

# FEC FORM 5

## REPORT OF INDEPENDENT EXPENDITURES MADE AND CONTRIBUTIONS RECEIVED

To Be Used by Persons (Other than Political Committees)

|   |  |  |  |
|---|--|--|--|
| 1. (a) Name of Individual, Organization or Corporation<br><b>INDEPENDENT WOMEN'S VOICE</b>  |  |  | 3. FEC Identification Number<br><b>C</b> C90011115 |
| (b) Address (number and street) <input type="checkbox"/> check if different than previously reported<br>1875 I Street NW<br>5th Floor |  |  |  |
| (c) City, State and ZIP Code<br>WASHINGTON DC 20006   |  |  |  |
| 2. Occupation and Name of Employer (for Individual Filers Only)   |  |  |  |

4. TYPE OF REPORT (check appropriate boxes):

- (a)  April 15 Quarterly Report
- July 15 Quarterly Report  24-Hour Report
- October 15 Quarterly Report  48-Hour Report
- January 31 Year-End Report

b) Is this Report an amendment?  No  Yes, it amends the report filed on

|   |   |   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y | Y | Y |
|---|---|---|---|---|---|---|---|---|---|---|---|

5. COVERING PERIOD:

FROM 

|   |   |   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y | Y | Y |
|---|---|---|---|---|---|---|---|---|---|---|---|

THROUGH 

|   |   |   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y | Y | Y |
|---|---|---|---|---|---|---|---|---|---|---|---|

|   |          |
|---|----------|
| 6. TOTAL CONTRIBUTIONS.....             | 0.00     |
| 7. TOTAL INDEPENDENT EXPENDITURES ..... | 31035.48 |

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 any political party committee or its agent.

**TYPE OR PRINT NAME OF PERSON COMPLETING FORM**

**SIGNATURE**

**DATE**

*[Electronically Filed]*

Heather R. Higgins

Heather R. Higgins

06/22/2014

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

**SCHEDULE 5-E  
ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF FILER (In Full)  
INDEPENDENT WOMEN'S VOICE

|  |                          |   |                           |
|--|--------------------------|---|---------------------------|
| Full Name (Last, First, Middle Initial) of Payee<br>Victory Media Group        |                          | Date of Public Distribution/Dissemination<br>MM / DD / YYYY<br>06 / 21 / 2014   |                           |
| Mailing Address 2516 Waukegan Rd, #115   |                          | Amount<br>31035.48  |                           |
| City<br>Glenview   | State<br>IL              | Zip Code<br>60025   | Transaction ID : F57.4404 |
| Purpose of Expenditure<br>Telephone Banks 'ObamaCare Quiz'                     | Category/<br>Type<br>004 | Office Sought:<br><input type="checkbox"/> House<br><input checked="" type="checkbox"/> Senate<br><input type="checkbox"/> President              | State: MS<br>District: 00 |
| Name of Federal Candidate Supported or Opposed by Expenditure:<br>THAD COCHRAN |                          | Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose  |                           |
| Calendar Year-To-Date Per Election for Office Sought<br>200790.56              |                          | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input checked="" type="checkbox"/> Other (specify) Runoff |                           |

|  |                   |   |                                 |
|--|-------------------|---|---------------------------------|
| Full Name (Last, First, Middle Initial) of Payee               |                   | Date of Public Distribution/Dissemination   |                                 |
| Mailing Address  |                   | Amount  |                                 |
| City   | State             | Zip Code  |                                 |
| Purpose of Expenditure   | Category/<br>Type | Office Sought:<br><input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President       | State: _____<br>District: _____ |
| Name of Federal Candidate Supported or Opposed by Expenditure: |                   | Check One: <input type="checkbox"/> Support <input type="checkbox"/> Oppose   |                                 |
| Calendar Year-To-Date Per Election for Office Sought           |                   | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) |                                 |

|  |                   |   |                                 |
|--|-------------------|---|---------------------------------|
| Full Name (Last, First, Middle Initial) of Payee               |                   | Date of Public Distribution/Dissemination   |                                 |
| Mailing Address  |                   | Amount  |                                 |
| City   | State             | Zip Code  |                                 |
| Purpose of Expenditure   | Category/<br>Type | Office Sought:<br><input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President       | State: _____<br>District: _____ |
| Name of Federal Candidate Supported or Opposed by Expenditure: |                   | Check One: <input type="checkbox"/> Support <input type="checkbox"/> Oppose   |                                 |
| Calendar Year-To-Date Per Election for Office Sought           |                   | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) |                                 |

|  |          |
|--|----------|
| (a) <b>SUBTOTAL</b> of Itemized Independent Expenditures.....                                    | 31035.48 |
| (b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures .....                                 |          |
| (c) <b>TOTAL</b> Independent Expenditures.....<br>(carry total from last page forward to Line 7) | 31035.48 |