

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 INDEPENDENT WOMEN'S VOICE		3. FEC Identification Number C C90011115
(b) Address (number and street) ☐ check if different than previously reported 1875 I Street NW 5th Floor		
(c) City, State and ZIP Code WASHINGTON DC 20006		
2. Corporate filers only	Is the filer a qualified nonprofit corporation? ☒ Yes ☐ No	
Individual filers only	Name of Employer	Occupation

4. TYPE OF REPORT (check appropriate boxes):

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

b) Is this Report an amendment? Yes ☒ No ☐

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

154900.00

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. 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

[Electronically Filed]

Heather R. Higgins

Heather R. Higgins

11/02/2012

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 EXPENDITURESPAGE 2 OF 3
FOR LINE 7 OF FORM 5

NAME OF FILER (In Full)

INDEPENDENT WOMEN'S VOICE

Full Name (Last, First, Middle Initial) of Payee BERNARD J. HUNT IMAGES		Date MM / DD / YYYY 10 / 30 / 2012	
Mailing Address 520 W 43rd ST 30J		Amount 17200.00	
City NEW YORK	State NY	Zip Code 10036	Transaction ID : F57.4226
Purpose of Expenditure Director/DP/Editor/Producer - "Mr. Dependable" and "Feeling Guilty"		Category/Type 004	Office Sought: ☐ House ☒ Senate ☒ President State: _____ District: 00
Name of Federal Candidate Supported or Opposed by Expenditure: BARACK OBAMA		Check One: ☐ Support ☒ Oppose	
Calendar Year-To-Date Per Election for Office Sought 149200.00		Disbursement For: ☐ Primary ☒ General 2012 ☐ Other (specify) _____	
Full Name (Last, First, Middle Initial) of Payee BRABENDER COX		Date MM / DD / YYYY 10 / 30 / 2012	
Mailing Address 1218 Grandview Ave		Amount 3200.00	
City PITTSBURG	State PA	Zip Code 15211	Transaction ID : F57.4227
Purpose of Expenditure Production - 'Mr. Dependable' & 'Feelling Guilty'		Category/Type 004	Office Sought: ☐ House ☒ Senate ☒ President State: _____ District: 00
Name of Federal Candidate Supported or Opposed by Expenditure: BARACK OBAMA		Check One: ☐ Support ☒ Oppose	
Calendar Year-To-Date Per Election for Office Sought 152400.00		Disbursement For: ☐ Primary ☒ General 2012 ☐ Other (specify) _____	
Full Name (Last, First, Middle Initial) of Payee Campaign Grid		Date MM / DD / YYYY 10 / 30 / 2012	
Mailing Address PO BOX 824705		Amount 132000.00	
City Philadelphia	State PA	Zip Code 19182	Transaction ID : F57.4228
Purpose of Expenditure Production and Media Buy - 'Mr. Dependable' & 'Feeling Guilty'		Category/Type 004	Office Sought: ☐ House ☒ Senate ☒ President State: _____ District: 00
Name of Federal Candidate Supported or Opposed by Expenditure: BARACK OBAMA		Check One: ☐ Support ☒ Oppose	
Calendar Year-To-Date Per Election for Office Sought 132000.00		Disbursement For: ☐ Primary ☒ General 2012 ☐ Other (specify) _____	
(a) SUBTOTAL of Itemized Independent Expenditures.....		152400.00	
(b) SUBTOTAL of Unitemized Independent Expenditures.....			
(c) TOTAL Independent Expenditures (carry total from last page forward to Line 7)			

SCHEDULE 5-E
ITEMIZED INDEPENDENT EXPENDITURESPAGE 3 OF 3
FOR LINE 7 OF FORM 5

NAME OF FILER (In Full)

INDEPENDENT WOMEN'S VOICE

Full Name (Last, First, Middle Initial) of Payee Richard Miniter		Date MM / DD / YYYY 10 / 30 / 2012	
Mailing Address 2420 South Queen Street		Amount 2500.00	
City Arlington	State VA	Zip Code 22202	
Purpose of Expenditure Script Writing		Category/ Type 004	Office Sought: ☐ House State: _____ ☐ Senate District: 00 ☒ President
Name of Federal Candidate Supported or Opposed by Expenditure: BARACK OBAMA		Check One: ☐ Support ☒ Oppose	
Calendar Year-To-Date Per Election for Office Sought 154900.00		Disbursement For: ☐ Primary ☒ General ☐ Other (specify) _____	

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

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

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

(a) SUBTOTAL of Itemized Independent Expenditures.....	2500.00
(b) SUBTOTAL of Unitemized Independent Expenditures.....	
(c) TOTAL Independent Expenditures (carry total from last page forward to Line 7)	154900.00