Middle Initial)

A. Headway Workforce Solutions

Mailing Address 421 Fayetteville St #1020

City Raleigh State NC Zip Code 27601

Purpose of Disbursement
Director Payroll

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
09 / 30 / 2016

FEC Identification Number

C
Transaction ID : SB21B.6624
Amount of Each Disbursement this Period
24738.47

Memo Item

Full Name (Last, First, Middle Initial)

B. Hollar, Jeremy, , ,

Mailing Address 1200 New Hampshire Ave NW Ste 750

City Washington State DC Zip Code 20036

Purpose of Disbursement
Expense Reimbursement

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify)

Category/Type

Date of Disbursement

MM / DD / YYYY
09 / 19 / 2016

FEC Identification Number

C
Transaction ID : SB21B.6607
Amount of Each Disbursement this Period
217.50

Memo Item

Full Name (Last, First, Middle Initial)

C. Hollar, Jeremy, , ,

Mailing Address 1200 New Hampshire Ave NW Ste 750

City Washington State DC Zip Code 20036

Purpose of Disbursement
Expense Reimbursement

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
09 / 19 / 2016

FEC Identification Number

C
Transaction ID : SB21B.6613
Amount of Each Disbursement this Period
177.83

Memo Item

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

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

25133.80

**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"/> 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 SPEAK OUT PAC

A. Hollar, Jeremy, , ,

Full Name (Last, First, Middle Initial)

Date of Disbursement: MM / DD / YYYY
09 / 19 / 2016

Mailing Address: 1200 New Hampshire Ave NW
Ste 750

City: Washington State: DC Zip Code: 20036

Purpose of Disbursement: Expense Reimbursement

Candidate Name: _____

Office Sought: House Senate President
State: _____ District: _____

Disbursement For: Primary General Other (specify) ▼

FEC Identification Number: **C** _____
Transaction ID : **SB21B.6614**
Amount of Each Disbursement this Period: _____
194.88

Memo Item

B. i360

Full Name (Last, First, Middle Initial)

Date of Disbursement: MM / DD / YYYY
09 / 25 / 2016

Mailing Address: P.O. Box 37046

City: Baltimore State: MD Zip Code: 21297-3046

Purpose of Disbursement: Data Subscription

Candidate Name: _____

Office Sought: House Senate President
State: _____ District: _____

Disbursement For: Primary General Other (specify) ▼

FEC Identification Number: **C** _____
Transaction ID : **SB21B.6559**
Amount of Each Disbursement this Period: _____
1900.00

Memo Item

C. Intuit

Full Name (Last, First, Middle Initial)

Date of Disbursement: MM / DD / YYYY
09 / 02 / 2016

Mailing Address: 2700 Coast Ave

City: Mountain View State: CA Zip Code: 94043

Purpose of Disbursement: Credit Card processing fees

Candidate Name: _____

Office Sought: House Senate President
State: _____ District: _____

Disbursement For: Primary General Other (specify) ▼

FEC Identification Number: **C** _____
Transaction ID : **SB21B.6561**
Amount of Each Disbursement this Period: _____
15.95

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶ 2110.83

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"/> 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 SPEAK OUT PAC

A. Love, Julie, , ,

Full Name (Last, First, Middle Initial)

Mailing Address 1200 New Hampshire Ave NW Ste 750

City washington State DC Zip Code 20036

Purpose of Disbursement Expense Reimbursement

Candidate Name

Office Sought: House Senate President
Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 09 / 19 / 2016

FEC Identification Number: C

Transaction ID : SB21B.6617

Amount of Each Disbursement this Period: 224.43

Memo Item

B. Miller, Desiree, , ,

Full Name (Last, First, Middle Initial)

Mailing Address 1200 New Hampshire Ave, NW Suite 750

City Washington State DC Zip Code 20036

Purpose of Disbursement Expense Reimbursement

Candidate Name

Office Sought: House Senate President
Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 09 / 19 / 2016

FEC Identification Number: C

Transaction ID : SB21B.6612

Amount of Each Disbursement this Period: 129.92

Memo Item

C. Parker, Mary, , ,

Full Name (Last, First, Middle Initial)

Mailing Address 1200 New Hampshire Ave NW Ste 750

City Washington State DC Zip Code 20036

Purpose of Disbursement Expense Reimbursement

Candidate Name

Office Sought: House Senate President
Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 09 / 19 / 2016

FEC Identification Number: C

Transaction ID : SB21B.6609

Amount of Each Disbursement this Period: 102.57

Memo Item

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

456.92

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"/> 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 SPEAK OUT PAC

Full Name (Last, First, Middle Initial) A. Parker, Mary, , ,		Date of Disbursement MM / DD / YYYY 09 / 20 / 2016
Mailing Address 1200 New Hampshire Ave NW Ste 750		FEC Identification Number C [] Transaction ID : SB21B.6618 Amount of Each Disbursement this Period [] 294.78
City Washington	State DC	Zip Code 20036
Purpose of Disbursement Expense Reimbursement		Category/ Type []
Candidate Name		
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:	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) B. Paychex		Date of Disbursement MM / DD / YYYY 09 / 02 / 2016
Mailing Address 3060 Williams Dr #200		FEC Identification Number C [] Transaction ID : SB21B.6563 Amount of Each Disbursement this Period [] 55.51
City Fairfax	State VA	Zip Code 22031
Purpose of Disbursement Payroll fees		Category/ Type []
Candidate Name		
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:	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) C. Susan B Anthony List, Inc.		Date of Disbursement MM / DD / YYYY 09 / 30 / 2016
Mailing Address 1200 New Hampshire Ave NW Ste 750		FEC Identification Number C [] Transaction ID : SB21B.6596 Amount of Each Disbursement this Period [] 91682.43
City Washington	State DC	Zip Code 20036
Purpose of Disbursement In-kind - shared staff support donated by SBA		Category/ Type []
Candidate Name		
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:	<input type="checkbox"/> Memo Item	

SUBTOTAL of Disbursements This Page (optional).....▶	[] 92032.72
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"/> 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 SPEAK OUT PAC

A. Trace Strategies, LLC

Full Name (Last, First, Middle Initial)

Mailing Address 11104 Westpoint Court

City Litte Rock State AR Zip Code 72211

Purpose of Disbursement Salary for State Director, OH

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement: 09 / 02 / 2016

FEC Identification Number: C

Transaction ID : SB21B.6621

Amount of Each Disbursement this Period: 14000.00

Memo Item

B. Trace Strategies, LLC

Full Name (Last, First, Middle Initial)

Mailing Address 11104 Westpoint Court

City Litte Rock State AR Zip Code 72211

Purpose of Disbursement Salary for State Director, OH

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement: 09 / 30 / 2016

FEC Identification Number: C

Transaction ID : SB21B.6622

Amount of Each Disbursement this Period: 14000.00

Memo Item

C. Williams, Petrina, , ,

Full Name (Last, First, Middle Initial)

Mailing Address 1200 New Hampshire Ave NW Ste 750

City Washington State DC Zip Code 20036

Purpose of Disbursement Expense Reimbursement

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement: 09 / 12 / 2016

FEC Identification Number: C

Transaction ID : SB21B.6599

Amount of Each Disbursement this Period: 409.49

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶ 28409.49

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"/> 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 SPEAK OUT PAC

Full Name (Last, First, Middle Initial)

A. Williams, Petrina, , ,

Mailing Address 1200 New Hampshire Ave NW Ste 750

City Washington State DC Zip Code 20036

Purpose of Disbursement
Expense Reimbursement

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
09 / 19 / 2016

FEC Identification Number

C
Transaction ID : SB21B.6610
Amount of Each Disbursement this Period
490.91

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

FEC Identification Number

C
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

FEC Identification Number

C
Amount of Each Disbursement this Period

Memo Item

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

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

490.91
253116.99

SCHEDULE D (FEC Form 3X)

DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate schedule(s) for each numbered line)	PAGE 20 OF 39
	FOR LINE NUMBER: (check only one)
	<input type="checkbox"/> 9
	<input checked="" type="checkbox"/> 10

NAME OF COMMITTEE (In Full)
WOMEN SPEAK OUT PAC

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Susan B Anthony List, Inc.			Nature of Debt (Purpose): Existing Loan owed to SBA
Mailing Address 1200 New Hampshire Ave NW Ste 750			
City Washington	State DC	Zip Code 20036	

Outstanding Balance Beginning This Period <input type="text" value="10500.00"/>	Transaction ID : SD10.4157	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="10500.00"/>

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Susan B Anthony List, Inc.			Nature of Debt (Purpose): Loan for FEC Reporting Services
Mailing Address 1200 New Hampshire Ave NW Ste 750			
City Washington	State DC	Zip Code 20036	

Outstanding Balance Beginning This Period <input type="text" value="5000.00"/>	Transaction ID : SD10.4110	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="5000.00"/>

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Susan B Anthony List, Inc.			Nature of Debt (Purpose): Mailings Expense
Mailing Address 1200 New Hampshire Ave NW Ste 750			
City Washington	State DC	Zip Code 20036	

Outstanding Balance Beginning This Period <input type="text" value="5204.43"/>	Transaction ID : SD10.4318	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="5204.43"/>

1) SUBTOTALS This Period This Page (optional)..... ▶	<input type="text" value="20704.43"/>
2) TOTALS This Period (last page this line number only)..... ▶	<input type="text"/>
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only) ▶	<input type="text"/>
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶	<input type="text"/>

SCHEDULE D (FEC Form 3X)

DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate schedule(s) for each numbered line)	PAGE 21 OF 39
	FOR LINE NUMBER: (check only one)
<input type="checkbox"/> 9	<input checked="" type="checkbox"/> 10

NAME OF COMMITTEE (In Full)
WOMEN SPEAK OUT PAC

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Susan B Anthony List, Inc.			Nature of Debt (Purpose): Original transactions put on SBA CC
Mailing Address 1200 New Hampshire Ave NW Ste 750			
City Washington	State DC	Zip Code 20036	

Outstanding Balance Beginning This Period <input type="text" value="0.00"/>	Transaction ID : SD10.6625	
Amount Incurred This Period <input type="text" value="8610.00"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="8610.00"/>

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"/>	Transaction ID : SD10.6625	
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"/>	Transaction ID : SD10.6625	
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="8610.00"/>
2) TOTALS This Period (last page this line number only)..... ▶	<input type="text" value="29314.43"/>
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="29314.43"/>

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

NAME OF COMMITTEE (In Full) WOMEN SPEAK OUT PAC	FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;"> C C00530766 </div>
---	---

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 American Marketing and Publishing	Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 09 / 01 / 2016						
Mailing Address 7380 Sprout Springs Road	Amount <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px;"> 1087.50 </div> Transaction ID : SE.6331 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 09 / 01 / 2016						
<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:40%;">City</td> <td style="width:20%;">State</td> <td style="width:40%;">Zip Code</td> </tr> <tr> <td>Flowery Branch</td> <td>GA</td> <td>30542</td> </tr> </table>		City	State	Zip Code	Flowery Branch	GA	30542
City		State	Zip Code				
Flowery Branch	GA	30542					
Purpose of Expenditure Door Hangers- had originally reported 1357.50							
Name of Federal Candidate: LOVE, MIA, , ,	<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: 04 State: UT						
Calendar Year-To-Date Per Election for Office Sought	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 American Marketing and Publishing	Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 09 / 01 / 2016						
Mailing Address 7380 Sprout Springs Road	Amount <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px;"> 1087.50 </div> Transaction ID : SE.6334 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 09 / 01 / 2016						
<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:40%;">City</td> <td style="width:20%;">State</td> <td style="width:40%;">Zip Code</td> </tr> <tr> <td>Flowery Branch</td> <td>GA</td> <td>30542</td> </tr> </table>		City	State	Zip Code	Flowery Branch	GA	30542
City		State	Zip Code				
Flowery Branch	GA	30542					
Purpose of Expenditure Door Hangers- had originally reported 1357.50							
Name of Federal Candidate: OWENS, H DOUGLAS, , ,	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> President <input type="checkbox"/> Senate District: 04 State: UT						
Calendar Year-To-Date Per Election for Office Sought	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶						

(a) SUBTOTAL of Itemized Independent Expenditures ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px;"> 2175.00 </div>
(a) SUBTOTAL of Unitemized Independent Expenditures ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px;"> 0.00 </div>
(a) TOTAL Independent Expenditures ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px;"> 2175.00 </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.

Buchanan, Emily, , ,

[Electronically Filed]

Date

M M / D D / Y Y Y Y Y Y
 10 / 20 / 2016

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full)
WOMEN SPEAK OUT PAC
FEC IDENTIFICATION NUMBER
C C00530766

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

Full Name of Payee American Marketing and Publishing
Mailing Address 7380 Sprout Springs Road
City Flowerly Branch State GA Zip Code 30542
Purpose of Expenditure Door Hangers- Florid, originally reported 4587.50
Category/Type 006
Date of Public Distribution/Dissemination 09/21/2016
Amount 4567.50
Transaction ID : SE.6429
Date of Disbursement or Obligation 09/21/2016

Name of Federal Candidate: CLINTON, HILLARY RODHAM, , ,
Support Oppose
Office Sought: President Senate State: FL
Disbursement For: Primary General 2016 Other (specify)

Full Name of Payee American Marketing and Publishing
Mailing Address 7380 Sprout Springs Road
City Flowerly Branch State GA Zip Code 30542
Purpose of Expenditure Door Hangers- Florid, originally reported 4587.50
Category/Type 006
Date of Public Distribution/Dissemination 09/21/2016
Amount 4567.50
Transaction ID : SE.6431
Date of Disbursement or Obligation 09/21/2016

Name of Federal Candidate: MURPHY, PATRICK E, , ,
Support Oppose
Office Sought: Senate State: FL
Disbursement For: Primary General 2016 Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures 9135.00
(a) SUBTOTAL of Unitemized Independent Expenditures
(a) 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.

Buchanan, Emily, , ,

[Electronically Filed]

Date

10/20/2016

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full)
WOMEN SPEAK OUT PAC
FEC IDENTIFICATION NUMBER
C C00530766

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

Full Name of Payee: American Marketing and Publishing
Mailing Address: 7380 Sprout Springs Road
City: Flowery Branch, State: GA, Zip Code: 30542
Purpose of Expenditure: Door Hangers- NC
Category/Type: 006
Date of Public Distribution/Dissemination: 09/22/2016
Amount: 4567.50
Transaction ID: SE.6436
Date of Disbursement or Obligation: 09/22/2016

Name of Federal Candidate: CLINTON, HILLARY RODHAM, ,
Support: [], Oppose: [x]
Office Sought: [x] President, [] House, [] Senate
State:
Calendar Year-To-Date Per Election for Office Sought: 7357.50
Disbursement For: [] Primary, [x] General 2016, [] Other (specify)

Full Name of Payee: American Marketing and Publishing
Mailing Address: 7380 Sprout Springs Road
City: Flowery Branch, State: GA, Zip Code: 30542
Purpose of Expenditure: Door Hangers- NC
Category/Type: 006
Date of Public Distribution/Dissemination: 09/22/2016
Amount: 4567.50
Transaction ID: SE.6438
Date of Disbursement or Obligation: 09/22/2016

Name of Federal Candidate: ROSS, DEBORAH K, ,
Support: [], Oppose: [x]
Office Sought: [x] Senate, [] President, [] House
State: NC
Calendar Year-To-Date Per Election for Office Sought: 80985.85
Disbursement For: [] Primary, [x] General 2016, [] Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures: 9135.00
(a) SUBTOTAL of Unitemized Independent Expenditures:
(a) 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.

Buchanan, Emily, ,

[Electronically Filed]

Date

10 / 20 / 2016

Signature

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

NAME OF COMMITTEE (In Full) WOMEN SPEAK OUT PAC	FEC IDENTIFICATION NUMBER ▼ C C00530766
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Check if 24-hour report 48-hour report New report Amends report filed on / /

Full Name of Payee <input type="checkbox"/> Memo Item Campaign Graphics	Date of Public Distribution/Dissemination <input type="text"/> / <input type="text"/> / <input type="text"/>
Mailing Address 1229 N. Wakonda Street	Amount <input type="text"/> 441.89 Transaction ID : SE.6300 Date of Disbursement or Obligation <input type="text"/> / <input type="text"/> / <input type="text"/>
City Flagstaff State AZ Zip Code 86004	
Purpose of Expenditure Lapel stickers and shirts for canvassers Category/Type 006	
Name of Federal Candidate: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose CLINTON, HILLARY RODHAM, , ,	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: FL District: _____
Calendar Year-To-Date Per Election for Office Sought <input type="text"/> 116531.92	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 Campaign Graphics	Date of Public Distribution/Dissemination <input type="text"/> / <input type="text"/> / <input type="text"/>
Mailing Address 1229 N. Wakonda Street	Amount <input type="text"/> 441.89 Transaction ID : SE.6302 Date of Disbursement or Obligation <input type="text"/> / <input type="text"/> / <input type="text"/>
City Flagstaff State AZ Zip Code 86004	
Purpose of Expenditure Lapel stickers and shirts for canvassers Category/Type 006	
Name of Federal Candidate: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose MURPHY, PATRICK E, , ,	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate State: FL District: _____
Calendar Year-To-Date Per Election for Office Sought <input type="text"/> 51723.55	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____

(a) SUBTOTAL of Itemized Independent Expenditures	<input type="text"/> 883.78
(a) SUBTOTAL of Unitemized Independent Expenditures	<input type="text"/>
(a) TOTAL Independent Expenditures	<input type="text"/>

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.

Buchanan, Emily, , ,

[Electronically Filed]

Date

/ /

Signature

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

NAME OF COMMITTEE (In Full) WOMEN SPEAK OUT PAC	FEC IDENTIFICATION NUMBER ▼ C C00530766
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Check if 24-hour report 48-hour report New report Amends report filed on / /

Full Name of Payee <input type="checkbox"/> Memo Item Campaign Graphics	Date of Public Distribution/Dissemination <input type="text"/> / <input type="text"/> / <input type="text"/>
Mailing Address 1229 N. Wakonda Street	Amount <input type="text"/> 441.89 Transaction ID : SE.6313 Date of Disbursement or Obligation <input type="text"/> / <input type="text"/> / <input type="text"/>
City Flagstaff State AZ Zip Code 86004	
Purpose of Expenditure Lapel stickers and shirts for canvassers NC Category/Type 006	
Name of Federal Candidate: CLINTON, HILLARY RODHAM, , , <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: NC
Calendar Year-To-Date Per Election for Office Sought <input type="text"/> 97973.19	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 Campaign Graphics	Date of Public Distribution/Dissemination <input type="text"/> / <input type="text"/> / <input type="text"/>
Mailing Address 1229 N. Wakonda Street	Amount <input type="text"/> 441.89 Transaction ID : SE.6315 Date of Disbursement or Obligation <input type="text"/> / <input type="text"/> / <input type="text"/>
City Flagstaff State AZ Zip Code 86004	
Purpose of Expenditure Lapel stickers and shirts for canvassers NC Category/Type 006	
Name of Federal Candidate: ROSS, DEBORAH K, , , <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC
Calendar Year-To-Date Per Election for Office Sought <input type="text"/> 76418.35	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____

(a) SUBTOTAL of Itemized Independent Expenditures	<input type="text"/> 883.78
(a) SUBTOTAL of Unitemized Independent Expenditures	<input type="text"/>
(a) TOTAL Independent Expenditures	<input type="text"/>

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.

Buchanan, Emily, , ,

[Electronically Filed]

Date

/ /

Signature

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

NAME OF COMMITTEE (In Full) WOMEN SPEAK OUT PAC	FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;"> C C00530766 </div>
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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 Campaign Graphics	Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 09 / 01 / 2016						
Mailing Address 1229 N. Wakonda Street	Amount <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px;"> 441.89 </div> Transaction ID : SE.6326 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 09 / 01 / 2016						
<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:40%;">City</td> <td style="width:20%;">State</td> <td style="width:40%;">Zip Code</td> </tr> <tr> <td>Flagstaff</td> <td>AZ</td> <td>86004</td> </tr> </table>		City	State	Zip Code	Flagstaff	AZ	86004
City		State	Zip Code				
Flagstaff	AZ	86004					
Purpose of Expenditure lapel pins and shorts for canvassers							
Name of Federal Candidate: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose CLINTON, HILLARY RODHAM, , ,	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President District: _____ State: <u>OH</u>						
Calendar Year-To-Date Per Election for Office Sought ▶ <div style="border: 1px solid black; padding: 2px; display: inline-block;">35364.25</div>	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 Campaign Graphics	Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 09 / 01 / 2016						
Mailing Address 1229 N. Wakonda Street	Amount <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px;"> 441.89 </div> Transaction ID : SE.6328 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 09 / 01 / 2016						
<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:40%;">City</td> <td style="width:20%;">State</td> <td style="width:40%;">Zip Code</td> </tr> <tr> <td>Flagstaff</td> <td>AZ</td> <td>86004</td> </tr> </table>		City	State	Zip Code	Flagstaff	AZ	86004
City		State	Zip Code				
Flagstaff	AZ	86004					
Purpose of Expenditure lapel pins and shorts for canvassers OH							
Name of Federal Candidate: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose STRICKLAND, TED, , ,	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President District: _____ State: <u>OH</u>						
Calendar Year-To-Date Per Election for Office Sought ▶ <div style="border: 1px solid black; padding: 2px; display: inline-block;">30174.39</div>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____						

(a) SUBTOTAL of Itemized Independent Expenditures ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px;">883.78</div>
(a) SUBTOTAL of Unitemized Independent Expenditures ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px;"> </div>
(a) TOTAL Independent Expenditures ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px;"> </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.

Buchanan, Emily, , ,

[Electronically Filed]

Date

M M / D D / Y Y Y Y Y Y
10 / 20 / 2016

Signature

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

NAME OF COMMITTEE (In Full) WOMEN SPEAK OUT PAC	FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;"> C C00530766 </div>
---	---

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 Chain Bridge Bank			Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 09 / 16 / 2016		
Mailing Address 1445 McLaughlin Ave			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 100%;"> 2500.00 </div>		
City McLean	State VA	Zip Code 22101			
Purpose of Expenditure Gift cards for canvassers expenses- OH		Category/Type 002	Transaction ID : SE.6379 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 09 / 16 / 2016		
Name of Federal Candidate: CLINTON, HILLARY RODHAM, , , <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose			Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President District: _____ State: <u>OH</u>		
Calendar Year-To-Date Per Election for Office Sought 37864.25			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 Chain Bridge Bank			Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 09 / 16 / 2016		
Mailing Address 1445 McLaughlin Ave			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 100%;"> 2500.00 </div>		
City McLean	State VA	Zip Code 22101			
Purpose of Expenditure Gift cards for canvassers - OH		Category/Type 002	Transaction ID : SE.6386 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 09 / 16 / 2016		
Name of Federal Candidate: STRICKLAND, TED, , , <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose			Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President District: _____ State: <u>OH</u>		
Calendar Year-To-Date Per Election for Office Sought 40634.25			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____		

(a) SUBTOTAL of Itemized Independent Expenditures ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block; width: 100%;"> 5000.00 </div>
(a) SUBTOTAL of Unitemized Independent Expenditures ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block; width: 100%; height: 20px;"> _____ </div>
(a) TOTAL Independent Expenditures ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block; width: 100%; height: 20px;"> _____ </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.

Buchanan, Emily, , ,

[Electronically Filed]

Date

M M / D D / Y Y Y Y Y Y
10 / 20 / 2016

Signature

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

NAME OF COMMITTEE (In Full) WOMEN SPEAK OUT PAC	FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;"> C C00530766 </div>
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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 Headway Workforce Solutions		Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 09 / 01 / 2016
Mailing Address 421 Fayetteville St #1020		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">46710.60</div>
City Raleigh State NC Zip Code 27601		
Purpose of Expenditure Actual payroll for canvassers 9/1/16-9/31/16 FL, had reported estimate		Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 09 / 01 / 2016
Name of Federal Candidate: MURPHY, PATRICK E, , , <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose		Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate District: _____ State: FL
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block;">46710.60</div>		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 Headway Workforce Solutions		Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 09 / 01 / 2016
Mailing Address 421 Fayetteville St #1020		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">4571.06</div>
City Raleigh State NC Zip Code 27601		
Purpose of Expenditure Actual mileage for canvassers 9/1/16-9/31/16 FL, had reported estimate		Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 09 / 01 / 2016
Name of Federal Candidate: CLINTON, HILLARY RODHAM, , , <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose		Office Sought: <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate District: _____ State: FL
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block;">116090.03</div>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____

(a) SUBTOTAL of Itemized Independent Expenditures ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;">51281.66</div>
(a) SUBTOTAL of Unitemized Independent Expenditures ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;"> </div>
(a) TOTAL Independent Expenditures ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;"> </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.

Buchanan, Emily, , ,

[Electronically Filed]

Date

M M / D D / Y Y Y Y Y Y
10 / 20 / 2016

Signature

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

NAME OF COMMITTEE (In Full) WOMEN SPEAK OUT PAC	FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;"> C C00530766 </div>
---	---

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 Headway Workforce Solutions	Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 09 / 01 / 2016						
Mailing Address 421 Fayetteville St #1020	Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">4571.06</div> Transaction ID : SE.6298 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 09 / 01 / 2016						
<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:33%;">City</td> <td style="width:33%;">State</td> <td style="width:33%;">Zip Code</td> </tr> <tr> <td>Raleigh</td> <td>NC</td> <td>27601</td> </tr> </table>		City	State	Zip Code	Raleigh	NC	27601
City		State	Zip Code				
Raleigh	NC	27601					
Purpose of Expenditure Actual mileage for canvassers 9/1/16-9/31/16, had reported estimate	Category/Type 001						
Name of Federal Candidate: <input type="checkbox"/> Support MURPHY, PATRICK E, , , <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>FL</u>						
Calendar Year-To-Date Per Election for Office Sought 51281.66	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 Headway Workforce Solutions	Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 09 / 01 / 2016						
Mailing Address 421 Fayetteville St #1020	Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">39745.63</div> Transaction ID : SE.6305 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 09 / 01 / 2016						
<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:33%;">City</td> <td style="width:33%;">State</td> <td style="width:33%;">Zip Code</td> </tr> <tr> <td>Raleigh</td> <td>NC</td> <td>27601</td> </tr> </table>		City	State	Zip Code	Raleigh	NC	27601
City		State	Zip Code				
Raleigh	NC	27601					
Purpose of Expenditure Actual payroll for canvassers 9/1/16-9/31/16 NC, had reported estimate	Category/Type 001						
Name of Federal Candidate: <input type="checkbox"/> Support CLINTON, HILLARY RODHAM, , , <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: <u>NC</u>						
Calendar Year-To-Date Per Election for Office Sought 90189.38	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____						

(a) SUBTOTAL of Itemized Independent Expenditures ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;">44316.69</div>
(a) SUBTOTAL of Unitemized Independent Expenditures ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;"> </div>
(a) TOTAL Independent Expenditures ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;"> </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.

Buchanan, Emily, , , **[Electronically Filed]** Date M M / D D / Y Y Y Y Y Y
10 / 20 / 2016
Signature

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

NAME OF COMMITTEE (In Full) WOMEN SPEAK OUT PAC	FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px;"> C C00530766 </div>
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Check if 24-hour report 48-hour report New report Amends report filed on / /

Full Name of Payee <input type="checkbox"/> Memo Item Headway Workforce Solutions	Date of Public Distribution/Dissemination 09 / 01 / 2016						
Mailing Address 421 Fayetteville St #1020	Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">39745.63</div> Transaction ID : SE.6307 Date of Disbursement or Obligation 09 / 01 / 2016						
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:33%;">City</td> <td style="width:33%;">State</td> <td style="width:33%;">Zip Code</td> </tr> <tr> <td>Raleigh</td> <td>NC</td> <td>27601</td> </tr> </table>		City	State	Zip Code	Raleigh	NC	27601
City		State	Zip Code				
Raleigh	NC	27601					
Purpose of Expenditure Actual payroll for canvassers 9/1/16-9/31/16, had reported estimate	Category/Type 001						
Name of Federal Candidate: ROSS, DEBORAH K, ,	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>NC</u>						
Calendar Year-To-Date Per Election for Office Sought 68634.54	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 Headway Workforce Solutions	Date of Public Distribution/Dissemination 09 / 01 / 2016						
Mailing Address 421 Fayetteville St #1020	Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">7341.92</div> Transaction ID : SE.6309 Date of Disbursement or Obligation 09 / 01 / 2016						
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:33%;">City</td> <td style="width:33%;">State</td> <td style="width:33%;">Zip Code</td> </tr> <tr> <td>Raleigh</td> <td>NC</td> <td>27601</td> </tr> </table>		City	State	Zip Code	Raleigh	NC	27601
City		State	Zip Code				
Raleigh	NC	27601					
Purpose of Expenditure Actual Mileage for canvassers 9/1/16-9/31/16 NC, had reported estimate	Category/Type 002						
Name of Federal Candidate: CLINTON, HILLARY RODHAM, ,	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: <u>NC</u>						
Calendar Year-To-Date Per Election for Office Sought 97531.30	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____						

(a) SUBTOTAL of Itemized Independent Expenditures ▶	<div style="border: 1px solid black; padding: 2px; text-align: right;">47087.55</div>
(a) SUBTOTAL of Unitemized Independent Expenditures ▶	<div style="border: 1px solid black; padding: 2px; text-align: right;"> </div>
(a) TOTAL Independent Expenditures ▶	<div style="border: 1px solid black; padding: 2px; text-align: right;"> </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.

Buchanan, Emily, , ,

[Electronically Filed]

Date

10 / 20 / 2016

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full)
WOMEN SPEAK OUT PAC
FEC IDENTIFICATION NUMBER
C C00530766

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

Full Name of Payee: Headway Workforce Solutions
Mailing Address: 421 Fayetteville St #1020
City: Raleigh, State: NC, Zip Code: 27601
Purpose of Expenditure: Actual Mileage for canvassers 9/1/16-9/31/16 NC, had reported estimate
Category/Type: 002
Name of Federal Candidate: ROSS, DEBORAH K, ,
Office Sought: Senate, State: NC
Disbursement For: General 2016
Amount: 7341.92
Transaction ID: SE.6311
Date of Disbursement or Obligation: 09/01/2016

Full Name of Payee: Headway Workforce Solutions
Mailing Address: 421 Fayetteville St #1020
City: Raleigh, State: NC, Zip Code: 27601
Purpose of Expenditure: Actual payroll for canvassers 9/1-9/31/16 OH, had reported estimate
Category/Type: 001
Name of Federal Candidate: CLINTON, HILLARY RODHAM, ,
Office Sought: President, State: OH
Disbursement For: General 2016
Amount: 15917.50
Transaction ID: SE.6318
Date of Disbursement or Obligation: 09/01/2016

(a) SUBTOTAL of Itemized Independent Expenditures: 23259.42
(a) SUBTOTAL of Unitemized Independent Expenditures
(a) 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.

Buchanan, Emily, ,

[Electronically Filed]

Date

10 / 20 / 2016

Signature

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

NAME OF COMMITTEE (In Full) WOMEN SPEAK OUT PAC	FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;"> C C00530766 </div>
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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 Headway Workforce Solutions	Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 09 / 01 / 2016						
Mailing Address 421 Fayetteville St #1020	Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">15917.50</div> Transaction ID : SE.6320 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 09 / 01 / 2016						
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:40%;">City</td> <td style="width:20%;">State</td> <td style="width:40%;">Zip Code</td> </tr> <tr> <td>Raleigh</td> <td>NC</td> <td>27601</td> </tr> </table>		City	State	Zip Code	Raleigh	NC	27601
City		State	Zip Code				
Raleigh	NC	27601					
Purpose of Expenditure Actual payroll for canvassers 9/1-9/31/16 OH, had reported estimate							
Name of Federal Candidate: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose STRICKLAND, TED, , ,	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: OH						
Calendar Year-To-Date Per Election for Office Sought 27954.22	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 Headway Workforce Solutions	Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 09 / 01 / 2016						
Mailing Address 421 Fayetteville St #1020	Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">1778.28</div> Transaction ID : SE.6322 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 09 / 01 / 2016						
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:40%;">City</td> <td style="width:20%;">State</td> <td style="width:40%;">Zip Code</td> </tr> <tr> <td>Raleigh</td> <td>NC</td> <td>27601</td> </tr> </table>		City	State	Zip Code	Raleigh	NC	27601
City		State	Zip Code				
Raleigh	NC	27601					
Purpose of Expenditure Actual mileage for canvassers 9/1-9/31/16 OH, had reported estimate							
Name of Federal Candidate: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose CLINTON, HILLARY RODHAM, , ,	Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: OH						
Calendar Year-To-Date Per Election for Office Sought 34922.36	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____						

(a) SUBTOTAL of Itemized Independent Expenditures ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;">17695.78</div>
(a) SUBTOTAL of Unitemized Independent Expenditures ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;"> </div>
(a) TOTAL Independent Expenditures ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;"> </div>

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Buchanan, Emily, , ,

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Date

M M / D D / Y Y Y Y Y Y
10 / 20 / 2016

Signature

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

NAME OF COMMITTEE (In Full) WOMEN SPEAK OUT PAC	FEC IDENTIFICATION NUMBER ▼ C C00530766
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Check if 24-hour report 48-hour report New report Amends report filed on / /

Full Name of Payee <input type="checkbox"/> Memo Item Headway Workforce Solutions	Date of Public Distribution/Dissemination <input type="text"/> / <input type="text"/> / <input type="text"/>
Mailing Address 421 Fayetteville St #1020	Amount <input type="text"/>
City Raleigh State NC Zip Code 27601	Transaction ID : SE.6324
Purpose of Expenditure Actual mileage for canvassers 9/1-9/31/16 OH, had reported estimate Category/Type <input type="text"/> 002	Date of Disbursement or Obligation <input type="text"/> / <input type="text"/> / <input type="text"/>
Name of Federal Candidate: STRICKLAND, TED, , , <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate District: _____ State: <u>OH</u>
Calendar Year-To-Date Per Election for Office Sought <input type="text"/> 29732.50	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 Hilton Garden Inn	Date of Public Distribution/Dissemination <input type="text"/> / <input type="text"/> / <input type="text"/>
Mailing Address 3232 Olentangy Riover Rd	Amount <input type="text"/>
City Columbus State OH Zip Code 43202	Transaction ID : SE.6441
Purpose of Expenditure Travel expenses Category/Type <input type="text"/> 002	Date of Disbursement or Obligation <input type="text"/> / <input type="text"/> / <input type="text"/>
Name of Federal Candidate: CLINTON, HILLARY RODHAM, , , <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> President <input type="checkbox"/> House <input type="checkbox"/> Senate District: _____ State: <u>OH</u>
Calendar Year-To-Date Per Election for Office Sought <input type="text"/> 41734.25	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____

(a) SUBTOTAL of Itemized Independent Expenditures	<input type="text"/> 2878.28
(a) SUBTOTAL of Unitemized Independent Expenditures	<input type="text"/>
(a) TOTAL Independent Expenditures	<input type="text"/>

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.

Buchanan, Emily, , ,

[Electronically Filed]

Date

/ /

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full)
WOMEN SPEAK OUT PAC
FEC IDENTIFICATION NUMBER
C C00530766

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

Full Name of Payee: Hilton Garden Inn
Mailing Address: 3232 Olentangy River Rd
City: Columbus, State: OH, Zip Code: 43202
Purpose of Expenditure: Travel Expenses
Category/Type: 002
Date of Public Distribution/Dissemination: 09/23/2016
Amount: 1100.00
Transaction ID: SE.6446
Date of Disbursement or Obligation: 09/23/2016

Name of Federal Candidate: STRICKLAND, TED, ,
Support: [], Oppose: [x]
Office Sought: [] House, [x] Senate, State: OH
Disbursement For: [] Primary, [x] General 2016, [] Other (specify)

Full Name of Payee: Hilton Garden Inn
Mailing Address: 3232 Olentangy River Rd
City: Columbus, State: OH, Zip Code: 43202
Purpose of Expenditure: Travel Expenses
Category/Type: 002
Date of Public Distribution/Dissemination: 09/23/2016
Amount: 1100.00
Transaction ID: SE.6449
Date of Disbursement or Obligation: 09/23/2016

Name of Federal Candidate: CLINTON, HILLARY RODHAM, ,
Support: [], Oppose: [x]
Office Sought: [x] President, [] Senate, State:
Disbursement For: [] Primary, [x] General 2016, [] Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures: 2200.00
(a) SUBTOTAL of Unitemized Independent Expenditures:
(a) 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.

Buchanan, Emily, ,

[Electronically Filed]

Date

10 / 20 / 2016

Signature

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

NAME OF COMMITTEE (In Full) WOMEN SPEAK OUT PAC	FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px;"> C C00530766 </div>
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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 Thrifty Car Rental		Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 09 / 16 / 2016	
Mailing Address 1534 Sunset Blvd		Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">540.00</div>	
City Steubenville	State OH	Zip Code 43952	Transaction ID : SE.6376
Purpose of Expenditure Van rental		Category/ Type 002	Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 09 / 16 / 2016
Name of Federal Candidate: CLINTON, HILLARY RODHAM, , ,		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: _____
Calendar Year-To-Date Per Election for Office Sought 540.00		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 Thrifty Car Rental		Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 09 / 16 / 2016	
Mailing Address 1534 Sunset Blvd		Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">270.00</div>	
City Steubenville	State OH	Zip Code 43952	Transaction ID : SE.6384
Purpose of Expenditure Van Rental- OH		Category/ Type 002	Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 09 / 16 / 2016
Name of Federal Candidate: STRICKLAND, TED, , ,		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: <u>OH</u>
Calendar Year-To-Date Per Election for Office Sought 38134.25		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____	

(a) SUBTOTAL of Itemized Independent Expenditures ▶	<div style="border: 1px solid black; padding: 2px; text-align: right;">810.00</div>
(a) SUBTOTAL of Unitemized Independent Expenditures ▶	<div style="border: 1px solid black; padding: 2px; text-align: right;"> </div>
(a) TOTAL Independent Expenditures ▶	<div style="border: 1px solid black; padding: 2px; text-align: right;">269740.46</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.

Buchanan, Emily, , ,

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Date

M M / D D / Y Y Y Y Y Y
10 / 20 / 2016

Signature