

# FEC FORM 5

## REPORT OF INDEPENDENT EXPENDITURES MADE AND CONTRIBUTIONS RECEIVED

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

1. (a) Name of Individual, Organization or Corporation WOMEN'S VOICES WOMEN VOTE ACTION FUND		3. FEC Identification Number <b>C</b> C90009317
(b) Address (number and street) <input type="checkbox"/> check if different than previously reported 1707 L St NW Suite 750		
(c) City, State and ZIP Code WASHINGTON DC 20036		
2. <b>Corporate filers only</b>	Is the filer a qualified nonprofit corporation? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
<b>Individual filers only</b>	Name of Employer Occupation	

4. TYPE OF REPORT (check appropriate boxes):

(a)  April 15 Quarterly Report  24-Hour Notice  48-Hour Notice

July 15 Quarterly Report

October Quarterly Report

January 31 Year-End Report

(b) Is this Report an amendment? Yes  No

5. COVERING PERIOD: FROM 

M	M
0	1

 / 

D	D
2	9

 / 

Y	Y	Y	Y
2	0	0	8

THROUGH

M	M
0	1

 / 

D	D
3	0

 / 

Y	Y	Y	Y
2	0	0	8

6. TOTAL CONTRIBUTIONS ..... 

.00
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7. TOTAL INDEPENDENT EXPENDITURES..... 

22447.39
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Under penalty of perjury, I certify that the independent expenditures reported herein were not made with the cooperation or prior consent of, or in constitution with, or at the request or suggestion of, a candidate or a candidate's agent or authorized committee or a political party committee or its agent. In addition, if the independent expenditures reported herein were made by a corporation, I certify that the corporation is a qualified nonprofit corporation under the Commission's regulations.

TYPE OR PRINT NAME OF PERSON COMPLETING FORM	SIGNATURE	DATE
Page Gardner		01/31/2008

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

For further information, contact:  
Federal Election Commission, 999 E Street, N.W., Washington, D.C. 20463 Toll Free 800-424-9530, Local 202-694-1100

**SCHEDULE 5-E**  
**ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF FILER (In Full)

WOMEN'S VOICES WOMEN VOTE ACTION FUND

Full Name (Last, First, Middle Initial) of Payee  
Knickerbocker SKD

Date

/   /

Mailing Address  
594 Broadway  
Suite 610

Amount

22447.39

City State Zip Code  
New York NY 10012

Purpose of Expenditure  
Mail production and mailing expense

Category/  
Type

Office Sought:  House State: MD  
 Senate District: 04  
 President

Name of Federal Candidate Supported or Opposed by Expenditure:  
Donna Edwards

Check One:  Support  Oppose

Calendar Year-To-Date Per Election  
for Office Sought 44228.12

Disbursement For: 2008  Primary  General  
 Other (specify)

(a) **SUBTOTAL** of Itemized Independent Expenditures .....

22447.39

(b) **SUBTOTAL** of Unitemized Independent Expenditures .....

(c) **TOTAL** Independent Expenditures .....  
(carry total from last page forward to Line 7)

22447.39